

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

HARRIS COUNTY, TEXAS, *et al.*,

Plaintiffs,

v.

**ROBERT F. KENNEDY, JR., *in his official
capacity as Secretary of Health and Human
Services, et al.*,**

Defendants.

No. 25-cv-01275 (CRC)

**DEFENDANTS' OPPOSITION TO PLAINTIFFS'
MOTION FOR A PRELIMINARY INJUNCTION**

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INTRODUCTION

Plaintiffs, four local governments and a nationwide labor union, move for a preliminary injunction to order the federal government to payout, potentially, billions of dollars in COVID-19 era grants, which the government recently terminated. But this Court does not have jurisdiction over this lawsuit. Under the Supreme Court’s recent decision, *Department of Education v. California*, 604 U.S.---, 145 S. Ct. 966 (2025) (per curiam), Plaintiffs’ grant-related claims—styled under the Administrative Procedure Act (APA)—are, in essence, contract-based claims, that are subject to the exclusive jurisdiction of the Court of Federal Claim, under the Tucker Act. This case, which Plaintiffs bring against Defendants Department of Health and Human Service (HHS) and the Centers for Disease Control and Prevention (CDC) (and the agency heads), is indistinguishable in all material respects from *Department of Education*, which is binding precedent here. From the outset, the Court therefore should deny the Motion because Plaintiffs cannot make the requisite “clear showing” of likelihood of success on the merits, when they have brought their case in the wrong court.

Even if the Court had jurisdiction, Plaintiffs’ claims are not reviewable under the APA. Plaintiffs’ APA claims challenge what they call a “Mass Termination Decision,” but Plaintiffs lack standing to challenge any such decision, as opposed to the individual grant terminations that Plaintiffs claim are actually harming them and whose reinstatement might redress Plaintiffs’ alleged injury. Any such “Mass Termination Decision” also would not qualify as “final agency action” under the APA and any effort to challenge such a decision would constitute an unreviewable “programmatic challenge.”

And even if the Court reached the merits, the APA and constitutional claims fail. Defendants provided a rational explanation for terminating the grants, explaining in part, “Now

that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out.” In doing so, HHS properly utilized the termination clauses in the grants, which incorporated HHS regulations authorizing “for cause” termination. Moreover, Defendants have not acted contrary to law. The underlying COVID-19 supplemental appropriations statutes directed HHS to allocate money for “grants” or “cooperative agreements” to “state, tribal, local, and territorial entities” (“STLTs”). These lump-sum appropriations statutes generally specified a minimum amount to be allocated to STLTs. HHS not only abided by this instruction, but awarded *more* to the STLTs than the amounts specified by Congress, by the dates specified in the relevant appropriations statutes. HHS thus has not violated any statute or the Constitution.

The remaining preliminary injunction factors also strongly favor the federal government. Plaintiffs do not show irreparable harm, because they are just seeking money from the federal government, which they can pursue in the Court of Federal Claims. In contrast, as the Supreme Court observed in *Department of Education*, the federal government, as a practical matter, has no hope of recovering the terminated funds once they are disbursed, even if the government ultimately prevails on the merits. The proposed injunction also would be a profound intrusion into the prerogatives of the Executive Branch.

In the event the Court disagrees and issues an injunction, any relief should extend only to the grants received (directly or indirectly) by the four named local government plaintiffs, which are specifically identified in Plaintiffs’ moving papers. Plaintiff American Federation of State, County and Municipal Employees, AFL-CIO (“AFSCME”) lacks standing, and the moving papers and record are devoid of any specifics to support the extraordinarily broad relief

AFSCME seeks. The Court also should require a bond under Federal Rules of Civil Procedure 65(c).

BACKGROUND

I. COVID-19 Appropriations Statutes

Plaintiffs challenge the termination of grants awarded, either directly or indirectly through state agencies, under the following five COVID-19 appropriations bills.¹ In each, Congress appropriated money to HHS (directly or through CDC). Excerpts of relevant portions are included in the Exhibits:

- The American Rescue Plan Act of 2021 (“ARPA”) Pub. L. No. 117-2, 135 Stat. 4 (“ARPA”) (*See Ex. A*)
- The Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, 134 Stat. 281 (2020) (“CARES”) (*See Ex. B*)
- The Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, Pub. L. No. 116-123, 134 Stat. 146 (“CPRSA”) (*See Ex. C*)
- The Coronavirus Response and Relief Supplemental Appropriations Act, (2021) Pub. L. No. 116-260, 134 Stat. 1182 (2020) (“CRRSAA”) (*See Ex. D*)
- The Paycheck Protection Program and Health Care Enhancement Act, Pub. L. No. 116-139, 134 Stat. 620 (2020) (“PPP”). (*See Ex. E*)

These appropriations statutes generally direct, with varied wording, a minimum amount of funding to be provided by HHS to STLTs. Some of these bills also specify the date by which the funding must be made available and/or expended. For example, The CARES Act provided \$4.3 billion to the CDC:

to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus, domestically or internationally: *Provided*, That not less than \$1,500,000,000 of the amount provided under this heading in this Act shall be for grants to or cooperative agreements with States, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes

¹ As explained further below, the Complaint and Motion do not clearly specify which appropriation statutes underly claims by AFSCME.

See 134 Stat. at 554, Ex. B.

II. HHS awarded more to STLTs than Congress specified, and HHS ultimately terminated the remaining grants at the end of the COVID-19 public health emergency

For each appropriation statute, HHS awarded at least the full amount of money Congress instructed should go to STLTs, by the date set by Congress. In most cases, HHS awarded more to STLTs than the amounts specified by Congress.

For example, although Congress appropriated \$4.3 billion in coronavirus funding to the HHS through the CARES Act, Congress only directed that only \$1.5 billion of those funds should go to STLTs, to remain available until September 30, 2024. HHS, in its discretion, awarded over \$2.1 billion to STLTs by September 30, 2024.

Based on HHS's tracking each of its appropriated funding streams and the expenditure of those funds to each grant recipient, the following chart summarizes: 1) the total amount appropriated to CDC through these appropriations bills; 2) the date by which it had to be obligated by CDC; 3) the amount designated by the bill for STLTs; 4) the amount provided by the CDC to STLTs. Source: Legier Decl.

Appropriations Bill	Total Amount Appropriated to CDC	Amount Appropriated for CDC to Provide to STLTs	Amount Provided by CDC to STLTs
CPRSA (134 Stat. at 147)	\$2,200,000,000, available until September 30, 2022	\$950,000,000	\$1,113,063,558
CARES (134 Stat. at 554)	\$4,300,000,000, available until September 30, 2024	\$1,500,000,000	\$2,108,793,598

PPP (134 Stat. at 623-624)	\$25,000,000,000 to HHS, available until expended	\$10,250,000,000 through HHS	\$10,532,321,503
CRRSAA (134 Stat. at 1911)	\$8,750,000,000, available until September 30, 2024	\$4,290,000,000	\$5,322,551,251
ARPA (135 Stat. at 38-39)	\$1,000,000,000 for vaccine-related uses; available until expended	\$0	\$18,964,597,077

Pursuant to these Supplement COVID-19 appropriations, Harris County, Texas; Columbus, Ohio; Nashville and Davidson County, Tennessee; and Kansas City, Missouri (the “Local Government Plaintiffs”) were awarded the grants at issue in this case (as discussed further below)—either directly by HHS, or indirectly, as a subgrantee (through an award by HHS to the relevant state agency).

On May 11, 2023, the HHS Secretary’s final extension of the “public health emergency” declaration under 42 U.S.C. § 247d expired. On March 24, 2025, HHS terminated the remaining grants that were funded by these COVID-19 Supplemental Appropriations. The Termination Notices state:

The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

See Decl. of Brandon Maddox (“Maddox Decl.”), Exs. A and B, ECF No. 14-3. The terminations allowed for drawdown funds for work performed by the termination date, under a 30-day closeout period.

III. The Grants Awarded to Local Government Plaintiffs

The Complaint and Motion specifically discuss four direct grants (from HHS to the Local Government Plaintiffs), but do not attach copies of any of the actual grants. The four direct grants, and related documents for each, including the associated Notice of Funding Opportunity (“NOFO”), are as follows:

- A. Award to Harris County Public Health. Award#: 6 NH75OT000026-01 (the “Embrace HOPE Grant”), pursuant to statutory authority under 42 U.S.C. § 247(b). Awarded May 27, 2021, for \$27,627,507, for the period June 1, 2021 to May 31, 2023.**

See **Exhibit F**, including (i) original award, (ii) NOFO #CDC-RFA-OT21-2103, entitled *National initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities*; (iii) extension on February 22, 2024, and (iv) Termination on March 24, 2024.

- B. Award to Harris County Public Health. Award#: NU58DP006986-01-00 August 23, 2021 (Community Health Workers for Public Health Response and Resilient Communities Grant) (the “CHW Grant”). Pursuant to statutory authority in 42 U.S.C. § 301(a), Award for \$2,999,755, for the period Aug. 31, 2021 to Aug. 30, 2022.**

See **Exhibit G**, including (i) original award, (ii) NOFO #DP21-2109 entitled *Community Health Workers for COVID Response and Resilient Communities (CCR)*; (iii) continuation on July 13, 2022, (iv) continuation on June 1, 2023, (v) extension on July 15, 2024, and (vi) Termination on March 24, 2024.

- C. Tennessee COVID-19 Health Disparities Initiative, Award # 6 NU58DP006999-03-10, August 23, 2021, Pursuant to statutory authority in 42 U.S.C. § 301(a). Award for \$1,000,000, for the period Aug. 31, 2021 to Aug. 30, 2024.**

See **Exhibit H**, including (i) original award, (ii) NOFO #DP21-2109 entitled *Community Health Workers for COVID Response and Resilient Communities (CCR)*; (iii) continuation on July 13, 2022, (iv) continuation on June 1, 2023, (v) extension on July 15, 2024, and (vi) Termination on March 24, 2024.

D. Kansas City, MO, Award # 6NH75OT000012-01-05,, May 27, 2021, Pursuant to statutory authority in 42 U.S.C. § 247B(K)(2); Award for \$3,674,514, for the period June 1, 2021 to May 31, 2023.

See **Exhibit I**, including (i) original award, (ii) NOFO #CDC-RFA-OT21-2103, entitled *National initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities* ; (iii) extension on February 28, 2023, (iii) extension on Feb. 21, 2024; and (iv) Termination on March 24, 2024.

Each award—both originally, and when renewed / continued / extended—incorporates “Terms and Conditions.” For example, the Notice of Award for the Harris County Embrace HOPE Grant, awarded May 27, 2021 (at the top of the list above) provides:

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-OT21-2103, entitled *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities*, and application dated May 3, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

See Ex. F. As incorporated into the Award Information above, the “General Terms and Conditions for Non-Research awards,” provides the following, in relevant part, regarding termination:

Termination (45 C.F.R. Part 75.372) applies to this award and states, in part, the following:

(a) *This award may be terminated in whole or in part:*

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

See Ex. J (p. 8) Further, as also incorporated in the Award Information above, the underlying NOFO (#CDC-RFA-OT21-2103) states the following, in relevant part, regarding termination:

6. Termination

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

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

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

See Ex. A at 42 of 50, NOFO (#CDC-RFA-OT21-2103)

Similarly, the No-Cost Extension for this same grant, dated February 22, 2024, provides:

ADDITIONAL TERMS AND CONDITIONS OF AWARD

The General Terms and Conditions for [non-research](#) grants and cooperative agreements have been updated, effective January 23, 2024, to reflect current regulations and requirements for federal financial assistance.

The updated “General Terms and Conditions” (as referenced in the above “Additional Terms and Conditions of Award”) includes the same information on termination, as referenced with the original “General Terms and Conditions.” (*supra*). See Ex. K, p. 9.

The above information is basically the same across the remaining three direct grants, listed above. See Exs. G-I.

Finally, the four Local Government Plaintiffs also allege termination of specific subgrants, as listed in the footnote below.² But again, Plaintiffs do not provide the papers for

² **Harris County, TX**

- Award#: HHS001019500034 (Immunization COVID-19 Grant Program); and
 - Award#: HHS000812700023) (the Infectious Disease Control Unit Grant);
- See Compl. ¶¶ 37-58, ECF No. 1; see also Maddox Decl. and Exs. A, B, C (ECF No. 14-3)

Columbus, Ohio

- “Enhanced Operations grant,” see Compl. ¶¶ 59-61; see also Decl. of Edward Johnson and Ex. A (ECF No. 14-6);
- Enhanced Operations federal funding in the form of an Ohio Health Improvement Zones grant (Project #02520021OI0123), see Compl. ¶ 62; Decl. of Danielle Tong (“Tong Decl.”), (ECF No. 14-7).

Kansas City, Missouri

these grants. Defendants have been unable to locate the documents, but presently have no reason to believe that the relevant provisions—including termination—are different from those above.

IV. Plaintiffs' Claims

Plaintiffs filed their complaint—asserting APA, constitutional and ultra vires claims—and then moved for a preliminary injunction. The remedy they seek is enforcement of the government's obligations under the terminated grant agreements—including the obligation to pay money. Specifically, the Complaint asks the Court to: “(C) Enjoin Defendants to **reinstate the eliminated grant programs and to spend the funding** appropriated by the following laws for the purposes specified by Congress: [(1) CARES, (2) CRRSA, (3) ARPA, (4) CPRSA, and (5) PPP].” Compl. (Prayer for Relief) at 53 (emphasis added). The Complaint also seeks specific performance of the grants: “(D) Enjoin Defendants to **reinstate Plaintiffs' grants for the awarded project periods and to continue to administer the grants** to the same extent and in the same manner as prior to the unlawful terminations, in accordance with the governing statutes and regulations;” *Id.* Among other things, the Complaint also asks the Court to: (A) Declare unlawful and vacate Defendants' decision to terminate the grant programs, and (B) Declare unlawful and vacate Defendants' terminations of Plaintiffs' grants.” *See Id.*

-
- Epidemiology & Laboratory Capacity Enhancing Detection Expansion (“ELC-ED”) Grant
 - The ELC Expansion for Community Health Workers (“CHW”) Grant
 - COVID-19 Adult Vaccination Supplemental (“AVS”) Grant.
- See* Compl. ¶¶ 67-71; Decl. of Marvia Jones (“Jones Decl.”) and Ex. D (ECF No. 14-8).

Nashville, Tenn

- ELC-EDx, or Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) - Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity; and
 - CDC-RFA-IP19-1901 Immunization and Vaccines for Children
- See* Compl. ¶¶ 63-66; *see also* Decl. of Bradley Thompson (“Thompson Decl.”) and Ex. B (ECF No. 14-9).

The Preliminary Injunction also seeks specific performance: “Order Defendants to **“resume the implementation of the grants of Plaintiff Local Governments and of state and local employers of AFSCME members that were affected”** by the grant termination decisions.” *See* Pl. Br. Proposed Order at 14-17, ECF No. 14-17. The Preliminary Injunction Motion also seeks to: “Enjoin Defendants from implementing, enforcing, or effectuating” the grant terminations; and “Enjoin Defendants from reinstating” the grant terminations for the same or similar reasons. (*Id.*) (also proposing to require notice and status report requirements).

As noted above, with respect to Plaintiff Local Governments, the Complaint and Motion center around five appropriations statutes (CARES, CRRSA, ARPA, CPRSA, and PPP) and the four direct awards listed above, as well as nine indirect awards. *See* Exs. F-I; n.2, *supra*. With respect to AFSCME, the Complaint and Motion are not tethered to any specific COVID appropriations statutes, to any specific state or local government, or to any specific grants.

LEGAL STANDARD

A preliminary injunction is an “extraordinary” remedy that “should be granted only when the party seeking the relief, by a clear showing, carries the burden of persuasion.” *Cobell v. Norton*, 391 F.3d 251, 258 (D.C. Cir. 2004). To prevail, a moving party must demonstrate that (1) they are “likely to succeed on the merits”; (2) they are “likely to suffer irreparable harm in the absence of preliminary relief”; (3) “the balance of equities tips in [their] favor”; and (4) “an injunction is in the public interest.” *Winter v. Nat. Res. Def. Council, Inc.*, 555 U.S. 7, 20 (2008).

ARGUMENT

I. Plaintiffs Are Not Likely of Success on the Merits

A. This Court lacks Subject Matter Jurisdiction because the Court of Federal Claims has Exclusive Jurisdiction over Contract Claims

“To bring a claim against the United States, a plaintiff must identify an unequivocal waiver of sovereign immunity.” *Franklin-Mason v. Mabus*, 742 F.3d 1051, 1054 (D.C. Cir. 2014). As explained below, Plaintiffs are unable to make this requisite “clear showing” to establish this Court’s jurisdiction, in light of *Department of Education*, and therefore, Plaintiffs are not likely to succeed on the merits.

The only waiver of sovereign immunity Plaintiffs have identified for their claims is the APA. Regardless of how a claim is styled, a district court lacks jurisdiction over an APA claim if it “is in ‘its essence’ contractual.” *Perry Capital, LLC v. Mnuchin*, 864 F.3d 591, 619 (D.C. Cir. 2017) (quoting *Megapulse, Inc. v. Lewis*, 672 F.2d 959, 967 (D.C. Cir. 1982)). This is because of the interplay between two statutes. Section 702 of the APA “provide[s] a limited waiver of sovereign immunity for claims against the United States ‘seeking relief other than money damages’ for persons ‘adversely affected or aggrieved by agency action.’” *Crowley Gov’t Servs., Inc. v. Gen. Servs. Admin.*, 38 F.4th 1099, 1105-06 (D.C. Cir. 2022) (quoting 5 U.S.C. § 702). The Tucker Act waives sovereign immunity by providing that “[t]he United States Court of Federal Claims shall have jurisdiction to render judgment upon any claim against the United States founded . . . upon any express or implied contract with the United States.” *See* 28 U.S.C. § 1491(a)(1). Thus, the D.C. Circuit has “interpreted the Tucker Act . . . to ‘impliedly forbid[]’ contract claims against the Government from being brought in district court under . . . the APA.” *Perry Capital*, 864 F.3d at 618-19 (citation omitted)). The Tucker Act “create[s] a presumption of exclusive jurisdiction in the Court of Federal Claims[.]” *Franklin-Mason* 742 F.3d at 1055. *See Shaffer v. Veneman*, 325 F.3d 370, 373 (D.C. Cir. 2003) (“[T]his Court and others have interpreted the Tucker Act as providing the *exclusive* remedy for contract claims against the

government, at least *vis a vis* the APA.” (quoting *Transohio Sav. Bank v. Dir., Off. of Thrift Supervision*, 967 F.2d 598, 609 (D.C. Cir. 1992)).³

(a) *Department of Education* requires denial of Plaintiffs’ Motion for lack of jurisdiction

In *Department of Education*, the Supreme Court recently held, in indistinguishable circumstances, that a district court likely lacks subject matter jurisdiction to “enjoin[] the Government from terminating various education-related grants,” because the Tucker Act likely confers exclusive jurisdiction on the Court of Federal Claims, based on the contractual nature of the educational grants. *See* 145 S. Ct. at 968. In other words, the Supreme Court held that the APA’s waiver of sovereign immunity likely did not extend to actions that challenge an agency’s termination of grants.

Specifically, eight plaintiff states had sued the Department of Education, and the district court entered a TRO and ordered defendants to “immediately restore Plaintiff States to the pre-existing status quo prior to the termination under all previously awarded [] grants for recipients in Plaintiff States.” *See California v. U.S. Dep’t of Educ.*, Civ. A. No. 25-10548-MJJ, 2025 WL 760825, at *5 (D. Mass. Mar. 10, 2025), *granting stay*, 145 S. Ct. 966 (2025). Ultimately, on appeal of this order, the Supreme Court explained that the government is “likely to succeed in

³ This jurisdictional barrier ensures that contract claims against the federal government are channeled into a court “that possesses expertise in questions of federal contracting law,” *Alphapointe v. Dep’t of Veterans Affairs*, 475 F. Supp. 3d 1, 11 (D.D.C. 2020), and it respects Congress’s deliberate choice to limit the remedies available for such claims, *see Megapulse*, 672 F.2d at 971 (recognizing that a plaintiff “cannot maintain a contract action in either the district court or the Court of Claims seeking specific performance of a contract”). *See also Ingersoll-Rand Co. v. United States*, 780 F.2d 74, 78 (D.C. Cir. 1985) (“[W]e must implement the congressional intent to provide a single, uniquely qualified forum for the resolution of contractual disputes.”).

showing the District Court lacked jurisdiction to order the payment of money under the APA.”

145 S. Ct. at 968. The Supreme Court reasoned:

[A]s we have recognized, the APA’s limited waiver of immunity **does not extend to orders “to enforce a contractual obligation to pay money” along the lines of what the District Court ordered here.** *Great-West Life & Annuity Ins. Co. v. Knudson*, 534 U. S. 204, 212 (2002). **Instead, the Tucker Act grants the Court of Federal Claims jurisdiction over suits based on “any express or implied contract with the United States.”** 28 U.S.C. § 1491(a)(1).

Id. (emphasis added).

The circumstances here are indistinguishable from *Department of Education*. Like the state plaintiffs suing the Department of Education, Plaintiffs here sue HHS seeking relief from the termination of government grants under which they received federal funding, and they challenge the grant-termination decision under the APA. The COVID-19 appropriations statutes at issue here are lump-sum, like the appropriations statutes at issue in *Department of Education*—neither specify line-item amounts for any particular recipient. *See* Exs. A-E. And Plaintiffs here, like the plaintiff states in *Department of Education*, do not point to any specific statutory violation, or claim that any statute or regulation entitles them, in particular, to these grants; instead, the basis for their claim is in essence contractual.

The relief sought here and in *Department of Education* is also the same. In *Department of Education*, the Supreme Court observed that the TRO “[1] enjoin[ed] the Government from terminating ... [the] grants,” “[2] requires the Government to pay out past-due grant obligations and [3] to continue paying obligations as they accrue.” *See* 145 S. Ct. at 968. Plaintiffs here seek that same relief—specifically: (1) to “vacate Defendants’ termination of Plaintiffs’ grants” (2) to order “Defendants to reinstate Plaintiffs’ grants for the awarded project periods and to continue to administer the grants to same extent and in the same manner as prior to the [] terminations,” and (3) to order Defendants “to reinstate the eliminated granted programs and

to spend the funding appropriated....” See Compl., Prayer for Relief (B), (C), (D), respectively. See also, Pl. Br. Proposed Order (requesting that the Court enjoin Defendants from “implementing, enforcing, or effectuating” the grant terminations and from “reinstating” the grant terminations “for the same or similar reasons,” and that the Court order Defendants to “resume the implementation of the grants . . .”). The same result therefore should follow: like the district court in *Department of Education*, this Court too “lack[s] jurisdiction . . . under the APA” to compel Defendants “to pay money” pursuant to grants. *Dep’t of Educ.*, 145 S. Ct. at 968.

Department of Education is binding precedent on the issue of whether there is a likelihood of success on the merits as to this Court’s jurisdiction to hear this case. Five justices of the Supreme Court considered the issue, reached a conclusion, and provided their reasoning. It is a ruling of our highest court, and thus binding on all lower courts. And when Supreme Court precedent “has direct application in a case,” a district court “should follow the case which directly controls, leaving to [the Supreme Court] the prerogative of overruling its own decision.” *Mallory v Norfolk S. Ry. Co.*, 600 U.S. 122, 124 (2023) (cleaned up). “This is true even if the lower court thinks the precedent is in tension with some other line of decisions.” *Id.* (citation omitted). Indeed, the Supreme Court has explained the precedential effect of its per curiam decisions and found lower court decisions erroneous for failing to follow that precedent. See, e.g., *Tandon v. Newsom*, 593 U.S. 61, 62 (2021) (per curiam) (citing *Roman Catholic Diocese of Brooklyn v. Cuomo*, 592 U.S. 14 (2020) (per curiam) (slip opinion)); see also *Gateway City Church v. Newsom*, 141 S. Ct. 1460 (2021) (mem.) (holding that the Ninth Circuit’s “failure to grant relief was erroneous,” because the right to injunctive relief was “clearly dictated” by the

Supreme Court’s prior summary order on an application for injunctive relief in *South Bay United Pentecostal Church v. Newsom*, 141 S. Ct. 716 (2021) (mem.)).

Accordingly, this Court should follow *Department of Education*, and deny Plaintiffs’ motion for preliminary injunction for lack of jurisdiction—as other courts have done. *See e.g., Solutions in Hometown Connections v. Noem*, No. 8:25-cv-00885-LKG, 2025 WL 1103253, at *8-10 (D. Md. Apr. 14, 2025) (denying the plaintiffs’ TRO motion challenging the termination of certain U.S. Citizenship and Immigration Services grants in light of the *Department of Education* order and concluding that the plaintiffs’ claims were “in essence contract claims against the United States for which the . . . Court of Federal Claims has exclusive jurisdiction”); Electronic Order, *Mass. Fair Hous. Ctr. v. U.S. Dep’t of Hous. & Urb. Dev.*, No. 3:25-cv-30041 (D. Mass Apr. 14, 2025), ECF No. 42 (dissolving a TRO after acknowledging that the *Department of Education* order is an “unmistakable directive that, for jurisdictional purposes, the proper forum for this case is the Court of Federal Claims”); *see also* Order, *Am. Ass’n of Colls. For Tchr. Educ. v. McMahon*, No. 25-1281 (4th Cir. Apr. 10, 2025) (staying a district court’s preliminary injunction in a case involving education-related grants in light of the Supreme Court’s *Department of Education* order).

(b) The D.C. Circuit’s *Megapulse*-test also confirms that Plaintiffs’ claims are disguised contract claims over which this Court lacks jurisdiction.

D.C. Circuit precedent also compels the conclusion that Plaintiffs’ claims amount to contractual claims for monetary relief against the federal government over which this Court lacks jurisdiction. The determination of whether a claim “is ‘at its essence’ contractual”—and therefore falls outside of the APA’s waiver of sovereign immunity—“depends both on [1] the source of the rights upon which the plaintiff bases its claims, and [2] upon the type of relief sought (or appropriate).” *Crowley*, 38 F.4th at 1106 (quoting *Megapulse*, 672 F.2d at 968)

(hereinafter “*Megapulse*-test”). “The [*Megapulse*] test seeks to ascertain whether claims brought in federal court are, in fact, ‘disguised’ contract claims.” *Twin Metals Minn. LLC v. United States*, Case No. 22-cv-2506 (CRC), 2023 WL 5748624, at *5 (D.D.C. Sept. 6, 2023) (Cooper, J.) (quoting *Megapulse*, 672 F.2d at 969), *appeal filed*, No. 23-5254 (D.C. Cir. Nov. 9, 2023).

“In assessing the first prong of the *Megapulse* test, the D.C. Circuit considers whether the plaintiff’s ‘rights and the government’s purported authority arise from statute, whether the plaintiff’s rights exist prior to and apart from rights created under the contract, and whether the plaintiff seeks to enforce any duty imposed upon the government by the relevant contracts to which the government is a party.’” *Id.* (quoting *Crowley*, 38 F.4th at 1107). And with respect to the *Megapulse*-test’s second prong on “type of relief sought,” the court “look[s] to the complaint’s substance, not merely its form.” *Perry Capital*, 864 F.3d at 619; *Kidwell v. Dep’t of Army, Bd. for Corr. of Mil. Recs.*, 56 F.3d 279, 284 (D.C. Cir. 1985). This Court has explained:

[A] claim is founded on a contract if the claim seeks the ‘explicitly contractual remedy’ of specific performance or the ‘prototypical contract remedy’ of damages. *Perry*, 864 F.3d at 619 (citation omitted). The classification of a claim depends not only on how it is pled, but on what relief would be “appropriate.” *Megapulse*, 672 F.2d at 968. Under this prong, claims do not fall within the Tucker Act if the complaint requests “non-monetary relief that has ‘considerable value’ independent of any future potential for monetary relief.” *Kidwell*[], 56 F.3d at 284.]

Twin Metals, 2023 WL 5748624, at *5.

Applying the *Megapulse* test in *Twin Metals*, this Court concluded that it lacked jurisdiction over plaintiffs’ “objection to [a] lease cancellation”—“a disguised contract claim”—because under the first prong, “the only sources of *Twin Metals*’ asserted rights are [in] the underlying leases,” and under the second prong, “[t]he relief *Twin Metals* seeks is also properly understood as contractual relief,” notwithstanding that “*Twin Metals* does not request monetary damages.” *See id.* at *4, *7. The Court looked to “[t]he real harms alleged in the complaint”:

that (i) Twin Metals spent money on a mining project in “reasonable reliance” of a renewal, and (ii) Twin Metals cannot recoup its financial investment. *See id.* at *7. The Court concluded, “[t]he Tucker Act, not the APA, allows plaintiffs to recover for these kinds of harms, in the form of expectancy, reliance, and other monetary damages.” *See id.*

Here, under the first prong, the only statutes on which Plaintiffs rely are lump-sum appropriations bills, which do not specify amounts dedicated to any of the plaintiffs or other particular recipients—but rather, authorize HHS, through “grants” or “cooperative agreements” to provide money to STLTs. *See* Exs. A-E. Plaintiffs do not identify any specific violation of these appropriations statutes. Instead, the source of the rights upon which Plaintiffs seek continued grant funding are in the terms of the grants (i.e., contracts) that HHS awarded to them.

As for the second prong, Plaintiffs’ complaint seeks specific performance in the form of an order to pay money to the Award recipients. *See, e.g.,* Compl., Prayer for Relief (C) (ordering HHS/CDC “to reinstate the eliminated grant programs and to spend the funding appropriated . . .”); *Id.*, Prayer for Relief (D) (ordering HHS/CDC “to reinstate Plaintiffs’ grants for the awarded project periods and to continue to administer the grants to the same extent and in the same manner as prior to the unlawful terminations . . .”). Similarly, Plaintiffs’ Motion seeks specific performance: “Order[] Defendants to “resume the implementation of the grants of Plaintiff Local Governments and of state and local employers of AFSCME members that were affected” by the grant terminations. *See* Pl. Br. Proposed Order at 2. And Plaintiffs likewise allege “harms, in the form of expectancy, reliance, and other monetary damages.” *See Twin Metals*, 2023 WL 5748624, at *7. *See* Pl.’s Mot. for a Prelim. Inj. at 28, ECF No. 14 (“Pl. Br.”) (citing Maddox Decl.); Maddox Decl. ¶14 (“[Harris County Public Health (HCPH)] relied and acted upon its *expectation* and understanding that HHS/CDC would fulfill its commitment to provide

the grant funding it awarded to Harris County. HCPH’s *reliance* on this funding included hiring employees . . .” (emphasis added)); Tong Decl. ¶ 11 (“CelebrateOne *relied* and acted upon its *expectation* and understanding that these funds would be available throughout the agreed performance period.” (emphasis added)); *see also*, Pl. Br. at 18 (“Plaintiff Local Governments have invested significant time and resources into building these projects, with the idea that the last few steps would be completed with the remaining federal funds—funds to which they no longer have access.” (citing Jones Decl. ¶¶ 8–10)). Plaintiffs also do not seek “any non-monetary relief that has ‘considerable value’ independent of any future potential for monetary relief.” *Kidwell*, 56 F.3d at 284 (citation omitted).

As another judge of this Court put it:

Stripped of its equitable flair, the requested relief seeks one thing: The Conference wants the Court to order the Government to stop withholding the money due under the Cooperative Agreements. In even plainer English: The Conference wants the Government to keep paying up. Thus the Conference “seeks the classic contractual remedy of specific performance.” . . . But this Court cannot order the Government to pay money due on a contract. *Id.* Such a request for an order that the government “must perform” on its contract is one that “must be resolved by the Claims Court.”

U.S. Conf. of Cath. Bishops v. U.S. Dep’t of State, ---F. Supp. 3d---, 2025 WL 763738, at *5-6 (D.D.C. Mar. 11, 2025) (citations omitted), *dismissed*, 2025 WL 1350103 (D.C. Cir. May 2, 2025).

Plaintiffs argue that “[t]his Court may hear [their] constitutional [Spending Clause and separation of powers] and ultra vires claims even if the APA’s waiver of immunity were unavailable.” Pl. Br. at 30.⁴ This misses the point in *Department of Education*.

⁴ Plaintiffs’ authorities are simply inapplicable here. *See* Pl. Br. at 30 (alleging federal officers violated plaintiff’s second amendment rights in connection with his attempt to purchase a gun (citing *Sedita v. United States*, ---F. Supp. 3d---, 2025 WL 387962 (D.D.C. Feb. 4, 2025))); *Pollack v. Hogan*, 703 F.3d 117 (D.C. Cir. 2012) (alleging federal officers rejected her job application in violation of her constitutional right to travel).

The Court focused on the *remedy* sought by plaintiffs and the *basis* of plaintiffs' claims. A suit belongs in the Court of Federal Claims when the source of plaintiffs' asserted right is a contract and what plaintiffs seek amounts to contractual remedies, regardless of whether Plaintiffs frame their claims as contract claims, APA claims, constitutional claims, or something else. *See Department of Education*, 145 S. Ct. at 968 (jurisdiction lies in the Claims Court when the suit is "based on 'any express or implied contract with the United States'" and the remedy seeks "to enforce a contractual obligation to pay money" (citations omitted)). The source of Plaintiffs' asserted rights are their grant agreements with the federal government—they would have no claim at all if not for those grant agreements. Indeed, in their Proposed Order, Plaintiffs explicitly identify the remedy they seek as enforcement of the government's obligations under the grants—including the obligation to pay money. *See* Pl. Br. Proposed Order at 2 (seeking an Order that "Defendants shall resume the implementation of the grants . . ."); Compl., Prayer for Relief (C) (seeking an order that "Defendants to reinstate the eliminated grant programs and to spend the funding appropriated"). In other words, the thrust of all these allegations is that Plaintiffs "seek an injunction requiring the government to pay monies" under terminated grants. *Spectrum Leasing Corp. v. United States*, 764 F.2d 891, 894 (D.C. Cir. 1985). "The right to these payments is created in the first instance by the contract" or grant agreement, not by any statutory or constitutional provision, and any such provision "confers no such right in the absence of the contract [or grant agreement] itself." *Id.*

Here, the heart of Plaintiffs' challenge is to get "the Government to keep paying up" on the terminated grants. They do not allege the statutes themselves are unconstitutional or that the government has violated Plaintiffs' individual constitutional rights. Plaintiffs therefore cannot avoid the Tucker Act by framing their challenge to the grant terminations as constitutional

claims. Indeed, the D.C. Circuit “prohibits the creative drafting of complaints . . . to avoid the jurisdictional consequences of the Tucker Act.” *Crowley*, 38 F.4th at 1107 (cleaned up); *Megapulse, Inc. v. Lewis*, 672 F.2d 959, 967 (D.C. Cir. 1982) (a plaintiff “should not be allowed to avoid the jurisdictional (and hence remedial) restrictions of the Tucker Act by casting its pleadings in terms that would enable a district court to exercise jurisdiction under a separate statute and enlarge waivers of sovereign immunity, as under the APA.”).

(c) Plaintiffs’ counter-arguments on jurisdiction are unavailing.

First, Plaintiffs’ sole response to *Department of Education* is that “the plaintiffs [there] did not allege that the termination of their grants violated any statute” (but rather the terms and conditions of the grants). *See* Pl. Br. at 32. But the same is true here. Nowhere do Plaintiffs point to a specific statute and identify a specific violation by Defendants.⁵

Second, Plaintiffs argue that they satisfy the *Megapulse*-test because, under the first prong, the “source of [their] rights” is not “the individual grants that were awarded.” *Id.* at 31 (citation omitted). Rather, they argue that they challenge the “categorical decision to terminate *all grants* that had been funded under congressional appropriations for pandemic preparedness.” *Id.* (emphasis added). But Plaintiffs have no standing to challenge any such “categorical” decision, because only the actual termination of Plaintiffs’ individual grants injured them. Put

⁵ Plaintiffs’ cited cases concerning *Department of Education* are presently on appeal. *See Widakuswara v. Lake*, ---F. Supp. 3d---, 2025 WL 1166400 (D.D.C. Apr. 22, 2025) (cited at Pl. Br. at 32), *appeal filed*, No. 25-5144 (D.C. Cir. Apr. 24, 2025). We note that the appropriations statutes in *Widakuswara* contained line-item appropriations. Because *Department of Education* is controlling precedent, Defendants do not believe it is necessary to await the *en banc* decision in *Widakuswara* before denying Plaintiffs’ Motion. *See also, Climate United Fund v. Citibank, N.A.*, ---F. Supp. 3d---, 2025 WL 1131412 (D.D.C. Apr. 16, 2025) (cited at Pl. Br. at 33), *appeal filed*, No. 25-5123 (D.C. Cir. Apr. 17, 2025).

differently, reversing any such “categorical decision” would not redress Plaintiffs’ injury because the individual terminations would remain.

Plaintiffs also argue that their “claims arise from Defendants’ violations of the Constitution, Congress’s statutory appropriations, and the procedural protections of the APA.” *Id.* But the only legal “source . . . upon which” Plaintiffs could even plausibly “base[]” that asserted right, *see Crowley*, 38 F.4th at 1108, are the grants themselves. Plaintiffs have no colorable claim to funding whatsoever absent those contracts. *See Navab-Safavi v. Broad. Bd. of Governors*, 650 F. Supp. 2d 40, 71 (D.D.C. 2009) (“[T]he APA itself does not ‘confer a substantive right to be free from arbitrary agency action,’ . . . nor does it create any other substantive right that might be violated.” (quoting *Furlong v. Shalala*, 156 F.3d 384, 394 (2d Cir. 1998))), *aff’d sub nom. Navab-Safavi v. Glassman*, 637 F.3d 311 (D.C. Cir. 2011). Thus, there is no merit to Plaintiffs’ argument that their “challenge does not turn on individualized assessments of particular grant terms and conditions, or any other agreements.” Pl. Br. at 31. The Court could not resolve Plaintiffs’ claims without looking at the terms and conditions of the terminated grants.

Plaintiffs’ argument (if any) under *Megapulse*’s second prong, “the type of relief sought,” is unclear. *See id.* at 31-32 (quoting *Megapulse*, 672 F.2d at 968). Elsewhere in their brief, Plaintiffs assert they bring this “action in equity to compel Defendants to comply with a statutory mandate.” *Id.* at 30. This makes no sense because they cite to no specific statutory violation. Plaintiffs also claim that they “do not seek to enforce any provision of individual grant agreements for past due sums,” *id.*, but their papers belie this assertion. *See Compl.*, Prayer for Relief (D). In any event, as this Court observed, “[t]he ‘plain language of a complaint . . . does not necessarily settle the question of Tucker Act jurisdiction . . . because plaintiffs can bypass

Tucker Act jurisdiction by converting complaints which ‘at their essence’ seek money damages from the government into complaints requesting injunctive relief or declaratory actions.” *Twin Metals*, 2023 WL 5748624, at *7 (quoting *Kidwell*, 56 F.3d at 284). At base, Plaintiffs fail to show that their claims are not contract claims “disguised” as “APA claim[s]” under *Megapulse*.

Third, plaintiffs argue that “[i]n any event, the grants ... are not contracts”—because they lack the element of consideration. Pl. Br. at 33. But the Federal Circuit “treat[s] federal grant agreements as contracts when the standard conditions for a contract are satisfied, including that the federal entity agrees to be bound.” *See Columbus Reg’l Hosp. v. United States*, 990 F.3d 1330, 1338 (Fed. Cir. 2021). To determine whether the standard conditions for a contract are met, the Federal Circuit “appl[ies] the traditional four-part test for the existence of a government contract: (1) mutuality of intent to contract; (2) offer and acceptance; (3) consideration; and (4) a government representative having actual authority to bind the United States.” *Id.* at 1339. The presence of these elements is clear, where, as reflected in the Notices of Award, there is an exchange of funding by CDC, in return for agreements by the recipient to comply with and support various federal government requirements.

For example, the Notice of Award at **Exhibit F** (Award#: 6 NH75OT000026-01 to Harris County Public Health, described *supra*), obligates the recipient to support the federal government’s COVID-19 strategy:

[R]ecipient agrees, as applicable to the award, to:assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation... Recipient ... will comply ... with respect to the reporting to the HHS Secretary of results of tests intended to detect SRS-CoV-2 or to diagnose a possible case of COVID-19.....[T]he recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds....This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19.

Last, and relatedly, Plaintiffs misrely on this Court’s decision in *American Near East Refugee Aid v. United States Agency for International Development*, 703 F. Supp. 3d 126 (D.D.C. 2023) (“*Anera*”). That case involved an agreement between a humanitarian organization (Anera) and USAID, which “funded Anera to build water and sanitation infrastructure in the West Bank and Gaza.” *Id.* at 129. This Court concluded in part that where “[t]he agreement’s stated purpose was to ‘increase Palestinian access to water, sanitation and other small and medium scale community infrastructure,’” *id.* at 133 (citation omitted), “USAID and Anera’s Cooperative Agreement did not confer direct, tangible benefits on the agency [(USAID)],” so it therefore does not constitute “consideration” for Tucker Act jurisdiction purposes. *Id.* In contrast, as shown by Plaintiffs’ own papers, the grants at issue here provide tangible and direct benefits to the federal government. *See* Maddox Decl. ¶ 19 (“Limiting Harris County’s ability to prevent, detect, and respond to outbreaks threatens public health in neighboring counties, throughout the state of Texas, and nationwide.”); *see also* Pl. Br. at 18; Maddox Decl. ¶¶ 9, 19 (re Measles outbreak). Moreover, Plaintiffs overlook this Court’s reasoning that nothing in the *Anera* agreement “granted USAID or other U.S. agencies access to or use of the new infrastructure,” although funded by the US agency. Here, by contrast, as explained above, the grants contractually obligate the award recipient to support the federal government’s COVID-19 efforts and policies.

(d) Plaintiffs’ status as subrecipient (for some grants) does not alter the analysis

Plaintiffs cannot escape the conclusion that their APA claims are “at [their] essence” contractual, *see Crowley*, 38 F.4th at 1106, by pointing to their status as subrecipients (i.e., sub-grantees) for some challenged grant terminations. Where a plaintiff has been awarded a subaward, although the plaintiff is not a party to the grant between the federal government and

the recipient (i.e., the state, as pass-through), the plaintiff's asserted right to funding is undoubtedly grounded in *a* contract—specifically, its subaward with the state, which is derived in turn from the primary award. Consequently, Plaintiffs' claims can still be fairly characterized as the sort of claims “sound[ing] in contract” over which the Court lacks jurisdiction under the APA. *Perry Capital*, 864 F.3d at 619.

Additionally, a conclusion that claims sounding in contract would necessarily fall within the APA's waiver of sovereign immunity so long as they are brought by a subrecipient who is not in direct privity with the government would have perverse consequences. The Tucker Act's “primary purpose” is “to ensure that a central judicial body adjudicates most claims against the United States Treasury,” *Kidwell*, 56 F.3d at 284, and to that end, the statute “confer[s] exclusive jurisdiction over breach of contract claims against the United States seeking more than \$10,000 in damages on the Court of Federal Claims,” *Crowley*, 38 F.4th at 1106 (citation omitted); *see also Spectrum*, 764 F.2d at 895 (observing that “Congress intended the jurisdiction and remedies of the Tucker Act to be exclusive in cases based on government contracts”). The D.C. Circuit has consistently respected this jurisdictional boundary by reading the Tucker Act to “‘impliedly forbid[]’ contract claims against the Government from being brought in district court” under the APA's waiver of sovereign immunity. *Perry Capital*, 864 F.3d at 618-19 (quoting 5 U.S.C. § 702). Yet concluding here that Plaintiffs' APA claims fall within that waiver merely because Plaintiffs are not in direct privity with the federal government for some of the challenged grants would create an easily exploitable jurisdictional loophole, whereby claims for monetary relief that are grounded in a contract between the government and a prime contractor—claims that ordinarily should be brought in and resolved by the Court of Federal Claims, *see Crowley*, 38 F.4th at 1106; *Spectrum*, 764 F.2d at 895—could instead be reviewed by district courts under the

APA so long as a *subrecipient* who benefits indirectly from the prime award is the one bringing suit.

The Court’s endorsement of such a novel jurisdictional strategy here would threaten to undermine the jurisdictional scheme that Congress devised under the Tucker Act. *Cf. Wright v. Foreign Serv. Grievance Bd.*, 503 F. Supp. 2d 163, 180-81 (D.D.C. 2007) (“To allow a plaintiff to utilize the [APA’s] waiver of sovereign immunity . . . to obtain a district-court judgment that a government contract is void would ‘create such inroads into the restrictions of the Tucker Act that it would ultimately result in the demise of the Court of Claims.’” (quoting *Megapulse*, 672 F.2d at 967)), *aff’d*, 2008 WL 4068606 (D.C. Cir. July 30, 2008). Such an outcome would also upend the settled expectations and agreed-upon obligations reached by the federal government in its grants by subjecting any consequential exercise of a contractual right to APA lawsuits brought by subrecipients in district court, whereas an identical contract-based claim brought by a prime recipient could only be brought in the Court of Federal Claims. The APA’s waiver of sovereign immunity should not be read to permit such an absurd result. *See Seed v. EPA*, 100 F.4th 257, 265 (D.C. Cir. 2024) (“Courts, in turn, must strictly construe a waiver of sovereign immunity in terms of its scope, in favor of the sovereign.” (cleaned up)).

B. Even if the Court has jurisdiction, Plaintiffs’ attempt to challenge an alleged “Mass Termination Decision” is unreviewable.

Plaintiffs’ three APA claims, Compl. Count IV, V, and VI, challenge what Plaintiffs call “Defendants’ Mass Termination Decision.” Plaintiffs define this purported decision as “Defendants’ decision to terminate the[] ‘COVID-related’ CDC grant programs *en masse*.” Compl. ¶ 5. Although Plaintiffs refer to a “Mass Termination Decision,” the papers attached to their preliminary injunction motion include notices of termination for each direct grant at issue that explain that the grant is being terminated and the agency’s reasoning. Plaintiffs’ apparent

attempt to challenge an alleged “Mass Termination Decision,” as opposed to the agency’s decision to terminate each grant as evidenced by the individual notices of termination, fails for several reasons.

First, Plaintiffs lack standing to challenge any alleged “Mass Termination Decision.” Any injury to Harris County (for example) stems from the notice of termination for each of its particular grants, not any alleged “Mass Termination Decision”. For similar reasons, vacatur of any alleged “Mass Termination Decision” would not provide redress to Plaintiffs. Rather, redress would require *reinstatement* of each individual terminated grant.

Second, any alleged “Mass Termination Decision” would not qualify as final agency action, Pl. Br. at 22, because no legal consequences would flow from it. Finality is a prerequisite to judicial review of agency action. *See* 5 U.S.C. § 704. To be final, agency action must satisfy two independent requirements. *See Bennett v. Spear*, 520 U.S. 154, 177 (1997). First, the action must “mark the consummation of the agency’s decisionmaking process” and not be “of a merely tentative or interlocutory nature.” *Id.* at 178 (citation omitted). Second, the action must be one “by which rights or obligations have been determined, or from which legal consequences will flow.” *Id.* (quoting *Port of Bos. Marine Terminal Ass’n v. Rederiaktiebolaget Transatlantic*, 400 U.S. 62, 71 (1970)). Here, any alleged “Mass Termination Decision” would not qualify as final agency action, at minimum, because it would not determine Plaintiffs’ rights and obligations. Rather, “legal consequences . . . flow” only from the termination of each grant as manifested in the termination notice for each individual grant. *Bennett*, 520 U.S. at 178 (citation omitted).

Finally, any alleged “Mass Termination Decision” would be an unreviewable “programmatic” decision under *Lujan*. “[U]nder the terms of the APA, [Plaintiffs] must direct

[their] attack against some particular ‘agency action’ that causes [them] harm.” *Lujan v. Nat’l Wildlife Fed’n*, 497 U.S. 871, 891 (1990). And that agency action must be “circumscribed” and “discrete[.]” *Norton v. S. Utah Wilderness All.*, 542 U.S. 55, 62 (2004). In *Lujan*, the Supreme Court dispelled any notion that a programmatic challenge can proceed under the APA:

[I]t is at least entirely certain that the flaws in the entire “program”—consisting principally of the many individual actions referenced in the complaint, and presumably actions yet to be taken as well—cannot be laid before the courts for wholesale correction under the APA, simply because one of them is ripe for review [and] adversely affects [a plaintiff].

497 U.S. at 892-93. Indeed, the purpose of the APA’s discrete agency action requirement is “to protect agencies from undue judicial interference with their lawful discretion, and to avoid judicial entanglement in abstract policy disagreements which courts lack both expertise and information to resolve.” *Norton*, 542 U.S. at 66. Here, to the extent Plaintiffs seek to “vacate and set aside the [alleged] wholesale elimination of CDC’s COVID-19-related grants,” Compl. ¶ 14,⁶ such a claim is precluded under the APA.

C. In any event, Plaintiffs’ claims fail on the merits.

Even if the Court reaches the merits, Plaintiffs fail to show that Defendants lacked statutory authority to terminate the grants at issue or that the terminations were arbitrary and capricious, unconstitutional, or ultra vires.

1. Plaintiffs’ APA claims are without merit.

(a) Plaintiffs cannot show that Defendants lacked statutory authority.

Plaintiffs argue that Defendants exceeded statutory authority, in violation of 5 U.S.C. § 706(2)(C), by terminating funding where “Congress specifically appropriated the funds for

⁶ See also Compl. ¶ 157 (“Defendants’ Mass Termination Decision, and its implementation . . . eliminates, wholesale, federal grant programs because they are funded through COVID-related appropriations laws”); *id.* ¶ 3 (alleging that President Trump “made dismantling the federal government’s approach to COVID-19 a priority”).

Plaintiffs’ use during and beyond the COVID-19 pandemic.” Pl. Br. at 23. But as made clear in the Background Section, the five appropriations statutes at issue in this case do no such thing. The underlying Covid-19 supplemental appropriations statutes directed HHS to allocate money for “grants” or “cooperative agreements” to “state, tribal, local, and territorial entities,” not Plaintiffs specifically or any particular entity. These lump-sum appropriations statutes generally specified a minimum amount to be allocated to STLTS. HHS not only abided by this instruction, but awarded *more* to the STLTS than the amounts specified by Congress, by the dates specified in the relevant appropriations statutes. By obligating the appropriated funds through grants, HHS satisfied any duty it had under the appropriations statutes.

Plaintiffs do not contend that HHS violated any statutory requirement. Instead, they seek to find in congressional silence a restriction on what HHS may do once it has obligated the funds consistent with the appropriations statutes. *See id.* at 24 (“One would expect Congress to speak clearly if it intended to delegate to the Defendants the authority to terminate billions of dollars of public health funding based on a finding that the public health emergency is over.”). But once HHS obligated the funds through grants and cooperative agreements, it fully satisfied any statutory requirements and the parties’ further dealings were governed by the terms and conditions of the grants. If Congress had intended to impose additional restrictions on HHS’s actions, it would have said so. There was no statutory violation.

(b) Defendants’ actions were not arbitrary and capricious

Nor is there any merit to Plaintiffs’ four arguments that Defendants’ actions were arbitrary and capricious.

First, Plaintiffs argue that HHS violated its own regulations by terminating the grants “for cause” without finding that Plaintiffs “fail[ed] to comply with the terms and conditions of the

grant instrument.” *Id.* at 25. As an initial matter, HHS’s regulations are only relevant to the extent the terms and conditions of the grants at issue parrot the regulations or incorporated them. In any event, Plaintiffs’ argument is meritless. Both the “Termination” section of the grants’ terms and conditions as well as the regulations demonstrate that the agency may terminate grants “for cause,” as distinct from any violation of the grant terms and conditions. Both provisions list “for cause” as a separate basis for termination from “fails to comply with the terms and conditions of the award” as a basis for termination. *See* 45 C.F.R. § 75.372(a)(1)-(2); *see* Background – Part III, *supra* (quoting terms and conditions). Thus, these provisions make clear that “for cause” is distinct from non-compliance, and that the agency is permitted to terminate grants for reasons other than non-compliance.

The agency exercised its authority to terminate the grants for cause after determining that the purpose for which the grants were awarded was superseded by the end of the public health emergency. The Termination Notices reflect this determination by stating that the pandemic was over. The agency made these termination decisions years after Congress had appropriated the underlying funding to address the public health and economic crises caused by the global COVID-19 pandemic, *see* Economic Relief Related to the COVID-19 Pandemic, Exec. Order No. 14,002, 86 Fed. Reg. 7229 (Jan. 22, 2021); White House OMB Statement of Administration Policy, H.R. 1319 – American Rescue Plan Act of 2021 (Feb. 26, 2021), and HHS had expeditiously provided funding to the states and local governments through many different types of grants specifically for the purpose of addressing the COVID-19 pandemic. The grant terminations thus comported with the express terms and conditions incorporated therein.

Relatedly, Plaintiffs allege that Defendants failed to provide a rational explanation for terminating the grants, but Plaintiffs mistake the standard. *See* Pl. Br. at 26. “Under the

‘arbitrary and capricious’ standard the scope of review is a narrow one.” *Bowman Transp., Inc. v. Ark.-Best Freight Sys., Inc.*, 419 U.S. 281, 285 (1974). Even “a decision of less than ideal clarity” will be upheld so long as “the agency’s path may reasonably be discerned.” *Id.* at 286. Put differently, the agency need only articulate “a ‘rational connection between the facts found and the choice made,’” *id.* at 285 (citation omitted), acting within a wide “zone of reasonableness.” *FCC v. Prometheus Radio Project*, 592 U.S. 414, 423 (2021). The explanation provided in the Termination Decisions, *see supra*, amply clear this bar. Rather than addressing the agency’s explanation, Plaintiffs cite to various authorities that have no bearing on the grants at issue.⁷

Second, Plaintiffs argue that “Defendants cannot depart from their previous policy without explanation.” Pl. Br. at 27 (citing *FCC v. Fox Television Stations, Inc.* 556 U.S. 502, 512 (2009)). At the outset, Plaintiffs are mistaken to assume that the “policies” they fault here—in contrast to the more formal policies at issue in *Fox Television*—are subject to this doctrine at all. In any event, the argument fails because HHS *did* explain its decision *vis a vis* the ending of the pandemic. Plaintiffs argue that “Defendants have renewed multiple deadlines for Plaintiff Local Governments’ grants,” *id.*, but the HHS Grants Policy Statement explains—in connection with

⁷ See Pl. Br. at 25 (citing to a 1982 administrative decision concerning 45 C.F.R. § 74.115, and a 1988 administrative decision concerning 45 C.F.R. § 74.61, without attempting to reconcile the language used with the terms and conditions at issue here). Nor do Plaintiffs explain how a passing citation to 45 C.F.R. §§ 75.371-375 (Remedies for Noncompliance) (cited at Pl. Br. at 25) demonstrates arbitrary and capricious action. Plaintiffs likewise fail to explain any connection to 42 U.S.C. § 300x-55(a) (which concerns “Block Grants Regarding Mental Health and Substance Abuse”), where none of the grants at issue here involve that program. Similarly, Plaintiffs fail to explain how a Department of Energy regulation, 10 C.F.R. § 600.25 (cited at Pl. Br. at 25), has any bearing on HHS/CDC grants.

continuations and extensions—“Funding is based on adequate performance, availability of funding, and the best interests of the federal government.” *See* Ex. L (emphasis added).⁸

Third, and relatedly, Plaintiffs argue that “Defendants acted arbitrarily and capriciously when they failed to account for legitimate reliance on prior interoperation of the COVID-19-related appropriations.” Pl. Br. at 28 (citation omitted). But the APA requires the weighing of only those interests that are “legitimate” and “serious.” *See, e.g., Whitman-Walker Clinic, Inc. v. U.S. Dep’t of Health & Hum. Servs.*, 485 F. Supp. 3d 1, 49 (D.D.C. 2020) (citations omitted), *appeal dismissed*, 2021 WL 5537747 (D.C. Cir. Nov. 19, 2021). And again, at the time of the grant terminations, HHS already had awarded more to STLTs than the amounts specified by Congress, by the dates specified in the relevant statutes. So it is hard to see how Plaintiffs can reasonably claim that they had “legitimate” and “serious” reliance interests beyond those amounts. Moreover, with respect to Plaintiffs’ work and expenditure of funds prior to the termination of the grants, HHS allowed Plaintiffs to draw down from funds for any work that they already had done prior to the termination date. (See Terminations Notices).

Last, Plaintiffs argue that, under *Spirit Airlines, Inc. v. U.S. Department of Transportation*, “[a]n agency is required to consider responsible alternatives to its chosen policy and to give a reasoned explanation for its rejection of such alternatives.” 997 F.3d 1247, 1255 (D.C. Cir. 2021) (quoting *Am. Radio Relay League, Inc. v. FCC*, 524 F.3d 227, 242 (D.C. Cir. 2008)). But this presupposes a formal “policy” here akin to that in *Spirit*, and improperly suggests that this doctrine would apply whenever an agency changes its mind about anything.

⁸ The version of the HHS Grants Policy Statement attached at Exhibit L, with effective date April 16, 2025, is in all relevant respects, for purposes of this case, the same as the preceding version of the Grants Policy Statement.

The Termination Notices make clear that HHS viewed the grants as unnecessary—with the end of the pandemic, “their limited purposes has run out.” *See* Exs. F, G, H, I.

2. Plaintiffs’ Constitutional law claims fail

Finally, Plaintiffs cannot show that “Defendants’ actions contravene the principle of separation of powers [or] the Spending Clause, [or] are ultra vires.” Pl. Br. at 19.

First, Plaintiffs argue that Defendants have violated the separation of powers because “[t]he Executive’s actions here directly contravene Congress’s appropriations for Plaintiffs’ public health programming.” *Id.* at 20. This argument is meritless, because again, the statutes in question authorize HHS to allocate amounts to STLTs generally (not Plaintiffs specifically) through grants, and HHS not only abided by this instruction, but it awarded more to STLTs than the amounts specified by Congress by the dates specified in the relevant statutes.⁹

Second, plaintiffs allege that Defendants violated the Spending Clause by “retroactively” imposing “conditions” on the grants to limit them to the duration of the COVID-19 pandemic. *See id.* at 21. Again, Plaintiffs overlook that HHS complied with all requirements imposed by Congress by allocating the specified funding to STLTs through grants. And HHS relied on the terms and conditions of those grants in terminating the funding. The “for cause” termination provision on which HHS relied was not imposed retroactively—it was written into the grants at the time they were awarded.

⁹ In passing, at page 20, Plaintiffs argue that under the Congressional Budget & Impoundment Control Act of 1974, to rescind funds Congress has appropriated, the Executive must follow rescission procedures (*i.e.*, proposing the rescission to Congress). But plaintiffs fail to show that there is any “recission” here in the first place triggering any obligations.

Finally, plaintiffs predicate their ultra vires claims against Defendants Kennedy and Monarez upon their allegation of a violation of the separation of powers and the Spending Clause. As already explained above, those claims are meritless.

II. Plaintiffs Will Not Face Irreparable Harm in The Absence of an Injunction

A showing that the movant will likely suffer an irreparable injury “is the *sine qua non* for obtaining a preliminary injunction—it is what justifies the extraordinary remedy of granting relief before the parties have had the opportunity fully to develop the evidence and fully to present their respective cases.” *Cal. Ass’n of Priv. Postsecondary Schs. v. DeVos*, 344 F. Supp. 3d 158, 167 (D.D.C. 2018) (citation omitted). In this Circuit, it is a “high standard” to meet. *Chaplaincy of Full Gospel Churches v. England*, 454 F.3d 290, 297 (D.C. Cir. 2006). “[T]he injury ‘must be both certain and great; it must be actual and not theoretical.’” *Id.* (quoting *Wis. Gas Co. v. Fed. Energy Regul. Comm’n*, 758 F.2d 669, 674 (D.C. Cir. 1985)). And “the injury must be beyond remediation.” *Id.* “The possibility that adequate compensatory or other corrective relief will be available at a later date . . . weighs heavily against a claim of irreparable harm.” *Id.* at 297–98 (quoting *Wis. Gas*, 758 F.2d at 674). “Bare allegations of what is likely to occur” and “conclusory assertions of potential loss” will not suffice. *Wis. Gas*, 758 F.2d at 674; *Cal. Ass’n of Priv. Postsecondary Schs.*, 344 F. Supp. 3d at 171. “Mere injuries, however substantial, in terms of money, time and energy necessarily expended in the absence of a stay, are not enough.” *Sampson v. Murray*, 415 U.S. 61, 90 (1974). If the moving party fails to substantiate its claim of irreparable harm, it is not entitled to injunctive relief. *Chaplaincy of Full Gospel Churches*, 454 F.3d at 297.

Plaintiffs make sweeping assertions of harm but fail to address the fundamental problem that the relief they seek is *monetary damages*—the classic example of harm that can be

remedied. At base, they want the federal government to pay money, via reinstatement of their terminated grants. It is “well settled that economic loss does not, in and of itself, constitute irreparable harm.” *Wis. Gas*, 758 F.2d at 674.

Further, a number of the alleged harms are simply speculative—far from “certain and great.” *See id.* *See also* Maddox Decl. ¶ 15 (“A prolonged loss of funding would force the termination of grant-funded positions . . .”); *id.* ¶ 17 (“termination of these grants ‘for cause’ *may* also have adverse consequences . . . in the future . . .” (emphasis added)); Pl. Br. at 38 (“making it more likely that work will not be compensated”); *id.* (“A failure to so certify *may* make Nashville less competitive for future grant awards” (emphasis added)). Moreover, loss of employment generally does not constitute irreparable injury. *Sampson v. Murray*, 415 U.S. 61 (1974).

III. The Remaining Factors Favor Defendants

The balance of equities and public interest strongly favor the federal government, because the harm to the federal government from an injunction would be irreparable. If the Court does not issue a preliminary injunction and Plaintiffs ultimately prevail in the case, they can seek money damages. But the opposite is not true—if the grantees are given access to the remaining grant funds now, and draw down the funds throughout the litigation, Defendants will be left with no meaningful recourse even if they prevail. Accordingly, HHS will bear all the risk if the Court enters a preliminary injunction. The Supreme Court recognized precisely that dynamic in *Department of Education* when it stayed the TRO granted by the district court in that case:

[The states] have not refuted the Government's representation that it is unlikely to recover the grant funds once they are disbursed. No grantee “promised to return withdrawn funds should its grant termination be reinstated,” and the District Court declined to impose bond. . . . By contrast, the Government compellingly argues that

[the states] would not suffer irreparable harm while the TRO is stayed. [The states] have represented in this litigation that they have the financial wherewithal to keep their programs running. So, if [the states] ultimately prevail, they can recover any wrongfully withheld funds through suit in an appropriate forum. And if [the states] instead decline to keep the programs operating, then any ensuing irreparable harm would be of their own making.

145 S. Ct. at 968-69 (citation omitted and emphasis added).

Moreover, the relevant harm to the federal government is not merely the forced expenditure of (unrecoverable) money during the pendency of this litigation. The harm is also the forced expenditure of money in support of causes that are inconsistent with Executive Branch policy objectives. Put another way, it is not just a loss of money, but also a loss of control that has been vested by statute in the Secretary, who in turn answers to the President and thus the public at large. Forcing the government to financially support causes at odds with its own policies, and Congress's express purpose for the funds, inflicts a distinct and irremediable harm on the public that goes beyond the expenditure of appropriated funds.

IV. Any Relief Should Be Limited

To the extent the Court grants any injunction, it should be limited to the four Local Government Plaintiffs, and the (terminated) grants awarded to those plaintiffs (directly or indirectly) that are specifically identified in Plaintiffs' Motion. AFSCME's presence in this suit does not provide a basis for expanding any injunction, as explained below.

A. AFSCME Does Not Have Standing

"A plaintiff unlikely to have standing is *ipso facto* unlikely to succeed" on the merits and, as such, is not entitled to pretrial injunctive relief. *Elec. Priv. Info. Ctr. v. Presidential Advisory Comm'n on Election Integrity*, 878 F.3d 371, 375 n.2 (D.C. Cir. 2017). Although Plaintiffs do not address standing in their Motion, they assert in their complaint AFSCME has both associational and organizational standing. *See* Compl. ¶ 22.

1. Associational Standing.

An organization has standing to bring suit on behalf of its members when (1) “its members would otherwise have standing to sue in their own right”; (2) “the interests it seeks to protect are germane to the organization’s purpose”; and (3) “neither the claim asserted nor the relief requested requires the participation of individual members in the lawsuit.” *Hunt v. Wash. State Apple Advert. Comm’n*, 432 U.S. 333, 343 (1977). AFSCME fails at the first step (as well as at the third, as explained below), because the organization fails to identify any individual member with standing in his or her own right. “It is not enough to aver that unidentified members have been injured.” *Twin Rivers Paper Co. v. SEC*, 934 F.3d 607, 613 (D.C. Cir. 2019) (quoting *Chamber of Com. v. EPA*, 642 F.3d 192, 199 (D.C. Cir. 2011)). Rather, the “organization must provide ‘individual affidavits’ from ‘members who have suffered the requisite harm.’” *Id.* (quoting *Summers v. Earth Island Inst.*, 555 U.S. 488, 499 (2009)).

Only two of AFSCME’s six declarants, Ms. Hedi Heddings and Ms. Eva Hewitt, are members who allege injury in their own right.¹⁰ These declarations, however, reveal that the alleged basis of the injury is insufficient to establish standing.

First, Ms. Heddings’ declaration shows that, notwithstanding grant termination, she still is employed with the Alaska State Department of Health. She states that in August 2024, her title was “Public Health Informaticist II” (Division of Public Health, Section of Public Health Nursing) and that “the majority of funding for [her] position, including funding for the creation of [a] new electronic health record, came from Immunization Grant Funding” from HHS. Decl. of Heidi Heddings ¶¶ 3, 5, ECF No. 14-11. Following the termination of that funding, she states

¹⁰ The other two AFSCME members, Megan Peters-Wiseman, and John Henry, Jr., do not assert a loss of employment or other cognizable injury.

that she was informed of an opportunity in a different role in the Division of Behavioral Health, and she states, “I indicated I was interested, and met with that Division. I was transferred to the Division of Behavioral Health, and I now work as a Public Health Informaticist II in that division.” *Id.* ¶¶ 10-11. Although Ms. Heddings references stress, issues with a longer commute, and loss of the satisfaction she felt from her earlier work, *id.* ¶¶ 14-18, these are not sufficient to establish injury in fact.

Second, Ms. Hewitt states in her declaration that she was “hired as a nonpermanent staff” at the Alaska State Department of Health, and her position was funded by Covid-related funding. Decl. of Eva Rose Hewitt ¶¶ 3, 5, ECF No. 14-12. She continues, “I understood that my role was nonpermanent and dependent on grant timelines. The grant I was working under ended on June 30, 2025 and paperwork had been filed requesting an extension for two more years, lasting through June 2027.” *Id.* ¶ 5. She states that, due to the termination of the grant, she lost her employment in April 2025. *Id.* ¶ 7. Loss of a nonpermanent position that likely would have ended on June 30, 2025 in any event is not sufficient to show injury in fact. Moreover, any suggestion that the grant funding Ms. Hewitt’s position would have been extended is pure speculation.

Because AFSCME has not identified any individual member with standing in his or her own right, it lacks associational standing. And AFSCME also lacks associational standing because “the claim asserted [and] the relief requested require[] the participation of individual members in the lawsuit.” *See Hunt*, 432 U.S. at 343. Specifically, the claims asserted and relief requested require identification of the specific grants at issue with respect to AFSCME members.

2. Organizational standing

Alternatively, an organization may show standing to sue in its own right by satisfying the traditional criteria applicable to individuals—*i.e.*, a cognizable injury in fact, causation, and redressability. To satisfy the injury-in-fact requirement, an organizational plaintiff must show “more than a frustration of its purpose,” since the mere hindrance to a nonprofit’s mission “is the type of abstract concern that does not impart standing.” *Food & Water Watch, Inc. v. Vilsack*, 808 F.3d 905, 919 (D.C. Cir. 2015) (citation omitted). Instead, for an organization to have standing, it must have “suffered a concrete and demonstrable injury to [its] activities.” *People for the Ethical Treatment of Animals v. U.S. Dep’t of Agric.*, 797 F.3d 1087, 1093 (D.C. Cir. 2015) (citation omitted). It is not enough, however, if the organization merely “diverts its resources in response to a defendant’s actions.” *FDA v. All. for Hippocratic Med.*, 602 U.S. 367, 395 (2024). Otherwise, “all the organizations in America would have standing to challenge almost every federal policy that they dislike.” *Id.* An organization cannot “spend its way into standing” in that way. *Id.* at 394.

Here, Plaintiffs’ Motion again says nothing about what, exactly, their theory of organizational standing is. That alone is reason enough to reject the claim, given their burden on this point. *See Jin v. Ministry of State Sec.*, 557 F. Supp. 2d 131, 144 n.9 (D.D.C. 2008) (the “court has no duty to comb through the record without direction from the parties”). And Plaintiffs’ declarations are insufficient to show standing. *See* Decl. of Amy M. Spiegel ¶ 14, ECF No. 14-13 (speculating that the loss of members from layoff results in a “diminished public workforce to service our communities,” and the “loss of dues revenue,” and reduced strength “at the bargaining table”); Decl. of John Henry Jr. ¶14, ECF No. 14-16 (similar); Decl. of Shaun C. O’Brien ¶ 7, ECF No. 14-14 (“as a labor organization,” AFSCME “will dedicate resources” to support laid-off workers). “The mere fact that an organization redirects some of its resources to

litigation and legal counseling in response to actions or inactions of another party is insufficient to impart standing upon the organization.” *Nat’l Taxpayers Union, Inc. v. United States*, 68 F.3d 1428, 1434 (D.C. Cir. 1995) (citation omitted).

AFSCME lacks standing. Thus, its presence in this case does not provide a basis for expanding any injunction beyond the four Local Government Plaintiffs.

B. The Court should not enter a nationwide injunction turning on “state and local employees of AFSCME members” that were allegedly “affected” by the termination of grants.

Finally, apart from the standing defect, the Motion lacks the necessary specifics for any injunction to be based on AFSCME. Plaintiffs state that AFSCME “members include public health employees in *various states and localities around the country* that . . . received federal funding from these programs.” Pl. Br. at 11. And Plaintiffs seek an order to “resume the implementation of the grants of . . . state and local employers of AFSCME members that were affected” by the grant terminations. *See* Pl. Br. Proposed Order at 2. But the Complaint and Motion fail to provide any specifics needed to craft appropriately tailored relief. The moving papers, for example, do not identify what grants would be covered.

The Court therefore should limit any remedy as set forth above.

V. Any Injunction Should be Stayed, and Plaintiffs Should be Required to Post a Reasonable Bond if an Injunction is Entered.

To the extent the Court issues injunctive relief, the United States respectfully requests that such relief be stayed pending the disposition of any appeal that is authorized, or at a minimum that such relief be administratively stayed for a period of seven days to allow the United States to seek an emergency, expedited stay from the Court of Appeals if an appeal is authorized.

Last, the Court should reject Plaintiffs’ argument that they should not be required to post a bond. Federal Rule of Civil Procedure 65(c) provides that a district court “may issue a preliminary injunction or a temporary restraining order *only if* the movant gives security in an amount that the court considers proper to pay the costs and damages sustained by any party found to have been wrongfully enjoined or restrained.” Fed. R. Civ. P. 65(c) (emphasis added). The “precise purpose” of such a bond is to ensure that a defendant can be fairly compensated for injury stemming from a wrongfully granted injunction. *Nat’l Kidney Patients Ass’n v. Sullivan*, 958 F.2d 1127, 1134 (D.C. Cir. 1992).

The starting point for determining the amount of the bond should be the award balance amount for each direct grant of the Local Government Plaintiffs, discussed in the Motion, at the time the grant was terminated, which is as follows:

Recipient	Award Number	Closeout Submitted	Award Balance 3/24/25	Award Balance 5/13/25
Harris County, TX	21NH75OT000026C5	Yes	\$4,435,194	\$4,005,605.21
Harris County, TX	21NU58DP006986C3	Yes	\$1,034,010	\$561,354.55
Kansas City, MO	21NH75OT000012C5	Yes	\$633,353.00	\$516,227.25
Nashville and Davidson, TN	21NU58DP006999C3	No	\$1,447,100.00	\$1,130,788.28

See Legier Decl., ¶ 15. Thus, as an initial matter, the bond among should include at least \$5,469,204 for Harris County; \$633,353 for Kansas City, and \$ 1,447,100 for Nashville and Davidson County.

The bond also should include the award balance for the indirect grants of the four Local Government Plaintiffs. Defendants presently do not have that information available, but to the extent the Court issues injunctive relief, Defendants respectfully request that the Court order Local Government Plaintiffs to provide this information before the issuance of any injunctive

relief so the Court can determine the proper bond amount. Finally, to the extent the Court awards any injunctive relief with respect to AFSCME, the Court should require AFSCME to provide information necessary for the Court to determine the proper bond amount with respect to any grants impacted by that relief.

CONCLUSION

The Court should deny Plaintiffs' motion for a preliminary injunction.

DATED: May 14, 2025

Respectfully submitted,

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

HARRIS COUNTY, TEXAS, et al.,

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his of-
ficial capacity as Secretary of United
States Department of Health and Hu-
man Services, et al.,

Defendants.

Civil Action No. 1:25-cv-01275 (CRC)

DECLARATION OF JAMIE LEGIER

Pursuant to 28 U.S.C. § 1746, I, Jamie Legier, declare as follows:

1. I am the Director of the Office of Grants Services at the Centers for Disease Control and Prevention (CDC), the United States Department of Health and Human Services (“HHS”).

2. In that capacity, my official duties include providing fiscal stewardship across the agency, and I serve as the agency’s principal advisor and liaison on all aspects of grants, including grants financial management activities.

3. I have experience with HHS’s record systems regarding grant awards issued by CDC, a sub-agency of HHS. These records are made in the

course of regularly conducted business activity at or near the time of relevant events by a person with knowledge of these events.

4. In the course of preparing this declaration, I have examined the office records available to me regarding grants awarded by CDC.

5. At issue in this litigation are grants provided by CDC to prevent, prepare for, and mitigate against COVID-19. These grants were issued in the midst of the COVID-19 pandemic, utilizing supplemental funds appropriated through a number of appropriations acts passed by Congress in response to the COVID-19 pandemic.

6. Grants issued by CDC are to entities considered “prime recipients” or primary awardees with whom the agency has a legal relationship. If a prime recipient provides an award (either a subaward or a contract) to another third party, that entity is considered a subrecipient to CDC. CDC does not have a legal relationship with a subrecipient and often will not have pertinent records associated with the relationship between the prime recipient and the subrecipient.

7. In response to the COVID-19 public health emergency, CDC, either directly or by and through HHS, received supplemental funding from the following appropriations bills:

- The Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, Pub. L. No. 116-123, 134 Stat. 146 (2020) (“CPRSA”);
- The Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, 134 Stat. 281 (2020) (“CARES”);
- The Paycheck Protection Program and Health Care Enhancement Act, Pub. L. No. 116-139, 134 Stat. 620 (2020) (“PPP”);

- The Coronavirus Response and Relief Supplemental Appropriations Act, (2021) Pub. L. No. 116-260, 134 Stat. 1182 (“CRRSAA”); and
- The American Rescue Plan Act of 2021 (“ARPA”) Pub. L. No. 117-2, 135 Stat. 4 (2021) (“ARPA”).

8. With respect to the CDC, some of these bills specify, with varied wording, a minimum amount of funding to be provided to state, tribal, local, and territorial entities, commonly referred to by HHS as “STLTs” and the date by which the funding must be made available or obligated by CDC.

9. I am aware in my role at CDC that both HHS and CDC track each of the appropriated funding streams and the expenditure of those funds to each grant recipient.

10. For the CPRSA, Congress appropriated \$2.2 billion to CDC, of which \$950,000,000 was specifically appropriated for awards to STLTs, to remain available until September 30, 2022. As of May 12, 2025, CDC made available \$1,113,063,558 to the STLTs. With respect to these CPRSA funds, funding was provided to states which flowed down funds at their discretion to third parties. No dollars were obligated directly to the four local government plaintiffs in this case (Harris County, Texas; Columbus, Ohio; Nashville and Davidson County, Tennessee; and Kansas City, Missouri) (the “Local Government Plaintiffs”) from CDC under this appropriation.

11. For the CARES Act, Congress appropriated \$4.3 billion to CDC, of which \$1.5 billion was specifically appropriated for awards to STLTs, to remain available until September 30, 2024. As of May 12, 2025, CDC made available \$2,108,793,598 to the STLTs.

12. For the PPP, Congress appropriated \$11,000,000,000 to HHS for STLTs in total, without specifying that the appropriation go through CDC. Of this appropriation, Congress specified that \$750,000,000 be appropriated for the Indian Health Service, resulting in \$10,250,000,000 billion appropriated for non-Indian Health Service STLTs. HHS also transferred another \$282,311,516 to CDC, and Congress appropriated \$1,000,000,000 directly to CDC under the PPP. As of May 12, 2025, CDC made available \$10,532,321,503 to the STLTs. With respect to these PPP funds, funding was provided to states which flowed down funds at their discretion to third parties. No dollars were obligated directly to the Local Government Plaintiffs from CDC under this appropriation.

13. For the CRRSAA, Congress appropriated \$8.75 billion to HHS, which then allocated \$4.5 billion to CDC, of which \$4.29 billion was specifically appropriated for awards to STLTs, to remain available until September 30, 2024. As of May 12, 2025, \$5,322,551,251 was made available to the STLTs from CRRSAA funds. CDC also received a total of \$21,327,406,498 from HHS under CRRSAA. For CRRSAA funds, two of the four Local Government Plaintiffs received funds from CDC under this appropriation.

14. For the ARPA, Congress appropriated \$1 billion to CDC. CDC received another \$17,964,597,077 from HHS and CMS under ARPA. As of April 14, 2025, \$18,964,597,077 was made available to the STLTs. With respect to these ARPA funds, funding was provided to states which flowed down funds at their discretion to third parties. No dollars were obligated directly to the Local

Government Plaintiffs from CDC under this appropriation.

15. The table below reflects the amount of grant money that was left remaining for the four direct grants at issue in this case, made to the Local Government Plaintiffs—as of the termination date, and as of May 13, 2025.

Recipient	Award Number	Closeout Submitted	Award Balance 3/24/25	Award Balance 5/13/25
Harris County, TX	21NH75OT000026C5	Yes	\$4,435,194	\$4,005,605.21
Harris County, TX	21NU58DP006986C3	Yes	\$1,034,010	\$561,354.55
Kansas City, MO	21NH75OT000012C5	Yes	\$633,353.00	\$516,227.25
Nashville and Da- vidson, TN	21NU58DP006999C3	No	\$1,447,100.00	\$1,130,788.28

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF,
UNDER PENALTY OF PERJURY, that the foregoing is true and correct.

EXECUTED this May 14, 2025, at Atlanta, Georgia

/s/ Jamie Legier
Jamier Legier

EXHIBIT A

AMERICAN RESCUE PLAN ACT OF 2021

Pl 117-2, March 11, 2021, 135 Stat 4

Sec. 2302. Funding For Vaccine Confidence Activities.

In addition to amounts otherwise available, there is appropriated to the Secretary for fiscal year 2021, out of any money in the Treasury not otherwise appropriated, \$1,000,000,000, to remain available until expended, to carry out activities, acting through the Director of the Centers for Disease Control and Prevention—

(1) to strengthen vaccine confidence in the United States, including its territories and possessions;

(2) to provide further information and education with respect to vaccines licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) or authorized under section 564 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb-3); and

(3) to improve rates of vaccination throughout the United States, including its territories and possessions, including through activities described in section 313 of the Public Health Service Act, as amended by section 311 of division BB of the Consolidated Appropriations Act, 2021 (Public Law 116-260).

EXHIBIT B

CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT

Pl 116-136, March 27, 2020, 134 Stat 281

Title VIII

Department Of Health And Human Services

CDC–Wide Activities And Program Support

For an additional amount for “CDC-Wide Activities and Program Support”, \$4,300,000,000, to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus, domestically or internationally:

Provided, That not less than \$1,500,000,000 of the amount provided under this heading in this Act shall be for grants to or cooperative agreements with States, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes, including to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities:

Provided further, That every grantee that received a Public Health Emergency Preparedness grant for fiscal year 2019 shall receive not less than 100 percent of that grant level from funds provided in the first proviso under this heading in this Act:

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EXHIBIT C

CORONAVIRUS PREPAREDNESS AND RESPONSE
SUPPLEMENTAL APPROPRIATIONS ACT, 2020

Pl 116-123, March 6, 2020, 134 Stat 146

Title III

Department Of Health And Human Services

Centers for Disease Control and Prevention:
CDC–Wide Activities And Program Support

For an additional amount for “CDC–Wide Activities and Program Support, \$2,200,000,000, to remain available until September 30, 2022, to prevent, prepare for, and respond to coronavirus, domestically or internationally:

Provided, That not less than \$950,000,000 of the amount provided shall be for grants to or cooperative agreements with States, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes, to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities:

Provided further, That \$475,000,000 of the funds made available in the preceding proviso shall be allocated within 30 days of the date of enactment of this Act:

Provided further, That every grantee that received a Public Health Emergency Preparedness grant for fiscal year 2019 shall receive not less than 90 percent of that grant level from funds provided in the first proviso under this heading in this Act, and not less than \$40,000,000 of such funds shall be allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes:

Provided further, That the Director of the Centers for Disease Control and Prevention (“CDC”) may satisfy the funding thresholds outlined in the preceding two provisos by making awards through other grant or cooperative agreement mechanisms:

Provided further, That each grantee described in the third proviso under this heading in this Act shall submit a spend plan to the CDC not later than 45 days after the date of enactment of this Act:

Provided further, That of the amount provided under this heading in this Act, not less than \$300,000,000 shall be for global disease detection and emergency response:

Provided further, That of the amount provided under this heading in this Act, \$300,000,000 shall be transferred to and merged with amounts in the Infectious

Diseases Rapid Response Reserve Fund (“Reserve Fund”), established by section 231 of division B of Public Law 115–245:

Provided further, That the Secretary of Health and Human Services, in consultation with the Director of the CDC, shall provide a report to the Committees on Appropriations of the House of Representatives and the Senate every 14 days, for one year from the date from any such declaration or determination described in the third proviso of section 231 of division B of Public Law 115–245, that details commitment and obligation information for the Reserve Fund during the prior two weeks, as long as such report would detail obligations in excess of \$5,000,000, and upon the request by such Committees:

Provided further, That funds appropriated under this heading in this Act may be used for grants for the construction, alteration, or renovation of non-Federally owned facilities to improve preparedness and response capability at the State and local level:

Provided further, That funds may be used for purchase and insurance of official motor vehicles in foreign countries:

Provided further, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.

EXHIBIT D

CORONAVIRUS RESPONSE AND RELIEF
SUPPLEMENTAL APPROPRIATIONS ACT, 2021

Consolidated Appropriations Act, 2021,
Pl 116-260, December 27, 2020, 134 Stat 1182

Division M; Title III

Centers for Disease Control and Prevention;

CDC–Wide Activities and Program Support
(including transfer of funds)

For an additional amount for “CDC–Wide Activities and Program Support”, \$8,750,000,000, to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus, domestically or internationally:

Provided, That amounts appropriated under this heading in this Act shall be for activities to plan, prepare for, promote, distribute, administer, monitor, and track coronavirus vaccines to ensure broad-based distribution, access, and vaccine coverage:

Provided further, That of the amount appropriated under this heading in this Act, not less than \$4,500,000,000 shall be for States, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes:

Provided further, That of the amount in the preceding proviso, \$210,000,000, shall be transferred to the “Department of Health and Human Services—Indian Health Service—Indian Health Services” to be allocated at the discretion of the Director of the Indian Health Service and distributed through Indian Health Service directly operated programs and to tribes and tribal organizations under the Indian Self-Determination and Education Assistance Act and through contracts or grants with urban Indian organizations under title V of the Indian Health Care Improvement Act:

Provided further, That the amount transferred to tribes and tribal organizations under the Indian Self-Determination and Education Assistance Act in the preceding proviso shall be transferred on a one-time, non-recurring basis, is not part of the amount required by 25 U.S.C. 5325, and may only be used for the purposes identified under this heading in this Act, notwithstanding any other provision of law:

Provided further, That the amounts identified in the second proviso under this heading in this Act, except for the amounts transferred pursuant to the third proviso under this heading in this Act, shall be allocated to States, localities, and territories

according to the formula that applied to the Public Health Emergency Preparedness cooperative agreement in fiscal year 2020:

Provided further, That of the amounts identified in the second proviso under this heading in this Act, except for the amounts transferred pursuant to the third proviso under this heading in this Act, not less than \$1,000,000,000 shall be made available within 21 days of the date of enactment of this Act:

Provided further, That of the amounts identified in the second proviso under this heading in this Act, except for the amounts transferred pursuant to the third proviso under this heading in this Act, not less than \$300,000,000 shall be for high-risk and underserved populations, including racial and ethnic minority populations and rural communities:

Provided further, That the Director of the Centers for Disease Control and Prevention (“CDC”) may satisfy the funding thresholds outlined in the second, fifth, sixth, and seventh provisos by making awards through other grant or cooperative agreement mechanisms:

Provided further, That amounts appropriated under this heading in this Act may be used to restore, either directly or through reimbursement, obligations incurred for coronavirus vaccine promotion, preparedness, tracking, and distribution prior to the enactment of this Act:

Provided further, That the Director of the CDC shall provide an updated and comprehensive coronavirus vaccine distribution strategy and a spend plan, to include funds already allocated for distribution, to the Committees on Appropriations of the House of Representatives and the Senate and the Committee on Energy and Commerce of the House of Representatives and Committee on Health, Education, Labor, and Pensions of the Senate within 30 days of enactment of this Act:

Provided further, That such strategy and plan shall include how existing infrastructure will be leveraged, enhancements or new infrastructure that may be built, considerations for moving and storing vaccines, guidance for how States, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes, and health care providers should prepare for, store, and administer vaccines, nationwide vaccination targets, funding that will be distributed to States, localities, and territories, how an informational campaign to inform both the public and health care providers will be executed, and how the strategy and plan will focus efforts on high-risk and underserved populations, including racial and ethnic minority populations:

Provided further, That such strategy and plan shall be updated and provided to the Committees on Appropriations of the House of Representatives and the Senate and the Committee on Energy and Commerce of the House of Representatives and

Committee on Health, Education, Labor, and Pensions of the Senate every 90 days through the end of the fiscal year:

Provided further, That amounts appropriated under this heading in this Act may be used for grants for the construction, alteration, or renovation of non-Federally owned facilities to improve preparedness and response capability at the State and local level:

Provided further, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.

EXHIBIT E

PAYCHECK PROTECTION PROGRAM
AND HEALTH CARE ENHANCEMENT ACT

Pl 116-139, April 24, 2020, 134 Stat 620

Division B—Additional Emergency Appropriations
For Coronavirus Response

Title I

Department Of Health And Human Services

Office of the Secretary
Public Health And Social Services Emergency Fund
(including transfer of funds)

For an additional amount for “Public Health and Social Services Emergency Fund”, \$75,000,000,000, to remain available until expended, to prevent, prepare for, and respond to coronavirus, domestically or internationally, for necessary expenses to reimburse, through grants or other mechanisms, eligible health care providers for health care related expenses or lost revenues that are attributable to coronavirus:

Provided, That these funds may not be used to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse:

Provided further, That recipients of payments under this paragraph in this Act shall submit reports and maintain documentation as the Secretary of Health and Human Services (referred to in this paragraph as the “Secretary”) determines are needed to ensure compliance with conditions that are imposed by this paragraph in this Act for such payments, and such reports and documentation shall be in such form, with such content, and in such time as the Secretary may prescribe for such purpose:

Provided further, That “eligible health care providers” means public entities, Medicare or Medicaid enrolled suppliers and providers, and such for-profit entities and not-for-profit entities not otherwise described in this proviso as the Secretary may specify, within the United States (including territories), that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID–19:

Provided further, That the Secretary shall, on a rolling basis, review applications and make payments under this paragraph in this Act:

Provided further, That funds appropriated under this paragraph in this Act shall be available for building or construction of temporary structures, leasing of properties, medical supplies and equipment including personal protective equipment and testing

supplies, increased workforce and trainings, emergency operation centers, retrofitting facilities, and surge capacity:

Provided further, That, in this paragraph, the term “payment” means a pre-payment, prospective payment, or retrospective payment, as determined appropriate by the Secretary:

Provided further, That payments under this paragraph in this Act shall be made in consideration of the most efficient payment systems practicable to provide emergency payment:

Provided further, That to be eligible for a payment under this paragraph in this Act, an eligible health care provider shall submit to the Secretary an application that includes a statement justifying the need of the provider for the payment and the eligible health care provider shall have a valid tax identification number:

Provided further, That, not later than 3 years after final payments are made under this paragraph in this Act, the Office of Inspector General of the Department of Health and Human Services shall transmit a final report on audit findings with respect to this program to the Committees on Appropriations of the House of Representatives and the Senate:

Provided further, That nothing in this paragraph limits the authority of the Inspector General or the Comptroller General to conduct audits of interim payments at an earlier date:

Provided further, That not later than 60 days after the date of enactment of this Act, the Secretary shall provide a report to the Committees on Appropriations of the House of Representatives and the Senate on obligation of funds, including obligations to such eligible health care providers summarized by State of the payment receipt:

Provided further, That such reports shall be updated and submitted to such Committees every 60 days until funds are expended:

Provided further, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.

For an additional amount for “Public Health and Social Services Emergency Fund”, \$25,000,000,000, to remain available until expended, to prevent, prepare for, and respond to coronavirus, domestically or internationally, for necessary expenses to research, develop, validate, manufacture, purchase, administer, and expand capacity for COVID–19 tests to effectively monitor and suppress COVID–19, including tests for both active infection and prior exposure, including molecular, antigen, and

serological tests, the manufacturing, procurement and distribution of tests, testing equipment and testing supplies, including personal protective equipment needed for administering tests, the development and validation of rapid, molecular point-of-care tests, and other tests, support for workforce, epidemiology, to scale up academic, commercial, public health, and hospital laboratories, to conduct surveillance and contact tracing, support development of COVID–19 testing plans, and other related activities related to COVID–19 testing:

Provided, That of the amount appropriated under this paragraph in this Act, not less than \$11,000,000,000 shall be for States, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes for necessary expenses to develop, purchase, administer, process, and analyze COVID–19 tests, including support for workforce, epidemiology, use by employers or in other settings, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, health care facilities, and other entities engaged in COVID–19 testing, conduct surveillance, trace contacts, and other related activities related to COVID–19 testing:

Provided further, That of the amount identified in the preceding proviso, not less than \$2,000,000,000 shall be allocated to States, localities, and territories according to the formula that applied to the Public Health Emergency Preparedness cooperative agreement in fiscal year 2019, not less than \$4,250,000,000 shall be allocated to States, localities, and territories according to a formula methodology that is based on relative number of cases of COVID–19, and not less than \$750,000,000 shall be allocated in coordination with the Director of the Indian Health Service, to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes:

Provided further, That the Secretary of Health and Human Services (referred to in this paragraph as the “Secretary”) may satisfy the funding thresholds outlined in the first and second provisos under this paragraph in this Act by making awards through other grant or cooperative agreement mechanisms:

Provided further, That not later than 30 days after the date of enactment of this Act, the Governor or designee of each State, locality, territory, tribe, or tribal organization receiving funds pursuant to this Act shall submit to the Secretary its plan for COVID–19 testing, including goals for the remainder of calendar year 2020, to include: (1) the number of tests needed, month-by-month, to include diagnostic, serological, and other tests, as appropriate; (2) month-by-month estimates of laboratory and testing capacity, including related to workforce, equipment and supplies, and available tests; and (3) a description of how the State, locality, territory, tribe, or tribal organization will use its resources for testing, including as it relates to easing any COVID–19 community mitigation policies:

Provided further, That the Secretary shall submit such formula methodology identified in the first proviso under this paragraph in this Act to the Committees on Appropriations of the House of Representatives and the Senate one day prior to awarding such funds:

Provided further, That such funds identified in the first and second provisos under this paragraph in this Act shall be allocated within 30 days of the date of enactment of this Act:

Provided further, That of the amount appropriated under this paragraph in this Act, not less than \$1,000,000,000 shall be transferred to the “Centers for Disease Control and Prevention—CDC-Wide Activities and Program Support” for surveillance, epidemiology, laboratory capacity expansion, contact tracing, public health data surveillance and analytics infrastructure modernization, disseminating information about testing, and workforce support necessary to expand and improve COVID–19 testing:

Provided further, That of the amount appropriated under this paragraph in this Act, not less than \$306,000,000 shall be transferred to the “National Institutes of Health—National Cancer Institute” to develop, validate, improve, and implement serological testing and associated technologies for the purposes specified under this paragraph in this Act:

Provided further, That of the amount appropriated under this paragraph in this Act, not less than \$500,000,000 shall be transferred to the “National Institutes of Health—National Institute of Biomedical Imaging and Bioengineering” to accelerate research, development, and implementation of point of care and other rapid testing related to coronavirus:

Provided further, That of the amount appropriated under this paragraph in this Act, not less than \$1,000,000,000 shall be transferred to the “National Institutes of Health—Office of the Director” to develop, validate, improve, and implement testing and associated technologies; to accelerate research, development, and implementation of point of care and other rapid testing; and for partnerships with governmental and non-governmental entities to research, develop, and implement the activities outlined in this proviso:

Provided further, That funds in the preceding proviso may be transferred to the accounts of the Institutes and Centers of the National Institutes of Health (referred to in this paragraph as the “NIH”) for the purposes specified in the preceding proviso:

Provided further, That the transfer authority provided in the preceding proviso is in addition to all other transfer authority available to the NIH:

Provided further, That of the amount appropriated under this paragraph in this Act, not less than \$1,000,000,000 shall be available to the Biomedical Advanced Research and Development Authority for necessary expenses of advanced research, development, manufacturing, production, and purchase of diagnostic, serologic, or other COVID–19 tests or related supplies, and other activities related to COVID–19 testing at the discretion of the Secretary:

Provided further, That of the amount appropriated under this paragraph in this Act, \$22,000,000, shall be transferred to the “Department of Health and Human Services—Food and Drug Administration—Salaries and Expenses” to support activities associated with diagnostic, serological, antigen, and other tests, and related administrative activities:

Provided further, That the amount appropriated under this paragraph in this Act may be used for grants for the rent, lease, purchase, acquisition, construction, alteration, renovation, or equipping of non-federally owned facilities to improve preparedness and response capability at the State and local level for diagnostic, serologic, or other COVID–19 tests, or related supplies:

Provided further, That the amount appropriated under this paragraph in this Act may be used for construction, alteration, renovation, or equipping of non-federally owned facilities for the production of diagnostic, serologic, or other COVID–19 tests, or related supplies, where the Secretary determines that such a contract is necessary to secure, or for the production of, sufficient amounts of such tests or related supplies:

Provided further, That funds appropriated under this paragraph in this Act may be used for purchase of medical supplies and equipment, including personal protective equipment and testing supplies to be used for administering tests, increased workforce and trainings, emergency operation centers, and surge capacity for diagnostic, serologic, or other COVID–19 tests, or related supplies:

Provided further, That products purchased with funds appropriated under this paragraph in this Act may, at the discretion of the Secretary, be deposited in the Strategic National Stockpile under section 319F–2 of the Public Health Service Act:

Provided further, That of the amount appropriated under this paragraph in this Act, \$600,000,000 shall be transferred to “Health Resources and Services Administration—Primary Health Care” for grants under the Health Centers program, as defined by section 330 of the Public Health Service Act, and for grants to federally qualified health centers, as defined in section 1861(aa)(4)(B) of the Social Security Act:

Provided further, That sections 330(e)(6)(A)(iii), 330(e)(6)(B)(iii), and 330(r)(2)(B) of the Public Health Service Act shall not apply to funds provided under the previous proviso:

Provided further, That of the amount appropriated under this paragraph in this Act, \$225,000,000 shall be used to provide additional funding for COVID–19 testing and related expenses, through grants or other mechanisms, to rural health clinics as defined in section 1861(aa)(2) of the Social Security Act, with such funds also available to such entities for building or construction of temporary structures, leasing of properties, and retrofitting facilities as necessary to support COVID–19 testing:

Provided further, That such funds shall be distributed using the procedures developed for the Provider Relief Fund authorized under the third paragraph under this heading in division B of the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116–136); may be distributed using contracts or agreements established for such program; and shall be subject to the process requirements applicable to such program:

Provided further, That the Secretary may specify a minimum amount for each eligible entity accepting assistance under the two previous provisos:

Provided further, That up to \$1,000,000,000 of funds provided under this paragraph in this Act may be used to cover the cost of testing for the uninsured, using the definitions applicable to funds provided under this heading in Public Law 116–127:

Provided further, That not later than 21 days after the date of enactment of this Act, the Secretary, in coordination with other appropriate departments and agencies, shall issue a report on COVID–19 testing:

Provided further, That such report shall include data on demographic characteristics, including, in a de-identified and disaggregated manner, race, ethnicity, age, sex, geographic region and other relevant factors of individuals tested for or diagnosed with COVID–19, to the extent such information is available:

Provided further, That such report shall include information on the number and rates of cases, hospitalizations, and deaths as a result of COVID–19:

Provided further, That such report shall be submitted to the Committees on Appropriations of the House and Senate, and the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate, and updated and resubmitted to such Committees, as necessary, every 30 days until the end of the COVID–19 public health emergency first declared by the Secretary on January 31, 2020:

Provided further, That not later than 180 days after the date of enactment of this Act, the Secretary shall issue a report on the number of positive diagnoses, hospitalizations, and deaths as a result of COVID–19, disaggregated nationally by race, ethnicity, age, sex, geographic region, and other relevant factors:

Provided further, That such report shall include epidemiological analysis of such data:

Provided further, That not later than 30 days after the date of the enactment of this Act, the Secretary, in coordination with other departments and agencies, as appropriate, shall report to the Committees on Appropriations of the House and Senate, the Committee on Energy and Commerce of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions of the Senate on a COVID–19 strategic testing plan:

Provided further, That such plan shall assist States, localities, territories, tribes, tribal organizations, and urban Indian health organizations, in understanding COVID–19 testing for both active infection and prior exposure, including hospital-based testing, high-complexity laboratory testing, point-of-care testing, mobile-testing units, testing for employers and other settings, and other tests as necessary:

Provided further, That such plan shall include estimates of testing production that account for new and emerging technologies, as well as guidelines for testing:

Provided further, That such plan shall address how the Secretary will increase domestic testing capacity, including testing supplies; and address disparities in all communities:

Provided further, That such plan shall outline Federal resources that are available to support the testing plans of each State, locality, territory, tribe, tribal organization, and urban Indian health organization:

Provided further, That such plan shall be updated every 90 days until funds are expended:

Provided further, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.

EXHIBIT F



Award# 1 NH75OT000026-01-00
FAIN# NH75OT000026
Federal Award Date: 05/27/2021

Recipient Information

1. Recipient Name

HARRIS COUNTY, TEXAS
201 Caroline St Ste 460
Environmental Public Health
Houston, TX 77002-1901
[NoPhoneRecord]

2. Congressional District of Recipient

18

3. Payment System Identifier (ID)

1760454514A5

4. Employer Identification Number (EIN)

760454514

5. Data Universal Numbering System (DUNS)

072206378

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Dr. Dana Beckham
dana.beckham@phs.hctx.net
832-524-5627

8. Authorized Official

Judge Lina Hidalgo
County Judge
cjograntsnotification@hctx.net
713-274-8506

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. John McGee
Grants Management Specialist
qsj4@cdc.gov
404-498-4348

10. Program Official Contact Information

Ms. Christine Graaf
khx2@cdc.gov
404-498-0442

Federal Award Information

11. Award Number

1 NH75OT000026-01-00

12. Unique Federal Award Identification Number (FAIN)

NH75OT000026

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Harris Cares: Embrace HOPE (Healing, Opportunity, Prosperity, Equity)

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public
Health or Healthcare Crises

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 06/01/2021 - End Date 05/31/2023

20. Total Amount of Federal Funds Obligated by this Action \$27,627,507.00

20a. Direct Cost Amount \$25,830,835.00

20b. Indirect Cost Amount \$1,796,672.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$27,627,507.00

26. Project Period Start Date 06/01/2021 - End Date 05/31/2023

27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Project Period Not Available

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Shirley K Byrd
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 1 NH75OT000026-01-00

FAIN# NH75OT000026

Federal Award Date: 05/27/2021

Recipient Information**Recipient Name**

HARRIS COUNTY, TEXAS
201 Caroline St Ste 460
Environmental Public Health
Houston, TX 77002-1901
[NoPhoneRecord]

Congressional District of Recipient

18

Payment Account Number and Type

1760454514A5

Employer Identification Number (EIN) Data

760454514

Universal Numbering System (DUNS)

072206378

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$2,548,333.00
b. Fringe Benefits	\$1,070,300.00
c. Total Personnel Costs	\$3,618,633.00
d. Equipment	\$0.00
e. Supplies	\$96,092.00
f. Travel	\$7,840.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$22,108,270.00
j. TOTAL DIRECT COSTS	\$25,830,835.00
k. INDIRECT COSTS	\$1,796,672.00
l. TOTAL APPROVED BUDGET	\$27,627,507.00
m. Federal Share	\$27,627,507.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000026C5	OT	41.51	\$27,627,507.00	75-2122-0140



Case 1:25-cv-01275-CRC Document 21-7 Filed 05/14/25 Page 4 of 70
DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 1 NH75OT000026-01-00

FAIN# NH75OT000026

Federal Award Date: 05/27/2021

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

HARRIS COUNTY, TEXAS

1 NH75OT000026-01-00

1. Terms and Conditions

Recipient: Harris County Public Health (HCPH)

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-OT21-2103, entitled National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities, and application dated May 3, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$27,627,507 is approved for a two year performance and budget period, which is June 1, 2021 through May 31, 2023. All future funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>. Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Financial Assistance Mechanism: Grant

Pre-Award Costs: Pre-award costs dating back to March 15, 2021– and directly related to the COVID-19 outbreak response are allowable.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

Although the recipient's indirect costs are approved based on a de minimis rate of ten (10) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2, effective May 21, 2021, a lower rate of 7.01249730964486 percent is requested. The reduced indirect cost rate is approved.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
John McGee, Grants Management Specialist
Centers for Disease Control and Prevention
Global Health Services Branch
2939 Flowers Road
Atlanta, GA 30341
Email: qsj4@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS

The final programmatic report format required is the following.

Final Performance Progress and Evaluation Report: This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

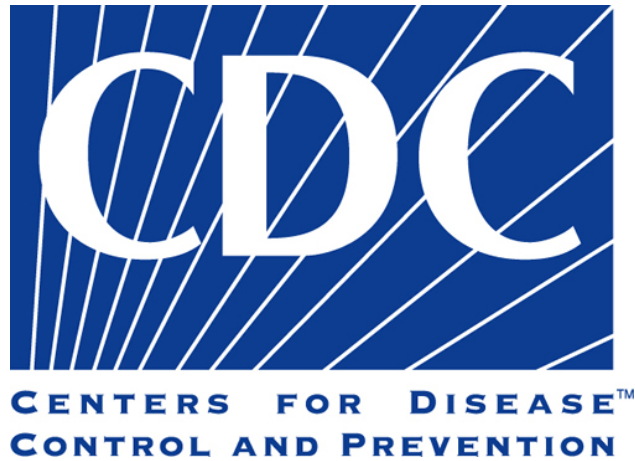
Additional guidance may be provided by the GMS and found at:
<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.



Centers for Disease Control and Prevention

Office for State, Tribal, Local and Territorial Support

National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

CDC-RFA-OT21-2103

05/03/2021

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-OT21-2103. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

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-OT21-2103

E. Assistance Listings Number:

93.391

F. Dates:

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

03/26/2021

2. Due Date for Applications:

05/03/2021

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

3. Due Date for Informational Conference Call:

CDC will host *two* informational conference calls for potential applicants:

Date: 03/30/2021

Times: 3:00pm to 4:00pm Eastern Standard Time

and

6:00pm to 7:00pm Eastern Standard Time

Meeting Details:

Join ZoomGov Meeting

<https://cdc.zoomgov.com/j/16040976381?pwd=NmNjdFcrQlFVSjVPZ25nR0dHay9zdz09>

Meeting ID: 160 4097 6381

Passcode: OT21-2103

One tap mobile

+16692545252,,16040976381#,,,,,,0#,,708148093# US (San Jose)

+16468287666,,16040976381#,,,,,,0#,,708148093# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

Meeting ID: 160 4097 6381

Passcode: 708148093

Find your local number: <https://cdc.zoomgov.com/u/advmpjIAqk>

Join by SIP

16040976381@sip.zoomgov.com

Join by H.323

161.199.138.10 (US West)

161.199.136.10 (US East)

Meeting ID: 160 4097 6381

Passcode: 708148093

G. Executive Summary:

1. Summary Paragraph

The [*Consolidated Appropriations Act, 2021* \(P.L. 116-260\)](#), which contained the [*Coronavirus Response and Relief Supplemental Appropriations Act, 2021* \(P.L. 116-260, Section 2, Division M\)](#) provided, in part, funding for strategies to improve testing capabilities and other COVID-19 response activities in populations that are at high-risk and underserved, including racial and

ethnic minority groups and people living in rural communities. Strategies also include those to develop or identify best practices for states and public health officials to use for contact tracing.

To achieve these purposes, the Centers for Disease Control and Prevention (CDC) is announcing a non-competitive grant CDC-RFA-OT21-2103 titled “National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.” This grant will provide funding to address COVID-19 and advance health equity (e.g., through strategies, interventions, and services that consider systemic barriers and potentially discriminatory practices that have put certain groups at higher risk for diseases like COVID-19) in racial and ethnic minority groups and rural populations within state, local, US territorial, and freely associated state health jurisdictions.

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

G (Grant)

c. Approximate Number of Awards

108

d. Total Period of Performance Funding:

\$ 2,250,000,000

All funding will be disbursed during year one with a total performance period of two years.

e. Average One Year Award Amount:

\$ 0

Funding will vary by jurisdiction category. Average one-year award amount by applicant type:

- State Health Department: \$32,000,000
- Local Health Departments Serving a County or City with a Population of ≥ 2 Million: \$26,000,000
- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: \$5,000,000
- US Territories and Freely Associated States: \$3,000,000

f. Total Period of Performance Length:

2

g. Estimated Award Date:

June 01, 2021

h. Cost Sharing and / or Matching Requirements:

No

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Coronavirus disease 2019 (COVID-19) has disproportionately affected populations placed at higher risk and who are medically underserved, including racial and ethnic minority groups, and people living in rural communities who are at higher risk of exposure, infection, hospitalization, and mortality. Additionally, racial and ethnic minority groups and people living in rural communities have disproportionate rates of chronic diseases that increase the severity of COVID-19 infection and might experience barriers to accessing testing, treatment, or vaccination against the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes COVID-19.

To reduce the burden of COVID-19 among populations disproportionately affected, it is imperative that state, local, US territorial, and freely associated state health departments (or their bona fide agents) work collaboratively and develop partnerships with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., [community transportation](#); anti-discrimination organizations; legal services);
- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);
- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and
- Governmental organizations focused on non-health services (e.g., [Coordinating Council on Access and Mobility – Department of Transportation](#), [Supportive housing for the elderly – Housing and Urban Development](#)).

To reach populations at higher risk, underserved, and disproportionately affected, including racial and ethnic minority groups and people living in rural communities, it is critical for funded recipients and key partners to implement a coordinated and holistic approach that builds on culturally, linguistically, and locally tailored strategies and best practices to reduce COVID-19 risk. In addition, a coordinated and holistic approach is essential to building and sustaining trust, ensuring equitable access to COVID-19 related services, and advancing health equity to address COVID-19 related health disparities among populations at higher risk, underserved, and disproportionately affected .¹

b. Statutory Authorities

Section 317(k)(2) of the Public Health Service Act [42 USC 247b(k)(2), as amended] and the Consolidated Appropriations Act, 2021 (P.L. 116-260), which contained the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260, Section 2, Division M, Title III).

c. Healthy People 2030

This emergency funding opportunity focuses on emergency preparedness and response foundational capability and addresses the "*Healthy People 2030*" focus areas of [Preparedness](#), [Vaccination](#), [Health Communication](#), [Respiratory Disease](#), [Infectious Disease](#), [Public Health Infrastructure](#), and [Social Determinants of Health](#).

For specific objectives within these topic areas, please visit www.healthypeople.gov.

d. Other National Public Health Priorities and Strategies

- [Executive Order on Ensuring an Equitable Pandemic Response and Recovery \(EO13995\)](#)
- [Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government \(EO13985\)](#)
- [National Strategy for the COVID-19 Response and Pandemic Preparedness](#) (see Goal 6)
- [CDC COVID-19 Response Health Equity Strategy: Accelerating Progress Towards Reducing COVID-19 Disparities and Achieving Health Equity](#)
- [Centers for Disease Control and Prevention Coronavirus 2019 \(COVID-19\) Recommendations and Guidance for state, local, territorial and tribal health departments](#)

e. Relevant Work

This NOFO is complementary and non-duplicative of the following CDC program activities, public health priorities, and strategies:

- CDC-RFA-CK19-1904: 2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)
- ELC Enhancing Detection Emerging Issues (E) Project: Funding for the Enhanced Detection, Response, Surveillance, and Prevention of COVID-19 - Supplement
- CDC-RFA-OT18-1802: Strengthening Public Health Systems and Services Through National Partnerships to Improvement and Protect the Nation's Health

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Due to the nature of this grant and public health crisis, there is not a predetermined logic model. It is expected that funds from this grant will be used to strengthen public health infrastructure, preparedness and response capabilities and services in [state, local, US territorial and freely associated state health](#) departments (or their bona fide agents) to address COVID-19 related health disparities and advance health equity in underserved and disproportionately affected populations through testing, contact tracing and other mitigation strategies. All applicants must define the populations disproportionately affected by COVID-19 within their respective jurisdiction, describe how they will reach these populations, and describe their experience working with communities that are underserved and at higher risk for COVID-19 disparities and health inequities.

Recipients will be required to include a financial carve out for rural communities, as applicable. As such, applicants who serve rural communities must define these communities and describe how they will provide direct support (e.g., funding, programs, or services) to those communities in their applications. State government applicants must also engage their State Office of Rural Health (SORH) or equivalent, in planning and implementing their activities and describe in their application how their SORHs or equivalent will be involved. To that end, CDC recommends state government applicants engage their respective SORH or equivalent, early in the application process. Contact information for SORHs can be found at: <https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>.

In addition, applicants are strongly encouraged to develop partnerships and collaborate with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., [community transportation](#); anti-discrimination organizations; legal services);
- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);

- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and
- Governmental organizations focused on non-health services (e.g., [Coordinating Council on Access and Mobility – Department of Transportation](#), [Supportive housing for the elderly – Housing and Urban Development](#)).

Through this collaborative approach, applicants will be better able to maximize the impact of their federal COVID-19 funding, strengthen implementation of strategies and activities, and align resources to better match the burden of COVID-19 among populations who are at higher risk and are underserved. This collaboration must be described in the application.

Applicants are encouraged to establish new funding relationships with partners and community organizations and may also continue funding relationships with partners and community organizations that have experience working with communities most affected by COVID-19 and have the capacity to implement strategies and activities outlined in this NOFO. To ensure resources reach the areas of greatest need, all applicants are strongly encouraged to use local epidemiologic, surveillance, and other available data sources to inform local resource allocation and program efforts, including program planning, implementation, and evaluation.

i. Purpose

Address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

ii. Outcomes

The intended outcomes for this grant are:

1. Reduced COVID-19-related health disparities.
2. Improved and increased testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.
3. Improved state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

iii. Strategies and Activities

This grant program will address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities. All strategies should aim to build infrastructures that both address disparities in the current COVID-19 pandemic and set the foundation to address future responses.

The program is composed of *four* overarching strategies:

1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved: Ensuring equitable access to critical COVID-19 personal protective equipment (PPE), testing, contact tracing, quarantine and isolation, vaccination, and other wrap-around services require deploying focused strategies, resources, and activities to meet the needs of individuals and mitigate the spread of COVID-19 among populations disproportionately impacted.

Priority activities for *Strategy 1* should include:

- Expand testing (including home test kits and mobile testing sites) and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority populations and people living in rural communities;

Additional activities may include but are not limited to:

- Vaccine coordination, quarantine and isolation options, and preventive care and disease management among populations that are underserved and at higher risk for COVID-19
- Tailor and adapt evidence-based policies, systems, and environmental strategies to mitigate social and health inequities related to COVID-19
- Identify and establish collaborations with critical partners affiliated with populations at higher risk and that are underserved, including racial and ethnic minority groups at higher risk for COVID-19 to: 1) connect community members to programs, healthcare providers, services and resources (e.g., transportation, housing support, food assistance programs, mental health and substance abuse services, substance abuse) they might need and 2) lessen adverse effects of mitigation strategies

2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic: Improving data systems and the collection, analysis, and use of racial, ethnic, and rural health data for COVID-19 prevention and control will help to better identify populations and communities disproportionately affected, track resource distribution, and evaluate the effectiveness of advancing health equity to address COVID-19-related health disparities among disproportionately affected populations. Collection of data that contextualize racial, ethnic, and rural health data and robust analysis of these data are fundamental activities for improving data collection and reporting.

Priority activities for *Strategy 2* should include:

- Improve data collection and reporting for testing and contact tracing for populations at higher risk and that are underserved;

Additional activities may include but are not limited to:

- Build on plans for collecting and reporting timely, complete, representative, and relevant data on testing, incidence, vaccination, and severe outcomes by detailed race and ethnicity categories, taking into account age and sex differences between groups

- Develop strategies to educate providers, community partners, and programs on: 1) the importance of the race and ethnicity data and appropriate strategies to collect it; 2) how to address mistrust/hesitancy about reporting personal information including race and ethnicity, and 3) why this information is important to prevent and control the spread of COVID-19
- Develop and implement plans to disseminate health equity-related data and related materials tailored to be culturally and linguistically responsive for diverse audiences
- Develop key principles and resources for collecting, analyzing, reporting, and disseminating health equity-related data to inform action during a public health emergency
- Assure adequate resources for data infrastructure and workforce to ensure alignment with data modernization

3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved: Sufficient workforce, infrastructure, and capacity are critical to providing equitable access to disproportionately affected populations. Where feasible, this short-term program will build, leverage, and expand the infrastructure and capacity within state, local, US territorial and freely associated state health departments (or their bona fide agents) to ensure and expand equitable access to critical COVID-19 testing and contact tracing, as well as PPE, quarantine and isolation, vaccination, and other wrap-around and supportive services.

Priority activities for *Strategy 3* should include:

- Expand the infrastructure to improve testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority populations and rural communities;

Additional activities may include but are not limited to:

- Establish, enhance, or implement leadership-level health equity offices, workgroups, task forces, or positions to guide addressing COVID-19 among communities at higher risk and that are underserved
- Convene and facilitate multi-sector coalitions or advisory groups that include members of underserved communities and organizations that serve the community. These groups may provide advice, guidance, and recommendations for addressing COVID-19 and advancing health equity among their communities
- Update jurisdictions' COVID-19 plans and health equity plans to support communities most at risk for COVID-19 with the intention of setting up systems that put in place infrastructures and plans that can also support future emergency responses
- Build and expand an inclusive public health workforce, including hiring people from the community (e.g., community health workers, social workers, other trusted community members) who are equipped to assess and address the needs of communities disproportionately affected by COVID-19

4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved: Identifying and addressing current gaps and factors that influence COVID-19-related health disparities requires a collaborative approach. Under this

strategy, collaborations between the primary applicant and key partners will broadly address health disparities and inequities related to COVID-19. (Please refer to Approach section of NOFO for a list of recommended key partners.)

Priority activities for Strategy 4 should include:

- Build community capacity to reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices for testing and contact tracing, and quarantine, including racial and ethnic minority populations and rural communities;

Additional activities may include but are not limited to:

- Build and implement cross-sectoral partnerships to align public health, healthcare, and non-health (e.g., housing, transportation, social service) interventions that decrease risk for COVID-19
- Develop mechanisms such as community advisory groups that include leaders representing racial and ethnic minority groups and rural community leaders and members representing underserved populations to inform COVID-19 and future emergency response activities
- Develop and disseminate culturally and linguistically responsive COVID-19 prevention communications through various channels (e.g., local media, local or community newspapers, radio, TV, trusted communications agents) written in plain language and in formats and languages suitable for diverse audiences—including people with disabilities, limited English proficiency, etc.—addressing and, as necessary, dispelling of misinformation and barriers to mitigation practices due to mistrust.
- Build community capacity that includes traditional organizations (e.g., public health, healthcare) and non-traditional partners (e.g., community health workers, churches, transportation providers, social workers) to reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices for testing, contact tracing, isolating, vaccination, and healthcare strategies
- Identify and establish collaborations with critical partners affiliated with and who provide services to populations that are underserved and at higher risk for COVID-19 to disseminate scientifically accurate, culturally, and linguistically responsive information and facilitate access to health-related services

Applicants are not required to implement all four strategies, but rather they should select the strategies and activities that best address their jurisdiction's respective priorities and needs. Strategies should engage representatives of populations and communities to be served by this NOFO. CDC will also allow applicants to propose additional strategies and activities beyond those included in the NOFO to best achieve local outcomes. Any proposed new strategy or activity should include the rationale for the approach or a brief justification with evidence showing why it should be included. Applicants should not propose to allocate all funding to one activity (e.g. all funding will be used for one vaccination or testing event only).

1. Collaborations

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

Recipients are encouraged to collaborate, as appropriate, with CDC programs and centers, institutes, and offices (CIOs) to ensure that activities and funding are coordinated with, complementary of, and not duplicative of efforts supported under other CDC programs that support COVID-19 response.

To facilitate the identification and sharing of best practices, program evaluation, training, tool development, and communications of findings, recipients may receive tailored technical assistance from select national or regional partner organizations funded through CDC-RFA-OT18-1802: *Strengthening Public Health Systems and Services through National Partnerships to Improvement and Protect the Nation's Health*.

For questions about collaborating with CDC, please contact the CDC point of contact for this NOFO.

b. With organizations not funded by CDC:

It is a requirement of this opportunity to include a financial carve out for rural communities, as applicable. As such, applicants who serve rural communities must define these communities and describe how they will provide direct support (e.g., funding, programs and/or services) to those communities. State government applicants must also engage their State Office of Rural Health (SORH) or equivalent, in planning and implementing their activities and describe in their application how their SORHs or equivalent will be involved. To that end, CDC recommends state government applicants engage their respective SORH or equivalent, early in the application process. Contact information for SORHs can be found at: <https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>.

In addition, applicants are strongly encouraged to develop partnerships and collaborate with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., [community transportation](#); anti-discrimination organizations; legal services);

- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);
- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and
- Governmental organizations focused on non-health services (e.g., [Coordinating Council on Access and Mobility – Department of Transportation](#), [Supportive housing for the elderly – Housing and Urban Development](#)).

Through this collaborative approach, applicants will be better able to maximize the impact of their federal COVID-19 funding, strengthen implementation of strategies and activities, and align resources to better match the burden of COVID-19 among populations who are at higher risk and are underserved. This collaboration must be described in the application.

Applicants are encouraged to establish new funding relationships with partners and community organizations and may also continue funding relationships with partners and community organizations that have experience working with communities most affected by COVID-19 and have the capacity to implement strategies and activities outlined in this NOFO. To ensure resources reach the areas of greatest need, all applicants are strongly encouraged to use local epidemiologic, surveillance, and other available data sources to inform local resource allocation and program efforts, including program planning, implementation, and evaluation.

Memoranda of understanding (MOUs) or memoranda of agreement (MOAs) are encouraged, but not required.

2. Target Populations

This NOFO relates specifically to populations that have been placed at higher risk and are underserved, which, depending on the needs and priorities of the applicant, may include African American, Latino, and Indigenous and Native American people, Asian Americans and Pacific Islanders, and other people of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people; people with disabilities; people who live in rural communities; people over the age of 65, and people otherwise adversely affected by persistent poverty or inequality.

Recipients are required to define and describe their respective population(s) of focus and describe how they will provide direct support (e.g., funding, services, or programs) to those communities within their application. Please include in the description the number of those you will serve broken out by applicable geographic area and/or community.

Recipients are also encouraged to include members of the populations and communities to be served in the planning, implementation, and evaluation of program activities.

a. Health Disparities

Evidence shows that COVID-19-related health disparities are inextricably linked to complex and widespread health and social inequities that have put many people from populations that are underserved—including racial and ethnic minority groups and people living in rural communities—at higher risk of exposure, infection, hospitalization, and mortality from COVID-19.^{2,3,4} Health equity requires striving for the highest possible standard of health for all people, giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

The intent of this funding opportunity is to address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

To reduce the burden of COVID-19 among disproportionately affected populations applicants are strongly encouraged to develop partnerships and collaborate with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., [community transportation](#); anti-discrimination organizations; legal services);
- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);
- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and

- Governmental organizations focused on non-health services (e.g., [Coordinating Council on Access and Mobility – Department of Transportation](#), [Supportive housing for the elderly – Housing and Urban Development](#)).

To reach populations at higher risk, underserved, and disproportionately affected—including racial and ethnic minority groups, and people living in rural communities—it is critical for funded recipients and key partners to implement a coordinated and holistic approach that builds on culturally, linguistically, and locally tailored strategies and best practices to reduce COVID-19 risk. In addition, a coordinated and holistic approach is essential to build and sustain trust, ensure equitable access to COVID-19-related services, and advance health equity to address COVID-19-related health disparities among populations at higher risk, underserved, and disproportionately affected.

iv. Funding Strategy

The funding strategy will consist of three components aimed at decreasing health disparities. The components are defined by type of jurisdiction. The amount of funds available for each component are based on the overall population size for each type of jurisdiction. Funds will be awarded for each component using a separate formula that is: a) consistent with the intent of the legislation and purposes of the grant, and b) appropriate for the eligible recipients. The three jurisdiction-specific components include:

1. State, City and County Jurisdictions: Approximately 80% of total available funding will be awarded to all states and eligible cities and counties based on COVID-19 social and structural determinants, as defined by the COVID-19 Community Vulnerability Index (CCVI).
2. Rural Jurisdictions: Approximately 19% of total available funding will be awarded to states with rural populations, as defined by the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP) definition of rural. All state recipients will receive a portion of the rural funding available. Each recipient's share will be based on the size of the rural population within the recipient's jurisdiction. These funds will be distributed to state recipients in combination with the first Component (i.e., the CCVI allotment, in a single award.)
3. US Territorial and Freely Associated State Jurisdictions: Approximately 1% of total available funds will be awarded to US territories and freely associated states. Each US territorial and freely associated state recipient will receive base funding (\$500,000), plus a population-based allotment that has been adjusted for COVID-19 burden. The COVID-19 burden adjustment will be based on the cumulative number of cases and deaths (per 100,000) for each US territory and freely associated state.

Please see Attachment A: OT21-2103 List of Eligible Applicants for a complete list of eligible applicants.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Performance measures will be finalized and provided to recipients within approximately 45 days of award.

CDC will use recipients' financial and progress reporting data to address evaluation questions relating to use of funds and results associated with the grant. CDC will collect this information quarterly through the end of the period of performance utilizing standardize templates. Quarterly expenditure and progress reports will be submitted via the Research Electronic Data Capture, or otherwise known as REDCap. CDC will provide training and technical assistance for recipients on REDCap post-award.

Given the flexible nature of this grant and diversity of allowable activities, a Data Management Plan (DMP) is not required **unless** a recipient chooses to allocate funding to a COVID-19 activity that involves the collection, generation, or analysis of data. The DMP may be submitted as a checklist, paragraph, or other format. To help guide applicants in developing a DMP, a sample plan is provided via the following link:

<http://www.icpsr.umich.edu/icpsrweb/content/datamanagement/dmp/plan.html>

As a result of the declared public health emergency (PHE), COVID-19, CDC's COVID-19 related data collections currently fall under a PHE Paperwork Reduction Act (PRA) Waiver as part of the 21st Century Cures Act. PRA requirements for most information collection activities that support the investigation of, and response to the COVID-19 pandemic, that would normally require submission of a PRA package, can be waived. If information collection activities continue beyond the period of the declared public health emergency or beyond the termination PHE PRA Waiver, all collections will become subject to requirements of the PRA. Awardees will receive additional guidance from CDC on how to address these PRA requirements.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

Due to the nature of this grant and public health crisis, applicants are not required to provide an Evaluation and Performance Measurement plan with their application. Recipients are strongly encouraged to use evaluation and performance measurement data at the local level to monitor, evaluate, and continuously improve program performance. CDC will finalize and provide performance measures within approximately 45 days of award. Recipients will be required to report quarterly on CDC defined performance measures and participate in CDC evaluation and performance management activities. Evaluation reports will be made available to the public.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must demonstrate the organizational capacity needed to carry out and coordinate strategies to advance health equity and address COVID-19-related health disparities for populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

Applicants must also demonstrate the capacity to collaborate with their State Offices of Rural Health (SORH) or equivalent, if applicable, and with key partners with community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Please refer to Approach section of NOFO for a list of recommended key partners.

Acceptable documentation includes, but is not limited to, a signed letter by the health department leader or their designees on organization letterhead explaining the existing capacity and capability; departmental organizational charts; an incident management structure organizational chart; and resumes or CVs for key personnel positions that are currently filled (include position descriptions for vacant positions). Applicant must name this file “Organizational Capacity” and upload it as a PDF to www.grants.gov.

d. Work Plan

Applicants must develop and submit a high-level work plan for the 2-year period of performance. The work plan must align with the strategies and activities outlined in the NOFO. Specifically, activities must align to one or more of the following strategies:

- *Strategy 1: Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved*

- *Strategy 2: Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic*
- *Strategy 3: Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved*
- *Strategy 4: Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved*

Applicants are not required to implement all four strategies, but rather they should select the strategies and activities that best address their jurisdiction's respective priorities and needs. Strategies should engage representatives of populations and communities to be served by this NOFO. CDC will also allow applicants to propose additional strategies and activities beyond those included in the NOFO to best achieve local outcomes. Any proposed new strategy or activity should include the rationale for the approach or a brief justification with evidence showing why it should be included. Applicants should not propose to allocate all funding to one activity (e.g. all funding will be used for one vaccination or testing event only).

Applicants must use the template provided as Attachment B: CDC-RFA-OT21-2103 Work Plan Template. Applicant must name this file "[Name of Jurisdiction] Work Plan" and upload it as an attachment to www.grants.gov.

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.

CDC will collect recipient financial and progress reporting data quarterly through the end of the period of performance.

CDC will also conduct a virtual compliance visit after six months, but before the end of the first year, from date of the award. The virtual compliance visit will be a telephone call and/or video conference to ensure the recipient's compliance with using the funding for the approved activities and to identify technical assistance needs. CDC may conduct additional in-person site or virtual visits as needed to best facilitate grants management and oversight duties.

B. Award Information

1. Funding Instrument Type:

G (Grant)

2. Award Mechanism:

CDC-RFA-OT21-2103

3. Fiscal Year:

2021

4. Approximate Total Fiscal Year Funding:

\$ 2,250,000,000

5. Total Period of Performance Funding:

\$ 2,250,000,000

This amount is subject to the availability of funds.

All funding will be disbursed during year one with a total performance period of two years.

Estimated Total Funding:

\$ 2,250,000,000

6. Total Period of Performance Length:

2

year(s)

7. Expected Number of Awards:

108

8. Approximate Average Award:

\$ 0

Per Project Period

Funding will vary by jurisdiction category. Average one-year award amount by applicant type:

- State Health Department: \$32,000,000
- Local Health Departments Serving a County or City with a Population of ≥ 2 Million: \$26,000,000

- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: \$5,000,000
- US Territories and Freely Associated States: \$3,000,000

9. Award Ceiling:

\$ 50,000,000

Per Project Period

This amount is subject to the availability of funds.

Funding will vary by jurisdiction category. Award Ceiling by applicant type:

- State Health Department: \$50,000,000
- Local Health Departments Serving a County or City with a Population of ≥ 2 Million: \$35,000,000
- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: \$9,000,000
- US Territories and Freely Associated States: \$10,000,000

10. Award Floor:

\$ 500,000

Per Project Period

Funding will vary by jurisdiction category. Award Floor by applicant type:

- State Health Department: \$17,000,000
- Local Health Departments Serving a County or City with a Population of ≥ 2 Million: \$17,000,000
- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: \$2,000,000
- US Territories and Freely Associated States: \$500,000

11. Estimated Award Date:

June 01, 2021

12. Budget Period Length:

24 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.

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

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

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

2. Additional Information on Eligibility

Awards must be made to state, District of Columbia, local, US territorial, and/or freely associated state health departments (or their bona fide agents). Local (health departments) governments or their bona fide agents are eligible if they:

- Serve a county population of 2,000,000 or more; or serve a city population of 400,000 or more. Population for county and city jurisdictions are based on the following US Census 2019 resources:
 - [City and Town Population Totals: 2010-2019 \(census.gov\)](https://www.census.gov/popest/totals/2019) U.S. Census -- Annual Estimates of the Resident Population for Incorporated Places of 50,000 or More, Ranked by July 1, 2019 Population: April 1, 2010 to July 1, 2019
 - [County Population Totals: 2010-2019 \(census.gov\)](https://www.census.gov/popest/totals/2019)- US Census – Annual Estimates for 2019

Bona fide agents are eligible to apply. For more information about bona fide agents, please see the CDC webpage on Expediting the Federal Grant Process with an Administrative Partner located at <https://www.cdc.gov/publichealthgateway/grantsfunding/expediting.html#Q2>

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.

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, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration

process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http://fedgov.dnb.com/webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http://fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Due Date for Letter Of Intent 03/26/2021

03/26/2021

b. Application Deadline

05/03/2021

11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call

CDC will host *two* informational conference calls for potential applicants:

Date: 03/30/2021

Times: 3:00pm to 4:00pm Eastern Standard Time

and

6:00pm to 7:00pm Eastern Standard Time

Meeting Details:

Join ZoomGov Meeting

<https://cdc.zoomgov.com/j/16040976381?pwd=NmNjdFcrQlFVSjVPZ25nR0dHay9zdz09>

Meeting ID: 160 4097 6381

Passcode: OT21-2103

One tap mobile

+16692545252,,16040976381#,,,,,,0#,,708148093# US (San Jose)

+16468287666,,16040976381#,,,,,,0#,,708148093# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

Meeting ID: 160 4097 6381

Passcode: 708148093

Find your local number: <https://cdc.zoomgov.com/join/16040976381>

Join by SIP

16040976381@sip.zoomgov.com

Join by H.323

161.199.138.10 (US West)

161.199.136.10 (US East)

Meeting ID: 160 4097 6381

Passcode: 708148093

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
- 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.

7. Letter of Intent

Letters of Intent (LOI) are not required but are requested as part of the application for this NOFO. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

Letters of Intent should be submitted via email to OT21-2103Support@cdc.gov no later than March 26, 2021.

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

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

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

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

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

13. Funds Tracking

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

accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

14. 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.

15. 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.

16. 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.

Coronavirus Disease 2019 (COVID-19) Funds:

- A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or H.R. 133 - Consolidated Appropriations Act, 2021, Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021, agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health

measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

- In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting [guidance](https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf) is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.
- Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected and evaluations conducted with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.
- To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, Recipient must distribute or administer vaccine without discriminating on non-public-health grounds within a prioritized group.

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:

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

18. Other Submission Requirements

a. Electronic Submission:

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

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

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

a. Phase 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: 0
ii. Evaluation and Performance Measurement	Maximum Points: 0
iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points: 0
Budget	Maximum Points: 0
i. Approach	Maximum Points: 0
ii. Evaluation and Performance Measurement	Maximum Points: 0
iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points: 0
Budget	Maximum Points: 0

c. Phase III Review

This is a noncompetitive NOFO. Applications will be reviewed for technical merit without scoring.

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 posting date is March 17, 2021, on www.grants.gov. Applicants will have up to 45 days, or May 3, 2021, to respond. Applicants are encouraged to apply early. The anticipated award date is approximately 30 calendar days after the end of the application period, or June 1, 2021.

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

The following Administrative Requirements (AR) apply to this NOFO:

- [AR-7: Executive Order 12372 Review](#)
- [AR-8: Public Health System Reporting Requirements](#)
- [AR-9: Paperwork Reduction Act Requirements](#)
- [AR-10: Smoke-Free Workplace Requirements](#)
- [AR-11: Healthy People 2030](#)
- [AR-12: Lobbying Restrictions](#)
- [AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities](#)
- [AR-8: Public Health System Reporting Requirements](#)
- [AR-15: Proof of Non-profit Status](#)
- [AR-23: Compliance with 45 CFR Part 87](#)
- [AR-14: Accounting System Requirements](#)
- [AR-16: Security Clearance Requirement](#)
- [AR-21: Small, Minority, And Women-owned Business](#)
- [AR-24: Health Insurance Portability and Accountability Act Requirements](#)
- [AR-25: Data Management and Access](#)
- [AR-26: National Historic Preservation Act of 1966](#)
- [AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009](#)
- [AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973](#)
- [AR-32: Enacted General Provisions](#)
- [AR-34: Language Access for Persons with Limited English Proficiency](#)
- [AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020](#)

Recipients are also expected to adhere to administrative requirements relating to nondiscrimination contained in Standard Form 424B (Rev. 7-97): Assurances - Non-Construction Programs, prescribed by OMB Circular A-102.

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

3. Reporting

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

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

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

Report Type	When?	Required?
Expenditure Reporting	Quarterly expenditure reports are due 60 days into the award and at the end of each fiscal quarter thereafter through the period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports are due 60 days into the award and at the end of each fiscal quarter thereafter through the period of performance.	Yes
Progress Reporting	Quarterly progress reports are due 60 days into the award and at the end of each fiscal quarter thereafter through the period of performance.	Yes
Federal Financial Reporting Forms	Due 90 days after the end of the budget period	Yes
Final Performance and Financial Report	Due 90 days after end of period of performance	Yes

There may be flexibility in reporting deadlines. CDC will communicate updates or revisions to reporting requirements as appropriate.

Quarterly expenditure and progress reports will be submitted via the Research Electronic Data Capture, or otherwise known as REDCap. CDC will provide training and technical assistance for recipients on REDCap post-award.

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

This report must include the following:

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

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

c. Performance Measure Reporting (optional)

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

d. Federal Financial Reporting (FFR) (required)

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

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the 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
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

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

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

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

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

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

3) Terms: For purposes of this clause:

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

“Foreign government” includes any foreign government entity;

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

- (1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:

Stacey

Last Name:

Mattison Jenkins

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

Department of Health and Human Services
Centers for Disease Control and Prevention
Center for State, Tribal, Local, and Territorial Support
Division of Program and Partnership Services
1825 Century Center Blvd., Mailstop V18-1
Atlanta, GA 30345

Telephone:

Email:

OT21-2103Support@cdc.gov

Grants Staff Contact

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

First Name:

Shirley

Last Name:

Byrd

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

Department of Health and Human Services

Centers for Disease Control and Prevention

Office of Grants Services

2939 Flowers Road

Atlanta, GA 30341

Telephone:

(770) 488-2591

Email:

yuo6@cdc.gov

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

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

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

H. Other Information

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

- Project Abstract
- Project Narrative

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

References

[1] Michener L, Aguilar-Gaxiola S, Alberti PM, Castaneda MJ, Castrucci BC, Harrison LM, et al. Engaging With Communities — Lessons (Re)Learned From COVID-19. *Prev Chronic Dis* 2020;17:200250. https://www.cdc.gov/pcd/issues/2020/20_0250.htm

2] US Centers for Disease Control and Prevention. COVID-19 cases, data, and surveillance: hospitalization and death by race/ethnicity. Accessed October 12, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

[3] Rubin-Miller L, Alban C, Artiga S, Sullivan S. COVID-19 racial disparities in testing, infection, hospitalization, and death: analysis of Epic data. Published September 16, 2020. Accessed October 12, 2020. <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-racial-disparities-testing-infection-hospitalization-death-analysis-epic-patient-data/>

[4] Paul R, Arif A, Pokhrel K, Ghosh S. The association of social determinants of health with COVID-19 mortality in rural and urban counties. *Journal of Rural Health*. 2021;1-9. <https://doi.org/10.1111/jrh.12557>

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements

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

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

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

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

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

Budget Period or Budget Year: The duration of each individual funding period within the 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>.

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

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

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

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

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

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

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

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These

activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

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

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

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

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

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

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

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list:
https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-_Review-SPOC_01_2018_OFFM.pdf.

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

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

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

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

Memorandum of Understanding (MOU) or Memorandum of Agreement

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

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

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

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

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

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

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

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

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear,

consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

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

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

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

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

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

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

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

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

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

NOFO-specific Glossary and Acronyms

Health equity (2) is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”

Underserved communities refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life. Populations can include but are not limited to: African American, Latino, and Indigenous and Native American persons, Asian Americans and Pacific

Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural communities; and persons otherwise adversely impacted by persistent poverty or inequality [\(Definition modified from the *Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, January 20, 2021*\).](#)



Award# 6 NH75OT000026-01-04
FAIN# NH75OT000026
Federal Award Date: 02/22/2024

Recipient Information

1. Recipient Name

HARRIS COUNTY
1001 Preston St
Houston, TX 77002-1839
--

2. Congressional District of Recipient

18

3. Payment System Identifier (ID)

1760454514A5

4. Employer Identification Number (EIN)

760454514

5. Data Universal Numbering System (DUNS)

072206378

6. Recipient's Unique Entity Identifier (UEI)

JFMKAENLGN81

7. Project Director or Principal Investigator

Ms. Jennifer Kiger
Division Director
Jennifer.Kiger@phs.hctx.net
832-927-7520

8. Authorized Official

Ms. Lina Hidalgo
AO / Harris County Judge
cjograntsnotification@hctx.net
713-274-1121

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Charlena Gatlin
Internal Reviewer
tie3@cdc.gov
678-475-4966

10. Program Official Contact Information

Sophie Xie
Program Officer
qv19@cdc.gov
770-488-6692

Federal Award Information

11. Award Number

6 NH75OT000026-01-04

12. Unique Federal Award Identification Number (FAIN)

NH75OT000026

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Harris Cares: Embrace HOPE (Healing, Opportunity, Prosperity, Equity)

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public
Health or Healthcare Crises

17. Award Action Type

No Cost Extension

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 06/01/2021 - End Date 05/31/2026

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$27,627,507.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$27,627,507.00

26. Period of Performance Start Date 06/01/2021 - End Date 05/31/2026

27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance \$27,627,507.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Ester Edward
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000026-01-04

FAIN# NH75OT000026

Federal Award Date: 02/22/2024

Recipient Information**Recipient Name**

HARRIS COUNTY
1001 Preston St
Houston, TX 77002-1839
--

Congressional District of Recipient

18

Payment Account Number and Type

1760454514A5

Employer Identification Number (EIN) Data

760454514

Universal Numbering System (DUNS)

072206378

Recipient's Unique Entity Identifier (UEI)

JFMKAENLGN81

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$3,549,268.26
b. Fringe Benefits	\$1,606,489.52
c. Total Personnel Costs	\$5,155,757.78
d. Equipment	\$0.00
e. Supplies	\$181,836.84
f. Travel	\$72,705.74
g. Construction	\$0.00
h. Other	\$38,100.83
i. Contractual	\$21,693,701.57
j. TOTAL DIRECT COSTS	\$27,142,102.76
k. INDIRECT COSTS	\$485,404.24
l. TOTAL APPROVED BUDGET	\$27,627,507.00
m. Federal Share	\$27,627,507.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000026C5	OT	41.51	93.391	\$0.00	75-2122-0140



Centers for Disease Control and Prevention

Award# 6 NH75OT000026-01-04

FAIN# NH75OT000026

Federal Award Date: 02/22/2024

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

HARRIS COUNTY

6 NH75OT000026-01-04

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

The General Terms and Conditions for [non-research](#) grants and cooperative agreements have been updated, effective January 23, 2024, to reflect current regulations and requirements for federal financial assistance.

No Cost Extension: The purpose of this amendment is to approve a 24 month No Cost Extension per the request submitted by your organization dated February 7, 2024 . The budget and project period end dates have been extended from May 31, 2024 to May 31, 2026.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve-month period. Based on the approved no-cost extension, an additional annual financial report will be required. A completed FFR SF-425 covering the budget period of June 1, 2023 to May 31, 2024 must be submitted by August 31, 2024.

Closeout Requirements: Recipients must submit all closeout reports within 120 days of the period of performance end date. Standard closeout reporting requirements are identified in the *General Terms and Conditions*, which are published on the CDC website at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>



Award# 6 NH75OT000026-01-05
FAIN# NH75OT000026
Federal Award Date: 03/24/2025

Recipient Information

1. Recipient Name

HARRIS COUNTY
1001 Preston St
Houston, TX 77002-1839
--

2. Congressional District of Recipient

18

3. Payment System Identifier (ID)

1760454514A5

4. Employer Identification Number (EIN)

760454514

5. Data Universal Numbering System (DUNS)

072206378

6. Recipient's Unique Entity Identifier (UEI)

JFMKAENLGN81

7. Project Director or Principal Investigator

Ms. Marisol Casares
Grants Supervisor
marisol.casares@phs.hctx.net
713-274-6297

8. Authorized Official

Ms. Lina Hidalgo
AO / Harris County Judge
cjograntsnotification@hctx.net
713-274-1121

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Angel Winters
Grants Management Officer/Specialist
jvr1@cdc.gov
404-498-4056

10. Program Official Contact Information

Sophie Xie
Program Officer
qv19@cdc.gov
770-488-6692

Federal Award Information

11. Award Number

6 NH75OT000026-01-05

12. Unique Federal Award Identification Number (FAIN)

NH75OT000026

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Harris Cares: Embrace HOPE (Healing, Opportunity, Prosperity, Equity)

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public
Health or Healthcare Crises

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 06/01/2021 - End Date 03/24/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$27,627,507.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$27,627,507.00

26. Period of Performance Start Date 06/01/2021 - End Date 03/24/2025

27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance \$27,627,507.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks

Department Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000026-01-05

FAIN# NH75OT000026

Federal Award Date: 03/24/2025

Recipient Information**Recipient Name**

HARRIS COUNTY
1001 Preston St
Houston, TX 77002-1839
--

Congressional District of Recipient

18

Payment Account Number and Type

1760454514A5

Employer Identification Number (EIN) Data

760454514

Universal Numbering System (DUNS)

072206378

Recipient's Unique Entity Identifier (UEI)

JFMKAENLGN81

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$3,549,268.26
b. Fringe Benefits	\$1,606,489.52
c. Total Personnel Costs	\$5,155,757.78
d. Equipment	\$0.00
e. Supplies	\$181,836.84
f. Travel	\$72,705.74
g. Construction	\$0.00
h. Other	\$38,100.83
i. Contractual	\$21,693,701.57
j. TOTAL DIRECT COSTS	\$27,142,102.76
k. INDIRECT COSTS	\$485,404.24
l. TOTAL APPROVED BUDGET	\$27,627,507.00
m. Federal Share	\$27,627,507.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000026C5	OT	41.51	93.391	\$0.00	75-2122-0140



Centers for Disease Control and Prevention

Award# 6 NH75OT000026-01-05

FAIN# NH75OT000026

Federal Award Date: 03/24/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

HARRIS COUNTY

6 NH75OT000026-01-05

1. Terms & Conditions

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted, and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

Closeout: In order to facilitate an orderly closeout, we are requesting that you submit all closeout reports identified below within thirty (30) days of the date of this NoA. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371.

Final Performance/Progress Report: This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$10,000 or more. If no equipment was acquired under the award, a negative report is required

EXHIBIT G



Award# 1 NU58DP006986-01-00

FAIN# NU58DP006986

Federal Award Date: 08/23/2021

Recipient Information

1. Recipient Name

County of Harris, Texas
201 Caroline St Ste 460
Harris County, Texas
Houston, TX 77002-1901
[No Phone Record]

2. Congressional District of Recipient

18

3. Payment System Identifier (ID)

1760454514A5

4. Employer Identification Number (EIN)

760454514

5. Data Universal Numbering System (DUNS)

072206378

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Ms. Jill TenHaken
Principal Investigator
jill.tenhaken@phs.hctx.net
713-274-8511

8. Authorized Official

Ms. Lina Hidalgo
AO / Harris County Judge
cjograntsnotification@hctx.net
713-274-7000

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Rhonda Colbert
Grants Management Specialist
hvxl@cdc.gov
770-488-2848

10. Program Official Contact Information

Dr. Monique Young
Public Health Advisor/Project Officer
Division of Cancer Prevention and Control
hza4@cdc.gov
770-488-3434

Federal Award Information

11. Award Number

1 NU58DP006986-01-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP006986

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

Before Always Has an After: Navigating Beyond the Pandemic

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/31/2021 - End Date 08/30/2022

20. Total Amount of Federal Funds Obligated by this Action \$2,999,755.00

20a. Direct Cost Amount \$2,754,193.00

20b. Indirect Cost Amount \$245,562.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$2,999,755.00

26. Project Period Start Date 08/31/2021 - End Date 08/30/2024

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period Not Available

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 1 NU58DP006986-01-00

FAIN# NU58DP006986

Federal Award Date: 08/23/2021

Recipient Information**Recipient Name**

County of Harris, Texas
201 Caroline St Ste 460
Harris County, Texas
Houston, TX 77002-1901
[No Phone Record]

Congressional District of Recipient

18

Payment Account Number and Type

1760454514A5

Employer Identification Number (EIN) Data

760454514

Universal Numbering System (DUNS)

072206378

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$520,000.00
b. Fringe Benefits	\$218,400.00
c. Total Personnel Costs	\$738,400.00
d. Equipment	\$0.00
e. Supplies	\$123,500.00
f. Travel	\$16,500.00
g. Construction	\$0.00
h. Other	\$158,576.00
i. Contractual	\$1,717,217.00
j. TOTAL DIRECT COSTS	\$2,754,193.00
k. INDIRECT COSTS	\$245,562.00
l. TOTAL APPROVED BUDGET	\$2,999,755.00
m. Federal Share	\$2,999,755.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP006986C3	DP	41.51	\$2,999,755.00	75-2024-0943

AWARD ATTACHMENTS

County of Harris, Texas

1 NU58DP006986-01-00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **DP21-2109, entitled “Community Health Workers for COVID Response and Resilient Communities (CCR)”**, and application dated May 24, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$2,999,755 is approved for the Year 1 budget period, which is **August 31, 2021 through August 30, 2022**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Component B	\$2,999,755

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of

and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Financial Assistance Mechanism: Grant

Budget Revision Requirement: By September 30, 2021 the recipient must submit a revised budget with a narrative justification for the following cost:

- **Approved Funding** - Recipient must submit a revised budget with a narrative justification based on the approved funding of \$2,999,755
- **Supply Costs** - Recipient must name the 5 positions for whom the laptops will be assigned.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- ☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

The recipient's indirect costs are approved and based on a de minimis rate of ten (10) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2, effective .

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System

(FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Rhonda Colbert, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 5 Supporting Chronic Diseases and Injury Prevention
2939 Flowers Road, MS TV2
Atlanta, GA 30341-4146
Email: Hvx1@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "**P Account**". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known to draw down funds.

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:
Rhonda Colbert, Grants Management Specialist (GMS)

Branch 5 Supporting Chronic Diseases and Injury Prevention
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Hvx1@cdc.gov | Phone: 770-488-2848

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

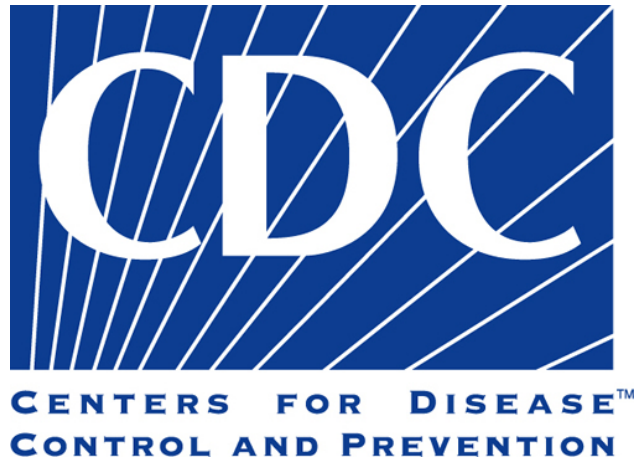
Programmatic Contact:

Monique Young, Project Officer
Centers for Disease Control and Prevention
National Center for Disease Prevention and Health
Telephone: 770-488-3434
Email: HZA4@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:

Stephanie Latham, Grants Management Officer (GMO)
Branch 5 Supporting Chronic Diseases and Injury Prevention
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO)
Centers for Disease Control and Prevention (CDC)
Email: FZV6@cdc.gov | Telephone: 770-488-2197



Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH
PROMOTION

Community Health Workers for COVID Response and Resilient Communities (CCR)

CDC-RFA-DP21-2109

05/24/2021

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP21-2109. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

Community Health Workers for COVID Response and Resilient Communities (CCR)

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-DP21-2109

E. Assistance Listings Number:

93.495

F. Dates:

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

03/25/2021

Not Applicable

LOI is not required or requested.

2. Due Date for Applications:

05/24/2021

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

3. Due Date for Informational Conference Call:

Date: March 31, 2021

Time: 3:30 pm - 4:30 pm U.S. Eastern Standard Time

Conference Number: 800-369-3192

Participant Code: 5479788

Join via Computer: <https://adobeconnect.cdc.gov/r0er4qejiemc/>

Potential applicants may also submit questions via email at: nccdphp_chw@cdc.gov

The following website will contain pre-and post-conference call information, including questions and answers submitted by potential applicants: [Community Health Workers for Covid Response and Resilient Communities | CDC](#)

F. Executive Summary:

Summary Paragraph

The Coronavirus Aid, Relief, and Economic Security (“CARES”) Act of 2020 allocated funds to the Centers for Disease Control and Prevention (CDC) to states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes. CDC announces the availability of funds to achieve the goal of the CARES Act in preventing COVID-19 and protecting the American people from related public health impacts. This Notice of Funding Opportunity (NOFO) supports this work through training and deployment of community health workers (CHWs) to response efforts and by building and strengthening community resilience to fight COVID-19 through addressing existing health disparities.

Program strategies include integrating CHWs into organizations and care teams and strengthening relevant CHW knowledge, roles, and skills to prepare them to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations. Priority populations are those with increased prevalence of COVID-19 and are disproportionately impacted by long-standing health disparities related to sociodemographic characteristics, geographic regions, and economic strata. Examples include, racial and ethnic minority groups, persons who are economically disadvantaged, justice-involved, experiencing homelessness, or have certain underlying medical conditions that increase COVID-19 risk.

a. Eligible Applicants:

Open Competition

b. NOFO Type:

G (Grant)

c. Approximate Number of Awards

70

d. Total Period of Performance Funding:

\$ 300,000,000

e. Average One Year Award Amount:

\$ 1,000,000

Over a three-year period of performance, CDC will award approximately \$100 million each budget year for three years with the average award varying. These grants will range approximately from \$350,000 - \$3 million per year depending on the size and scope of activity. The range of funds is broad to accommodate a varied number of organizations based on capacity and a range of catchment areas whose resource needs will vary. Approximate average one-year award amounts for each component are:

Component A (Capacity Building): \$600K

Component B (Implementation Ready): \$2M

Component C (Innovation – demonstration projects): \$2M

f. Total Period of Performance Length:

3

g. Estimated Award Date:

August 01, 2021

h. Cost Sharing and / or Matching Requirements:

No

Part II. Full Text**A. Funding Opportunity Description****1. Background****a. Overview**

The novel Coronavirus Disease 2019 (COVID-19) has impacted communities nation-wide, including all states, localities, and territorial jurisdictions. Public health crises, such as COVID-19, exacerbate existing health disparities and inequities in the social determinants of health (SDOH), conditions in which people are born, live, learn, work, play, worship, and age. Black/African Americans, Hispanics/Latinos, and American Indian/Alaska Native populations have higher rates of unemployment; are more likely to work in essential, low-income positions that do not allow telework; live in communities with higher rates of environmental hazards; and do not have health insurance or paid sick leave through employers. Racial and ethnic minority groups, economically disadvantaged persons, justice-involved, people experiencing homelessness, and people who use drugs and/or have certain underlying medical conditions are also at risk. All of these factors increase risk of exposure to COVID-19, while limiting ability to stay home or access care when sick. Racial and ethnic minority groups also experience higher incidence of severe heart disease, diabetes, obesity, and smoking, all shown to increase the risk of severe illness from COVID-19. Furthermore, distrust of medical and governmental entities and longstanding disparities in vaccine coverage may impact achievement of high COVID-19 vaccination rates, once vaccines are widely available in these population groups.

Along with CDC's strategies for ending the COVID-19 pandemic, focused investments are

needed to decrease disparities among the populations outlined above. Initiatives that promote health equity in all policies and reduce inequities should be pursued and evaluated for effective and targeted systems' changes across relevant sectors. Overwhelming evidence demonstrates that health is highly influenced by SDOHs such as intergenerational wealth, high quality education, stable and fulfilling employment opportunities, affordable housing, access to healthful foods, commercial tobacco-free policies, and safe green spaces for physical activity. Through partnerships around community health assessment and planning efforts, federal, state, local, tribal, and territorial governments have invested in long-range policy and environmental change plans to improve SDOHs in communities with the poorest health outcomes.

CHWs are well-positioned to reach communities, especially those disproportionately impacted by COVID-19. CHW interventions can improve uptake and access to health care services, improve communication between community members and health providers, reduce the need for emergency and specialty services, and improve adherence to health recommendations. While CHW administered interventions have a demonstrated impact, barriers to increased intervention implementation exist (e.g. insufficient numbers of trained individuals to meet existing needs; lack of funding/reimbursement; poor integration of CHWs in multidisciplinary care teams, in the health care delivery system, or in community organizations addressing the social determinants of health; and limited communication technology).

CHWs can improve access to COVID-19 related services (e.g. testing, contact tracing, health behavior education) and management of other underlying medical conditions that increase risk of severe COVID-19 illness and adverse outcomes. Through this initiative, CDC can highlight the integral role of CHWs in increasing resiliency, and response efforts in the hardest hit communities across the nation, especially during emergency crises by supporting three components in this NOFO: Component A focuses on building capacity for CHW efforts; Component B focuses on enhancing and expanding existing CHW efforts; and Component C focuses on developing innovative approaches to strengthening the use of CHWs.

b. Statutory Authorities

This program is authorized under the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), Public Law 116-136 and under the Public Health Service Act 42 U.S.C. 301(a).

c. Healthy People 2030

This funding opportunity focuses on COVID-19 response and community resilience addressing Healthy People 2030 goals including emergency preparedness: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/emergency-preparedness> and vaccination: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccination>.

For further information, please see <https://health.gov/healthypeople/objectives-and-data/browse-objectives>.

d. Other National Public Health Priorities and Strategies

The COVID-19 pandemic requires a coordinated public health response; recipients should consider the following in their proposed work:

- Topics (e.g. social determinants of health) related to health conditions associated with increased risk of COVID-19 illness and poorer outcomes.
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
- Centers for Disease Control and Prevention (2020). Community Preventive Services Task Force. The Community Guide. Retrieved from [The Guide to Community Preventive Services \(The Community Guide\)](#).
- Health Resources and Services Administration (2020). Coronavirus-Related Supplemental Funding Allowable Uses Technical Assistance Resource.
<https://bphc.hrsa.gov/emergency-response/coronavirus-info/supplemental-funding-uses>

e. Relevant Work

This NOFO will leverage previous work funded by the CDC with various public and private partners to implement and evaluate the effectiveness of different approaches for building the public health infrastructure to respond to COVID-19, particularly:

- Centers for Disease Control and Prevention (2020). Public Health Crisis Response NOFO. <https://www.cdc.gov/cpr/readiness/funding-covid.htm>
- Centers for Disease Control and Prevention (2020). CDC COVID-19 Funding for Tribes. https://www.cdc.gov/tribal/cooperative-agreements/covid-19.html?deliveryName=USCDC_289-DM25904
- Centers for Disease Control and Prevention (2020). COVID-19 Financial Resources. Retrieved from [Financial Resources | CDC](#).

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP21-2109: Community Health Workers for COVID Response and Resilient Communities (CCR) NOFO Logic Model

Scale up Community Health Worker (CHW) actions across the nation to support COVID-19 response efforts in those communities hit hardest by COVID-19 and among populations that are at high risk for COVID-19 exposure, infection, and outcomes (priority populations).

CDC-RFA-DP21-2109: Community Health Workers for COVID Response and Resilient Communities (CCR) NOFO Logic Model

Proposed High Level Strategies	Proposed Outcomes		
	Short Term Outcomes: Year 1	Intermediate Outcomes: Year 2	Long Term:>Year 3

Train Community Health Workers to ensure comprehensive acquisition and reinforcement of relevant knowledge, roles, and skills to support the COVID-19 public health response to manage outbreaks and community spread.	Increased skills/capacity/roles of CHWs to provide services and support for COVID-19 public health response efforts among priority populations within communities.	Increased reach of CHW-influenced mitigation efforts among priority populations within communities.	<p>Decreased impact of COVID-19 on those at risk (priority populations) and settings.</p> <p>Increased community resilience to respond to COVID-19 and future public health emergencies.</p> <p>IMPACT</p> <p>↓</p> <p>Decreased health disparities</p> <p>↓</p> <p>Increased health equity</p>
Deploy Community Health to Support the COVID-19 Public Health Response to manage outbreaks and spread of COVID-19 among priority populations within communities.	Increased workforce of CHWs delivering services to manage the spread of COVID-19.	Continued promotion and integration of CHWs into existing workforce among priority populations within communities.	
Engage Community Health Workers to Help Build and Strengthen Community Resilience to mitigate the impact of COVID-19 by improving the overall health of priority populations within communities.	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations within communities.	Increased provision of community resources and clinical services to those at highest risk for poor health outcomes among priority populations within communities.	

i. Purpose

This new grant will address 1) disparities in access to COVID-19 related services, e.g., testing, contact tracing, immunization services etc., and 2) health outcomes and factors that increase risk of severe COVID-19 illness (e.g., chronic diseases, smoking, pregnancy) and poorer outcomes (e.g. health and mental health care access, access to healthy food, health insurance, etc.) which have been exacerbated by COVID-19 by scaling up and sustaining a nation-wide program of CHWs who will support COVID-19 response and prevention in populations at high risk and communities hit hardest by COVID-19.

ii. Outcomes

Applicants are expected to focus on those outcomes that align with the three high-level strategy categories, i.e. **Train, Deploy, and Engage**.

Short term outcomes:

- **TRAIN:** Increased skills/capacity/roles of CHWs to provide services and support for COVID-19 public health response efforts among priority populations within communities.
- **DEPLOY:** Increased workforce of CHWs delivering services to manage the spread of COVID-19.
- **ENGAGE:** Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations within communities.

iii. Strategies and Activities

COMPONENT A: CAPACITY BUILDING

Applicants applying for Component A funding must address the four required strategies identified in bold and also select one additional strategy from the menu of strategies targeting Capacity Building efforts.

TRAIN:

- **Strategy CB1 (Required): Identify and collaborate with community-wide efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to successfully engage with existing state and/or local public**

health-led actions to manage COVID-19 among priority populations within communities.

- Strategy CB2: Align training opportunities for CHWs with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations within communities.

DEPLOY:

- **Strategy CB3 (Required): Integrate CHWs into organizations and care teams to support the public health response to COVID-19 among priority populations within communities.**
- Strategy CB4: Develop and disseminate messaging that educates organizations and care teams on the critical role CHWs play in delivering services and managing the spread of COVID-19 among priority populations within communities.

ENGAGE:

- **Strategy CB5 (Required): Coordinate and/or promote opportunities, such as messaging/education, within communities and clinical settings to facilitate the engagement of CHWs in addressing the needs of those at highest risk for poor health outcomes, including those resulting from COVID-19.**
- **Strategy CB6 (Required) Year 1 : Initiate and develop and/or utilize systems to document engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations at highest risk for poor health outcomes, including those resulting from COVID-19. (Required) Year 2: Facilitate engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations at highest risk for poor health outcomes, including those resulting from COVID-19.**
- Strategy CB7: Establish and strengthen partnerships between CHWs and State Medicaid agencies, relevant state or local coalitions, initiatives, professional organizations, providers, and health systems that provide resources and support for deploying CHWs to engage with priority populations at highest risk for poor health outcomes, including those resulting from COVID-19 by addressing social determinants of health (e.g. those with underlying health conditions, with decreased access to care or lacking access to routine and usual care, challenges with having social needs met, food insecurity, housing insecurity and homelessness, etc.)

COMPONENT B: IMPLEMENTATION READY

Applicants applying for Component B funding must address the four required strategies identified in bold and also select two additional strategies from the menu of strategies targeting Implementation Ready efforts.

TRAIN:

- **Strategy IR1 (Required): Identify and collaborate with community-wide efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations within communities.**
- Strategy IR2: Ensure appropriate training opportunities to disseminate messaging for CHWs focused on reaching those with underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations in order to strengthen infrastructure critical to identification of infection, appropriate follow-up, including contact tracing, and treatment among priority populations within communities.
- Strategy IR3: Align training opportunities for CHWs with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations within communities.

DEPLOY:

- **Strategy IR4 (Required): Integrate CHWs into organizations and care teams to support the public health response to COVID-19 among priority populations within communities.**
- Strategy IR5: Integrate CHWs into public health emergency preparedness and vaccine deployment planning, e.g. inclusion in planning and coordination with Immunization and Public Health Preparedness Programs; existing vaccine infrastructure; and vaccine providers in the community to increase access to new and existing vaccination programs in priority populations within communities.

ENGAGE:

- **Strategy IR6 (Required): Coordinate and/or promote opportunities, such as messaging/education within communities and clinical settings to facilitate the engagement of CHWs in addressing the needs of those at highest risk for poor health outcomes, including those resulting from COVID-19.**
- **Strategy IR7 (Required): Facilitate engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations at highest risk for poor health outcomes, including those resulting from COVID-19.**

COMPONENT C: INNOVATION - DEMONSTRATION PROJECTS

The demonstration project should identify an approach that employs policy, systems or environmental changes, is innovative and will train, deploy, and engage CHWs to further address health disparities and social inequities exacerbated by COVID-19 within the catchment area identified in the recipient's Component B application. The demonstration projects should each uniquely focus on improving selected conditions of the socioecological environment (e.g., community interventions intending to reduce toxic and chronic stress,

strategies that enhance community resilience; strategies that address reimbursement or other sustainable funding; strategies that increase income, housing and/or food security and support recovery from other unintended negative consequences of COVID-19 mitigation strategies; engaging employers in identifying and adopting policies that protect worker health and safety; engaging owners/overseers of multi-unit housing to identify and adopt policies that protect worker and tenant health from COVID-19 and conditions that increase COVID-19 risk). This is an opportunity to demonstrate how CHWs can incorporate interventions addressing social determinants of health, and be an integral part of innovative approaches, such as technology, payment models, communication campaigns, new ways to link to social services and/or provide “wrap-around” services, or other services that will improve health outcomes among those at greatest risk for severe COVID-19 disease.

Requirements for the demonstration project include the following:

- The demonstration project must address at least 1 of the 3 overarching strategies of the NOFO: train, deploy, and/or engage;
 - This proposed project must be distinctly different from what the applicants is proposing in Component B; it is not meant to be an expansion of a Component B effort. It is an opportunity to test an innovative approach that accelerates impact to ameliorate effects of COVID-19 through the use of CHWs and builds more resilient communities.
- CHWs must be an integral part of the demonstration project;
- The project must be implemented in communities or populations at risk for poor health outcomes as a result of COVID-19 that the applicant has identified for Component B.
- The demonstration project must be aligned with the outcome(s) as described in the logic model.
- The demonstration project must include a rigorous evaluation to assess the project’s impact, outcomes, and effectiveness and develop recommendations for sustainability. The applicant should plan to initiate evaluation in Year 1, continue data collection in Year 2, and complete and submit all data to CDC immediately upon completion of Year 3.

Performance measures related to Train, Deploy, and Engagement efforts for Component C and the impact on COVID-19 may be proposed by recipients based on activities conducted and finalized in collaboration with CDC and Evaluation/Technical Assistance partners, awarded through a separate NOFO. Performance measures will be reported annually, and CDC and Evaluation/Technical Assistance partners will manage and analyze the data to identify recipient program improvements, respond to broader technical assistance needs, and report to stakeholders.

1. Collaborations

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

Required Collaborations:

Recipients are required to collaborate with other CDC-funded programs that are currently implementing activities to mitigate the spread of COVID-19 infection in their respective communities and address certain underlying medical conditions that increase risk of exposure to

COVID-19. These collaborations are especially essential for implementing both the training and deployment strategies of this NOFO; applicants must include letters of support to document these collaborations. Letters must be dated within 45 days of the application due date. These letters must state the role of organizations and specify how they will help the applicant achieve the goals and outcomes of the NOFO. *Applicants must file the letter of support, as appropriate, name the file “CHW_LOS_Applicant Name”, and upload it as a PDF file at www.grants.gov.* This will ensure that proposed activities are complementary with other CDC funded programs operating in the same area and avoid duplication of efforts. State- and/or local-level CDC funded programs to advance efforts to mitigate the spread of COVID-19 infection include:

- Epidemiology and Laboratory Capacity Program: <https://www.cdc.gov/nceid/dpei/epidemiology-laboratory-capacity.html>
- State (and jurisdictional) Immunization Program: <https://www.cdc.gov/vaccines/imz-managers/awardee-imz-websites.html>
- Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response Program: <https://www.cdc.gov/tribal/documents/cooperative-agreements/COVID-19-Funding-for-Tribes-Grant-Recipients-OT20-2004-508.pdf>
- Tribal Public Health Capacity Building and Quality Improvement Program: <https://www.cdc.gov/tribal/cooperative-agreements/tribal-capacity-building-OT18-1803.html>
- Cooperative Agreement for Emergency Response: Public Health Crisis Response and COVID-19 Crisis Response Cooperative Agreement Components A and B Supplemental Funding Program: <https://www.cdc.gov/cpr/readiness/funding-covid.htm>
- Racial and Ethnic Approaches to Community Health (REACH) Flu Vaccine Supplement. DP18-1813. https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/current_programs/index.html.

Encouraged Collaborations:

Recipients are also highly encouraged to collaborate with other CDC-funded programs that focus on population health approaches to reduce health disparities and address the social determinants of health that contribute to them such as injury prevention, mental health promotion, sexually transmitted disease and chronic disease prevention. These collaborations are especially essential for implementing the strengthening community resilience strategies of this NOFO. This will ensure proposed activities are complementary with other CDC-funded programs operating in the same area and avoid duplication of efforts.

b. With organizations not funded by CDC:

Required Collaborations:

- Recipients are required to appropriately align their work with other national, state or nongovernmental programs that support CHWs to promote healthy communities including State Medicaid agencies.
- Recipients are also required to collaborate, through formalized partnerships, supported by detail specific service agreements, with medical (e.g., Community Health Centers (CHCs), private providers, health insurers and health systems) and essential support service providers to maximize reach, increase coordination and collaboration, and support

the provision of essential services in respective communities. These collaborations are essential for the successful implementation of all three NOFO strategies.

- Letters of support with a firm commitment from partners should be included in the application. Applicants should submit letters of support from organizations that will have a role in helping to achieve the NOFO activities and outcomes. Letters must be dated within 45 days of the application due date. These letters must state the role of organizations and specify how they will help the applicant achieve the goals and outcomes of the NOFO. *Applicants must file the letter of support, as appropriate, name the file “CHW_LOS_Applicant Name”, and upload it as a PDF file at www.grants.gov.*

Community Coalition

The recipients are required to either establish a new or expand an existing community coalition to serve as a formal arrangement for cooperation and collaboration among stakeholder groups to work together to achieve the short-term, intermediate, and long-term outcomes of this NOFO. Applicants should describe the proposed or existing coalition within the project narrative.

Recipients will collaborate with the coalition to develop and carry out the program action plan to train and deploy CHWs to support the COVID-19 public health response as well as to build and strengthen resilience to mitigate the impact of COVID-19 by improving the overall health of priority populations in key communities.

The community coalition proposed by the recipient should have diverse and multi-sector representation and, at a minimum, should include the:

- Recipient
- Community Health Worker Network Representation
- Healthcare organization representative (who provides services for the priority population)
- Local public health department representation
- Community representation

The community coalition should:

- Demonstrate ability to leverage partnerships across settings and sectors to address key contributors to health disparities within their community (e.g., social determinants of health)
- Meaningfully engage and incorporate input from those who represent the proposed priority population(s)
- Use Community Based Participatory Approaches (<http://ctb.ku.edu/en/table-of-contents/analyze/where-to-start/participatory-approaches/main>) in their planning approach
- Reflect the composition of the proposed priority population
- Demonstrate a history of success in working together with partners on issues relating to health or other disparities.
- Demonstrate effectiveness and progress in mobilizing partners to assist in implementation of local evidence-based or practice-based improvements that are culturally tailored to the priority population(s)

Encouraged Collaborations:

Recipients are also encouraged to establish strategic partnerships with the following types of organizations: state- and jurisdictional-recipients of other relevant Federal programs (e.g., the Health Resources and Services Administration's State Office of Rural Health programs or Maternal and Child Health Bureau, the Centers for Medicare and Medicaid Services, and State-Medicaid Offices) and their recipients; local public health departments (for state recipients); local health insurers; American Indian/Alaska Native tribal governments and/or tribally designated organizations; non-CDC funded Community Based Organizations; faith-based organizations; local chambers of commerce or large employers, community advocates and other stakeholders with vested interests in reducing health disparities and the social determinants of health that contribute to them.

2. Target Populations

Applicants must identify and focus on populations with increased risk for or prevalence of COVID-19 or who are at increased risk for poor health outcomes from COVID-19 because they are also disproportionately impacted by long-standing health disparities as described in the Executive Summary and Background sections of this announcement. Applicants must demonstrate that the proposed catchment area(s) reflect a) the burden of COVID-19 infection rates and/or COVID-19 mortality rates and b) populations disproportionately affected by COVID-19 infections; particularly those affected by poverty. Catchment areas are defined in this NOFO as a county, metropolitan statistical area(s) or a group of contiguous counties. These catchment areas must have significant COVID-19 disease burden, evidence of disproportionate health disparities as evidenced by poverty rates, and sufficient combined populations to allow the strategies supported by this NOFO to reach significant numbers of people (see components below for information on population size). Applicants must describe the population selected, including relevant health disparities, and how the selected interventions will improve health and contribute to a more resilient community better able to address threats such as COVID-19.

Applicants must use the following two resources to document a) poverty rates and b) COVID-19 cases and/or mortality rates:

- Poverty rates may be found at <https://www.census.gov/library/visualizations/interactive/2014-2018-poverty-rate-by-county.html>.
- COVID-19 cases and/or deaths (county level) can be found at <https://covid.cdc.gov/covid-data-tracker/#county-view>. The two COVID-related data points that can be used are:
 - 7 Day total reported cases per 100,000 population
 - 7 Day total reported deaths per 100,000 population

Applicants should include the time period for the 7 day total for cases and/or deaths from the CDC COVID Data Tracker. Additional guidance on the two COVID-related data points can be found at: [Community Health Workers for Covid Response and Resilient Communities | CDC](#)

Applicants addressing racial and ethnic populations should address the inclusion of subpopulations within the identified target population that can benefit from the program strategies listed in this announcement. These subpopulations can include groups such as older

people, people with low socioeconomic status, ethnic minorities, economically disadvantaged persons, justice-involved, people experiencing homelessness, or those who traditionally do not access health care on a routine basis such as people with mental health or substance abuse disorders, non-English speaking populations, Lesbian, Gay, Bisexual, and Transgender (LGBT) populations, persons with disabilities, or other populations who may otherwise be missed by the program. In addition, applicants will be expected to provide specific activities to address the underlying health and social inequities that put many of these subpopulations at increased risk of getting sick, having more severe illness and dying from COVID-19 and other communicable and non-communicable conditions.

a. Health Disparities

CDC recognizes that social and economic opportunities, health behavior, and the physical environment in which people live greatly impact health outcomes. Health disparities represent preventable differences in the burden of disease, disability, injury or violence, or in opportunities to achieve optimal health. Applicants must describe the population(s) selected, including relevant health disparities, and how selected interventions will improve health and reduce or eliminate one or more identified health disparities. This announcement provides the opportunity to incorporate interventions to address health-related social needs, (e.g., housing instability and poor quality, food insecurity, insufficient utility resources, interpersonal violence, insufficient transportation, and inadequate educational resources) for the priority populations described in the background section. This is an opportunity to demonstrate how increased awareness of available community services, navigation assistance to access services, and partner alignment to ensure that available services support community needs can positively impact health in these communities; which should all be addressed in the proposed activities.

iv. Funding Strategy

Applicants must demonstrate that the proposed catchment area(s) reflect a) the disproportionate burden of COVID-19 infection rates/COVID-19 mortality rates and b) populations disproportionately affected by COVID-19 infections; particularly those affected by poverty. Catchment areas are defined in this NOFO as a county, metropolitan statistical area(s), or a group of contiguous counties. These catchment areas must have significant COVID-19 disease burden, evidence of disproportionate health disparities as evidenced by poverty rates, and sufficient combined populations to allow the strategies supported by this NOFO to reach significant numbers of people.

Applicants must use the following two resources to document a) poverty rates and b) COVID-19 cases and/or mortality rates:

- Poverty rates may be found at <https://www.census.gov/library/visualizations/interactive/2014-2018-poverty-rate-by-county.html>.
- COVID-19 cases and/or deaths (county level) can be found at <https://covid.cdc.gov/covid-data-tracker/#county-view>. The two COVID-related data points that can be used are:
 - 7 Day total reported cases per 100,000 population
 - 7 Day total reported deaths per 100,000 population

Applicants should include the time period for the 7 day total for cases and/or deaths from the CDC COVID Data Tracker. Additional guidance on the two COVID-related data points can be found at: [Community Health Workers for Covid Response and Resilient Communities | CDC](#)

Component A focuses on organizations that have some experience with CHWs and want to build capacity by expanding training and oversight plans that will lead to the increased deployment of CHWs which will result in improved health outcomes. These organizations must have approximately one year of experience in implementing a CHW program in their catchment area. The experiences of this program may have been limited in scope, i.e., focusing on a single or a few disease concerns, providing advice and guidance to direct community members to appropriate clinical services. We expect to fund approximately 35 applicants. Applications for this component will reflect services addressing a catchment area, as defined in this NOFO, as a county, metropolitan statistical area(s), or a group of counties:

- up to 50,000 population, applicants may apply for up to \$350K.
- For 50,000 to 200,000 population, applicants may apply for up to \$600K.
- For 200,000+ population, applicants may apply for up to \$1M.

Component B focuses on expanding deployment of CHWs in organizations with substantial (approximately 3 years) experience currently utilizing CHWs that want to amplify activities to address COVID-19 within communities resulting in improved health outcomes; we expect to fund approximately 35 applicants. Applications for this component will reflect services addressing a catchment area, as defined in this NOFO, as a county, metropolitan statistical area(s), or a group of counties:

- up to 200,000 population, applicants may apply for up to \$1M.
- For 200,000 to 600,000 population, applicants may apply for up to \$2M
- For 600,000+ population, applicants may apply for up to \$3M.

Component C focuses on policy, systems or environmental changes, is innovative and will train, deploy, and engage CHWs to further address health disparities and social inequities exacerbated by COVID-19 within the catchment area identified in the recipient's Component B application. Only applicants that are approved and funded for Component B will be considered for Component C funding. We expect to fund approximately 5 recipients for Component C for up to \$2M each.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help demonstrate program accomplishments and strengthen the evidence for strategy implementation. CDC, in collaboration with identified Evaluation and Technical Assistance (TA) partners, will work individually and collectively with recipients to track the implementation of recipient strategies and activities and assess progress in achieving NOFO outcomes within the three-year period of performance. Both process and outcome evaluation will seek to answer the following questions:

Approach:

1. To what extent has the recipient's implementation approach resulted in achieving the desired outcomes?

Effectiveness:

1. To what extent has the recipient increased the reach of Component A and B strategies to prevent and control COVID-19 infections and strengthen community resilience?
2. To what extent has implementation of Category A and B strategies led to improved health outcomes among the identified priority population(s)?

Recipients must collaborate with CDC and Evaluation/Technical Assistance partners and are strongly encouraged to submit at least two success stories per year with impacts using the NCCDPHP Success Stories Application. Information on this application is located in the Resources section of this document. CDC and Evaluation/Technical Assistance (TA) partners will implement an evaluation approach that consists of (1) ongoing monitoring and evaluation of progress through the collection and reporting of performance measures by recipients, (2) a CDC- and Evaluation/TA partner-led comprehensive evaluation, and (3) recipient-led evaluations, with support from CDC and Evaluation/TA partners, as appropriate.

Performance measures developed for this NOFO correspond to the high-level broad strategy categories and outcomes described in the logic model. All measures are broadly stated and may be refined with recipients, CDC, and Evaluation/TA partners, based on activities proposed and recipient needs. CDC and the Evaluation/TA partners, as appropriate, will work with recipients on operationalizing and further defining each performance measure and guidance will be provided prior to the first year of expected recipient reporting.

Performance measures will be reported semi-annually by all recipients to CDC and the Evaluation/TA partners, who will also manage and analyze the data to identify recipient program improvements, respond to broader technical assistance needs, and to report to stakeholders. CDC and the Evaluation/TA partners will analyze recipient submitted performance measure data and develop aggregate performance measure reports to be disseminated to recipients and other key stakeholders, including federal partners, non-funded partners, and policy makers, as appropriate. These aggregate findings may also be presented during site visits and recipient meetings. In addition to performance measures reported by recipients, CDC will track all outcome measures (not listed in required recipient table for reporting) that are relevant to the program through national data sets or the comprehensive evaluation activities. As part of the comprehensive evaluation activities, a subset of NOFO recipients will be selected who will be required to work collaboratively with CDC and the Evaluation/TA partners to report more in-depth narratives of activities over the course of the NOFO.

For the CDC- and Evaluation/TA partner-led comprehensive evaluation activities, CDC will lead the design, data collection, analysis, and reporting. Recipients will be expected to participate in evaluation activities such as surveys, interviews, case studies, and other data collection efforts to ensure there is a robust evaluation of the evidence-driven, community tailored/adapted efforts of the role CHWs play in leading, supporting, and collaborating with a wide variety of stakeholders

to improve the health of the community. An appropriate level of guidance and support, including one on one outreach, small peer-to-peer learning and sharing opportunities, webinars, learning collaboratives, electronic resources, and virtual engagements to showcase successes and brainstorm the resolution of potential challenges will be provided to the recipients. These connections among recipients, CDC and the Evaluation/TA partners are critical to the programmatic success and effective and meaningful evaluation of this grant. CDC and the Evaluation/TA partners will use finding from these evaluation efforts to refine technical assistance and, in turn, maximize and sustain program outcomes.

For recipient-led evaluations, CDC and Evaluation/TA partners will be available to work closely, where appropriate, with recipients to develop, refine, and implement evaluation plans that they can use to make program improvements and demonstrate the outcomes and impact of their programs.

CDC, Evaluation/TA partners, and recipients will only collect data that will be analyzed and used. CDC will provide recipients with performance measure reporting templates, and potentially evaluation plan and reporting templates. CDC and Evaluation/TA partners will provide ongoing TA on program implementation efforts, recipient-led evaluation, and recipient performance measure reporting. Evaluation TA will be provided using a customized approach to ensure that the tools and services provided best meet the needs of the recipients. All evaluation findings produced by CDC, the Evaluation TA providers, and recipients will contribute to: (1) program and quality improvement of program efforts; (2) practice-based evidence; (3) documentation and sharing of lessons learned to support replication and scaling up of these program strategies and/or (4) future funding opportunities to expand upon these successes.

The data CDC collects for performance measurement and evaluation are directly related to the implementation of the strategy and/or the desired outcome indicated in the logic model. Data being collected are strictly related to the implementation of the NOFO strategies and shall be used for assessing and reporting progress and for other pertinent implementation improvement actions. All performance measure data will be collected via secure data systems. Recipients will report their performance measure data semi-annually via the data system and will have access to their data only. Over the 3-year performance period, data will be secured with limited access to authorized CDC program and evaluation staff. CDC will publish summative reports on individual and aggregate performance measure data.

Applications involving public health data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for the applicant's assurance of the quality of the public health data through the data's lifecycle and any 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>

Short-term measures reported by recipients are described in the table below. Recipients will report one level of measures:

- short-term outcomes measures for each required strategy and for each additional strategy selected

The tables below align with the logic model and shows the alignment among the overarching high level strategy categories, i.e. TRAIN, DEPLOY, and ENGAGE, along with the specific strategies, outcomes, and performance measures for Component A and Component B.

Table 1. Component A: Capacity Building -- Strategies, Outcomes, and Performance Measures

Community Health Workers for COVID-19 Response and Resilient Communities (CCR)		
Table 1. Component A: Capacity Building -- Strategies, Outcomes, and Performance Measures		
Strategies (<i>Component A Applicants are required to address the four strategies indicated in BOLD and must also select <u>one</u> additional strategy from any of the two areas (train/deploy) in the menu of strategies targeting capacity building (CB) efforts within this table.</i>)	Short-term Outcomes	Short-term Measures (<i>Recipients will report short-term measures aligned with all required strategies in BOLD and the one additional strategy selected.</i>) <i>Note: All measures are broadly stated and will be refined with recipients and CDC based on activities proposed.</i>
TRAIN		
Strategy CB1 (Required): Identify and collaborate with community-wide efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations* within communities.	Increased skills/capacity/roles of CHWs to provide services and support for COVID-19 public health response efforts among priority populations* within communities.	Measure (Required): # of CHWs successfully completing state/local public health-led COVID-19 response training efforts as determined by relevant public health-led entities, e.g., skills related to contact tracing, appropriate use and care of PPE, and sufficient documentation of relevant data collection efforts.

Strategy CB2: Align training opportunities for CHWs with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations* within communities.	Increased skills/capacity/roles of CHWs to provide services and support for COVID-19 public health response efforts among priority populations* within communities.	Measure: # and type of health conditions and/or social service needs for which CHWs are provided training and/or certification to deliver among priority populations* within communities, e.g. Lifestyle interventions and strategies, hypertension management, diabetes management, arthritis management, improving physical activity, improving healthy eating, tracking, referral, and connection of individuals to available social services to address identified needs.
DEPLOY		
Strategy CB3 (Required): Integrate CHWs into organizations and care teams to support the public health response to COVID19 among priority populations* within communities.	Increased workforce of CHWs delivering services to manage the spread of COVID-19.	Measure (Required): # and type of organizations/entities that are integrating CHWs to support state/local public health-led COVID-19 response efforts.
Strategy CB4: Develop and disseminate messaging that educates organizations and care teams on the critical role CHWs play in delivering services and managing the spread of COVID-19 among priority populations* within communities.	Increased workforce of CHWs delivering services to manage the spread of COVID-19.	Measure: # and type of messages developed and disseminated
ENGAGE		
Strategy CB5 (Required): Coordinate and/or promote opportunities, such as messaging/education, within communities	Increased utilization of community	Measure (Required): # of individuals within communities and/or

and clinical settings to facilitate the engagement of CHWs in addressing the needs of those at highest risk for poor health outcomes, including those resulting from COVID-19.	resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	clinical settings reached through messaging and education, including those at highest risk for poor health outcomes, including those resulting from COVID-19, among priority populations* within communities.
<p>Strategy CB6 (Required): Year 1: Initiate and develop and/or utilize systems to document engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations* at highest risk for poor health outcomes, including those resulting from COVID19.</p> <p>Year 2: (Required): Facilitate engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations* at highest risk for poor health outcomes, including those resulting from COVID-19.</p>	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	Measure (required): # of patients referred for individual, specific named health and social conditions that increase the risk for COVID-19 for patients at highest risk for poor health outcomes, within clinical and/or community settings. Document referrals for any of the following specific named conditions: housing and shelter; food; healthcare; mental health and addictions; employment and income; clothing and household; childcare and parenting; government and legal.
Strategy CB7: Establish and strengthen partnerships between CHWs and State Medicaid agencies, relevant state or local coalitions, initiatives, professional organizations, providers, and health systems that provide resources and support for deploying CHWs to engage with priority populations* at highest risk for poor health outcomes, including those resulting from COVID-19 by addressing social determinants of health (e.g. those with underlying health conditions, with decreased access to care or lacking access to routine and usual care, challenges with having social needs met, food insecurity, housing	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	Measure: # and type of partnerships established with traditional and nontraditional partners, such as, faith-based organizations, businesses, hospital systems, housing and community development entities, and others for the purposes of providing support for those at highest risk for poor health outcomes, including those resulting from COVID-19, among priority

insecurity, and homelessness, etc).		populations* within communities.
<p>* Priority populations are those with increased prevalence of COVID-19 and are disproportionately impacted by long-standing health disparities related to sociodemographic characteristics, geographic regions, and economic strata. Examples include, racial and ethnic minorities, persons who are economically disadvantaged, justice-involved, experiencing homelessness, and/or have certain underlying medical conditions that increase COVID-19 risk</p>		

Table 2. Component B: Implementation Ready -- Strategies, Outcomes, and Performance Measures

Community Health Workers for COVID-19 Response and Resilient Communities (CCR)		
Table 2. Component B: Implementation Ready--Strategies, Outcomes, and Performance Measures		
Strategies (<i>Component B Applicants are required to address the four strategies indicated in BOLD and must also select <u>two</u> additional strategies from any of the two areas (train/deploy) in the menu of strategies targeting Implementation Ready (IR) efforts within this table.</i>)	Short-term Outcomes	Short-term Measures (<i>Recipients will report short-term measures aligned with all required strategies in BOLD and the two additional strategies selected.</i> <i>Note: All measures are broadly stated and will be refined with recipients and CDC based on activities proposed.</i>)
TRAIN		
Strategy IR1 (Required): Identify and collaborate with community-wide efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations* within communities.	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	Measure (Required): # of CHWs successfully completing state/local public health-led COVID19 response training efforts as determined by relevant public health-led entities, e.g. skills related to contact tracing, appropriate use and care of PPE, and sufficient documentation of relevant data collection efforts.

Strategy IR2: Ensure appropriate training opportunities to disseminate messaging for CHWs focused on reaching those with underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations in order to strengthen infrastructure critical to identification of infection, appropriate follow-up, including contact tracing, and treatment among priority populations* within communities.	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	Measure: # of individuals within specific media distribution areas, inside stated catchment areas that have been reached by critical messaging, as determined by relevant public health-led entities, to identification of infection, appropriate follow-up, including contact tracing, and treatment.
Strategy IR3: Align training opportunities for CHWs with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations* within communities.	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	Measure: # and type of health conditions and/or social service needs for which CHWs are provided training and/or certification to deliver among priority populations* within communities, e.g. Lifestyle interventions and strategies, hypertension management, diabetes management, arthritis management, improving physical activity, improving healthy eating, tracking, referral, and connection of individuals to available social services to address identified needs.
DEPLOY		
Strategy IR4 (Required): Integrate CHWs into Organizations and Care Teams to support the public health response to COVID-19 among priority populations* within communities.	Increased workforce of CHWs delivering services to manage the spread of COVID-19.	Measure (Required): # and type of organizations/entities that are integrating CHWs to support state/local public health-led COVID-19 response efforts.
Strategy IR5: Integrate CHWs into public health emergency	Increased workforce of	Measure: # and types of vaccine deployment plans in which CHWs are

preparedness and vaccine deployment planning, e.g. inclusion in planning and coordination with Immunization and Public Health Preparedness Programs; existing vaccine infrastructure; and vaccine providers in the community to increase access to new and existing vaccination programs in priority populations* within communities.	CHWs delivering services to manage the spread of COVID-19.	included in the planning and design; deployment of plan components; ethical distribution of initial COVID-19 vaccine supplies to vaccine providers in accordance with state, local, and federal regulations; and/or dissemination to identified individuals/populations.
ENGAGE		
Strategy IR6 (Required): Coordinate and/or promote opportunities, such as messaging/education, within communities and clinical settings to facilitate the engagement of CHWs in addressing the needs of those at highest risk for poor health outcomes, including those resulting from COVID-19.	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	Measure (Required): # of individuals within communities and/or clinical settings reached through messaging and education, including those at highest risk for poor health outcomes, including those resulting from COVID-19, among priority populations* within communities.
Strategy IR7. (Required): Facilitate engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations* at highest risk for poor health outcomes, including those resulting from COVID-19.	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations*	Measure (required): # of patients referred for individual, specific named health and social conditions that increase the risk for COVID-19 for patients at highest risk for poor health outcomes, within clinical and/or community settings. Document referrals for any of the following specific named conditions: housing and shelter; food; healthcare; mental health and addictions; employment and income; clothing and household; childcare and parenting; government and legal.

	within communities.	
* Priority populations are those with increased prevalence of COVID-19 and are disproportionately impacted by long-standing health disparities related to sociodemographic characteristics, geographic regions, and economic strata. Examples include, racial and ethnic minorities, persons who are economically disadvantaged, justice-involved, experiencing homelessness, and/or have certain underlying medical conditions that increase COVID-19 risk.		

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

With support from CDC, recipients will be required to submit a more detailed Evaluation and Performance Measurement Plan, including a Data Management Plan (DMP), within the first 6 months of receiving the award, as described in the Reporting Section of this NOFO. 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 and for compliance with the monitoring and evaluation guidance established by CDC or other guidance otherwise applicable to this cooperative agreement. CDC recommends that at least 10% of total annual funds be allocated for evaluation, per [Best Practices for Comprehensive Tobacco Control Programs](#).

Applicants are required to submit a plan for Performance Measurement Data Collection and Use. A detailed plan for Performance Measurement Data Collection and Use will be due within 6 months of receiving the award. CDC will provide additional templates and guidance for developing the Performance Measurement Data Collection and Use plan. Any anticipated issue with data collection should be highlighted in the plan, along with options to remedy it. Additionally, the plan should address how the information generated by the performance measures will be used for program improvement by the recipient.

c. Organizational Capacity of Recipients to Implement the Approach

Core Capacity for All Applicants

Upon receipt of award all recipients must be able to implement this program in the state, locality, territory or tribal area in which they operate and are located. To ensure that recipients are able to execute CDC program requirements and meet period of performance outcomes, applicants must: describe relevant experience to implement the activities and achieve the project outcomes, describe experience and capacity to implement the evaluation plan, provide a staffing plan with clearly defined staff roles (including contractual staff if applicable) and resumes of key staff, and ensure a project management structure sufficient to achieve the project outcomes. This information must be described in the project narrative. Applicants must name the staffing plan file "Component [A, B or C] Staffing Plan" and upload to www.grants.gov. Applicants must name the resumes "Component [A, B or C] Resumes" and upload to www.grants.gov.

Key capacity requirements include:

- Leadership and management to plan and supervise the project and improve outcomes.
- Readiness and ability to begin implementation and data collection within 1 month of award.
- Budget management and administration capacity to establish financial procedures and track, monitor, and report expenditures.
- Contract management to manage the required procurement efforts, including the ability to write, award, and monitor contracts.
- Data management to design collection and evaluation strategies to produce useful data that demonstrate impact, program improvement, and sustainability
- Partnership development and coordination to leverage resources and maximize the reach and impact of CHW interventions within the state, locality, territory, or tribal area.
- Evaluation and performance monitoring to implement the evaluation plan and maintain programmatic quality, consistency, and fidelity.
- Knowledge and awareness of CDC-funded programs or other federally funded programs, that support the ongoing COVID-19 response in the jurisdiction they are proposing to serve and how they plan to work and align their activities with the program. These

programs, must include, at a minimum, the CDC Epidemiology, Lab and Capacity (ELC) cooperative agreement, the Public Health Emergency Preparedness (PHEP) cooperative agreement and the Emergency Response: Public Health Crisis Response cooperative agreement.

- Experience convening and/or supporting a community coalition to achieve program goals.
- For the engage community resilience to COVID-19 strategy, applicants must describe in the project narrative their expertise and credibility working with CDC or other federal programs supporting this work (e.g., National Diabetes Prevention Program, Prescription Drug Overdose Program, Wisewoman). The work proposed should align with these already funded projects.
- Applicants for **Component A** must have approximately one year of experience in implementing a CHW program in their catchment area. The experiences of this program may have been limited in scope, i.e., focusing on a single or few disease concerns, providing advice and guidance to direct community members to appropriate clinical services.

Components B: Enhanced Organizational Capacity Requirements for Implementation Ready (IR).

- Applicants for **Component B** must have approximately three years of experience in implementing a CHW program in their catchment area. The experiences of this program, however, have been broad in scope and provided appropriate education and assistance to community members from CHWs for a wide variety of concerns, including health and social services. Component B applicants must describe their history and experience in a) engaging CHWs to identify and enroll eligible community members in applicable health and social service programs, b) engaging CHWs to coordinate health care by providing appropriate referral and follow-up services, c) engaging CHWs to act as an advocate for those community members needing language assistance or support with health systems and d) working with health care payers in the public and private health systems to incorporate CHWs into teams of care professionals. Component B applicants must describe their quality assurance program, and the results of their ongoing evaluation or quality improvement efforts to identify priority needs and the actions they have taken to meet those needs, as well as evidence of documented improvement in the health status of the community served.
- Established expertise and credible working relationships with health care organizations/systems documented by letters of support, interagency agreements, or MOUs. These could include: federally qualified health centers, private health care provider systems, Accountable Care Organizations, hospitals. Applicants must name these files "Component [A, B or C] [Letters of Support, Interagency Agreements, MOUs]" and upload to www.grants.gov.
- Technical and technological infrastructure to support rapid recruitment, selection, hiring, training and deployment of CHWs for the work of this grant.

- Readiness and ability to begin implementation and data collection within 1 month of award.
- Description of having met any state, NGO or other CHW certification requirements as appropriate.
- Existing training infrastructure that is multimodal and includes virtual modules (instructional design expert, online learning platforms and tools).
- Accomplishments working with a community coalition of partnerships.
- Advanced infrastructure for leveraging existing partnerships.

Component C: Innovation - Demonstration Projects

- Readiness and ability to begin implementation of the demonstration project and data collection within 1 month of award.
- Describes their relationship(s) with existing partners that will be engaged to implement the demonstration project.
- Additional capacity to evaluate the impact and effectiveness of the demonstration project to build community resilience.

d. Work Plan

Applicants should provide a detailed work plan for the first year of the project and a high-level work plan for the subsequent years. The work plan should include evidence-based strategies and activities to achieve all outcomes listed in the logic model.

All applicants must propose a comprehensive work plan to include activities designed to achieve the short- and intermediate- term outcomes specified in this NOFO and that are aligned with the following three high-level strategy categories:

- **TRAIN** CHWs to ensure comprehensive acquisition and reinforcement of relevant knowledge, roles, and skills to support the COVID-19 public health response to manage outbreaks and community spread.
- **DEPLOY** CHWs to manage outbreaks and spread of COVID-19 among priority populations within communities.
- **ENGAGE** CHWs to help build and strengthen community resilience to mitigate the impact of COVID-19 by improving the overall health of priority populations within communities.

CDC will provide feedback and technical assistance to recipients to finalize the work plan post-award.

Applicants must name this file "Component ____ [A, B or C] Work Plan" and upload to www.grants.gov.

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.

Failure to participate in the monitoring and reporting activities could result in the restriction of funds.

Satisfactory progress for this NOFO would include: (a) meeting all deadlines for reporting performance measures, (b) working with recipients of DP21-2110 to evaluate impact, and (c) appropriate and timely response to requests from CDC staff supporting this NOFO.

f. CDC Program Support to Recipients

N/A

B. Award Information

1. Funding Instrument Type:

G (Grant)

2. Award Mechanism:

Activity Code: U58

3. Fiscal Year:

2021

Estimated Total Funding:

\$ 300,000,000

4. Approximate Total Fiscal Year Funding:

\$ 100,000,000

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:

\$ 300,000,000

This amount represents approximate funding provided through the CARES Act over a three-year period of performance (\$100 million per budget period for three budget periods) for formula-based awards. This amount could increase during the period of performance.

6. Total Period of Performance Length:

3

year(s)

7. Expected Number of Awards:

70

8. Approximate Average Award:

\$ 1,000,000

Per Budget Period

Over a three-year period of performance, CDC will award approximately \$100 million each budget year for three years with the average award varying. These grants will range approximately from \$350,000 - \$3 million per year depending on the size and scope of activity. The range of funds is broad to accommodate a varied number of organizations based on capacity and a range of catchment areas whose resource needs will vary. Approximate average one-year award amounts for each component are:

Component A (Capacity Building): \$600K

Component B (Implementation Ready): \$2M

Component C (Innovation – demonstration projects): \$2M

9. Award Ceiling:

\$ 5,000,000

Per Budget Period

The ceiling may increase based on availability of funds.

10. Award Floor:

\$ 350,000

Per Budget Period

11. Estimated Award Date:

August 01, 2021

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

government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length:

12 month(s)

13. Direct Assistance

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

00 (State governments)

01 (County governments)

07 (Native American tribal governments (Federally recognized))

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

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

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)

Local governments or their bona fide agents

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

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

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

As authorized by the Coronavirus Aid, Relief, and Economic Security Act ("CARES ACT"; Public Law 116-136), eligibility is limited to those listed above as well as those listed in Additional Information on Eligibility and include:

- American Indian/Alaska Native Urban Indian Centers

- Health Service Providers to tribes

Applicants may apply for Component A only, or Component B only, but not both.

If an applicant applies for both Component A **AND** Component B, CDC will determine the application to be non-responsive and it will not receive further review.

Only Component B applicants may also apply for Component C.

- Only applicants that are approved and funded for Component B will be considered for Component C funding. The Component C application must be submitted at the same time as the Component B application. No awards for Component C will be made to Component A applicants. If applying for Component C, three elements are required for submission: a) a separate proposal not to exceed four pages clearly describing the proposed innovation for the demonstration including rationale, approach, expected impact, and evaluation; b) a budget narrative; and c) a workplan.

A minimum of 3 eligible tribal entities (i.e., tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes) across Components A, B, and C will be funded.

For non-tribal applicants, we will fund at least one application in each of the [10 HHS regions](#) with a maximum of 3 awards per state.

If a state applies and identifies a particular county(ies) as their catchment area, they must submit a letter from appropriate county-level government confirming the county's agreement with the application. A locality may apply separately or may join with other localities meeting COVID-19 and poverty requirements and submit an application for a single responsibility for all financial and reporting requirements. A locality joining with other localities for the application must submit a letter from appropriate county-level government confirming the county's agreement with the application. Applicants must file the letter, as appropriate, name the file "CHW_County Agreement_ApplicantName", and upload it as a PDF file at www.grants.gov.

APPLICANTS MUST CLEARLY STATE WHICH COMPONENT(S) THEY ARE APPLYING FOR IN THEIR PROJECT ABSTRACT.

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

5. Maintenance of Effort

Maintenance of effort is not required for this program

D. Required Registrations

1. Required Registrations

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

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/index.html>.

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

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more

than five days to complete. Applicants should start the registration process as early as possible.

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

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

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

03/25/2021

LOI is not required or requested.

b. Application Deadline

Number Of Days from Publication 60

05/24/2021

11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call

Date: March 31, 2021

Time: 3:30 pm - 4:30 pm U.S. Eastern Standard Time

Conference Number: 800-369-3192

Participant Code: 5479788

Join via Computer: <https://adobeconnect.cdc.gov/r0er4qejjemc/>

Potential applicants may also submit questions via email at: nccdphp_chw@cdc.gov

The following website will contain pre-and post-conference call information, including questions and answers submitted by potential applicants: [Community Health Workers for Covid Response and Resilient Communities | CDC](#)

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, along with

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

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI:

Not Applicable

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

8. Table of Contents

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

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file

"Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

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

Applicants must clearly state which component(s) they are applying for in their Project Abstract.

10. Project Narrative

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

Project Narrative subsections that are specific to each component.

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

Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

Component A applicants can submit a project narrative that is up to 20 pages long. The work plan and budget narrative are included in the 20 pages.

Component B applicants can submit a project narrative that is up to 20 pages long. The work plan and budget narrative are included in the 20 pages.

Applicants applying for both Component B and Component C can submit a project narrative for Component B that is up to 20 pages long (including the Component B work plan and budget narrative) and a separate Component C proposal, not to exceed 4 pages, clearly describing the proposed innovation for the demonstration project including rationale, approach, expected impact and evaluation, budget narrative, and work plan.

Pages in the narrative exceeding these limits may not be reviewed.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of

compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

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

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

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

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

13. Pilot Program for Enhancement of Employee Whistleblowers Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations

(CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

13a. Funds Tracking

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

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

13b. Copyright Interests Provisions

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

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

13c. Data Management Plan

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

14. Funding Restrictions

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

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

15. Other Submission Requirements

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

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the

application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

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

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

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

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

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them

at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application.

Such requests are handled on a case-by-case basis.

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Component A: Approach

Maximum Points: 45

Purpose and Outcomes (20 points) – The extent to which the applicant:

1. Describes the catchment area and provides quality information reflecting a) the burden of COVID-19 infection rates and/or COVID-19 mortality rates and b) poverty rates in the populations disproportionately affected by COVID-19 infections. (5 points)
2. Describes how they will work with CHWs to reach and serve the communities described in the catchment area. (5 points)
3. Provides a clear, concise statement of the community problem(s) and how CHWs are integral to the project. (5 points)
4. Provides a clear description of how they intend to train, deploy, and engage CHWs to support COVID-19 response and prevention in described catchment area. (5 points)

Strategies and Activities (25 points)- The extent to which the applicant:

5. Proposes activities that are aligned with existing COVID-19 response activities, including other CDC-funded programs, and ensures there is no duplication of effort. (5 points)
6. Proposes work that will be done in the required and optional strategy areas that are aligned with the outcomes presented in the logic model. (5 points)
7. Describes how they will collaborate with other federally funded programs, community partners, and coalitions who are addressing COVID-19, to carry out the work of the grant. Letters of support are provided. If applicant identifies a particular county(ies)

as their catchment area, or is a state intending to work in a specific county(ies), a letter(s) from appropriate county-level government confirming the county's agreement with the application is included. (5 points)

8. Provides a work plan that is aligned with the strategies and activities described in the NOFO and includes a description of specific tasks that are reasonable and feasible, with realistic completion dates, to accomplish the outcomes as stated in the NOFO. (10 points)

ii. Component A: Evaluation and Performance Measurement

Maximum Points: 25

The extent to which the applicant:

1. Dedicates at least 10% of funds to support evaluation (5 points)
2. Commits to work with the recipient(s) of the Evaluation TA NOFO to refine evaluation plans and performance measures and facilitate the national evaluation. (5 points)
3. Describes how CHWs and key partners will be engaged in the evaluation and performance measurement planning processes. (5 points)
4. Describes potentially available data sources for the performance measures. (5 points)
5. Describes plans to submit at least two success stories per year with impacts using the NCCDPHP Success Stories Application. (5 points)

iii. Component A: Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 30

The extent to which the applicant:

1. Describes their relevant experience (approximately 1 year) working with CHWs and provides examples of CHW-related projects and accomplishments they've achieved. (10 points)
2. Describes a staffing plan that includes roles, responsibilities, and qualifications of all staff, including evaluation staff, who will have a role in implementing program strategies and achieving outcomes. Contractual staff and/or organizations should be included in the staffing plan, as applicable. Resumes for key staff, including key contractual staff, are included. (5 points)
3. Describes day-to-day responsibility for key tasks including leadership of project, budget management, contract management, implementation of activities and tasks, monitoring progress, data collection and management, preparation of reports, partnership development and coordination, evaluation and performance monitoring, and communication with partners and CDC. Describes readiness and ability to begin implementation within 1 month of award. (10 points)

4. Describes their relationship and accomplishments with existing coalition(s) and other CDC-funded programs with which they will partner to implement the activities outlined in their workplan and address COVID-19 response and prevention response efforts? (5 points)

Budget**Maximum Points: 0**

Though not scored, applicants must assure their proposed budget(s) align with the proposed work plan and adhere to CDC fiscal policy.

i. Approach**Maximum Points: 35****Component B: Approach**

Purpose and Outcomes (15□points) – The extent to which the applicant:□

1. Describes the catchment area and provides quality information reflecting a) the burden of COVID-19 infection rates and/or COVID-19 mortality rates and b) poverty rates in the populations disproportionately affected by COVID-19 infections. (5 points)
2. Describes how they will work with CHWs to reach and serve the communities described in the catchment area. (5 points)
3. Provides a clear, concise statement of the community problem(s) and how CHWs are integral to the project. (2 points)
4. Provides a clear description of how they intend to train, deploy, and engage CHWs to support COVID-19 response and prevention in described catchment area. (3 points)

Strategies and Activities (20 points)- The extent to which the applicant:

5. Proposes activities that are aligned with existing COVID-19 response activities, including other CDC-funded programs, and ensures there is no duplication of effort. (5 points)
6. Proposes work that will be done in the required and optional strategy areas that are aligned with the outcomes presented in the logic model. (5 points)
7. Describes how they will□collaborate□with other federally funded programs, community partners, and coalitions who are addressing COVID-19, to carry out the work of the grant.□ Letters of support are provided.□ If applicant identifies a particular county(ies) as their catchment area, or is a state intending to work in specific county(ies), a letter(s) from appropriate county-level government confirming the county's agreement with the application is included. (5 points)
8. Provides a work plan that is aligned with the strategies and activities described in the NOFO and includes a description of specific tasks that are reasonable and feasible, with realistic completion dates, to accomplish the outcomes as stated in the NOFO. (5 points)

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

Component B: Evaluation and Performance Measurement

The extent to which the applicant:

1. Dedicates at least 10% of funds to support evaluation (5 points)
2. Commits to work with the recipient(s) of the Evaluation TA NOFO to refine evaluation plans and performance measures and facilitate the national evaluation. (5 points)
3. Describes how CHWs and key partners will be engaged in the evaluation and performance measurement planning processes. (5 points)
4. Describes potentially available data sources for the performance measures. (5 points)
5. Describes plans to submit at least two success stories per year with impacts using the NCCDPHP Success Stories Application. (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 40

Component B: Applicant's Organizational Capacity to Implement Approach

The extent to which the applicant:

1. Describes their relevant experience (approximately 3 years) working with CHWs and provides examples of CHW-related projects and accomplishments they've achieved. (10 points)
2. Describes a staffing plan that includes roles, responsibilities, and qualifications of all staff, including evaluation staff, who will have a role in implementing program strategies and achieving outcomes. Contractual staff and/or organizations should be included in the staffing plan, as applicable. Resumes for key staff, including key contractual staff, are included. (5 points)
3. Describes day-to-day responsibility for key tasks including leadership of project, budget management, contract management, implementation of activities and tasks, monitoring progress, data collection and management, preparation of reports, partnership development and coordination, evaluation and performance monitoring, and communication with partners and CDC. Describes readiness and ability to begin implementation within 1 month of award. (5 points)
4. Describes their relationship and accomplishments with existing coalition(s) and other CDC-funded programs with which they will partner to implement the activities outlined in their workplan and address COVID-19 response and prevention response efforts (10 points)
5. Describe their expertise and credible working relationships with health care organizations/systems documented by letters of support/MOUs/MOAs. These could include: federally qualified health centers, private health care provider systems, Accountable Care Organizations, hospitals. (5 points)
6. Demonstrates technical and technological infrastructure to support rapid recruitment, selection, hiring, training, and deployment of CHWs for the work of this grant. (5 points)

Budget

Maximum Points: 0

Component B: Budget

Though not scored, applicants must assure their proposed budget(s) align with the proposed work plan and adhere to CDC fiscal policy.

Component C: Approach**Maximum Points: 40**

The extent to which the applicant:

1. Provides the rationale for the project through a clear, concise statement of the community problem(s) and how the innovative approach(es) that they propose involving CHWs are foundational in building community resilience. (10 points)
2. Provides a proposal that clearly describes the approach and expected outcome(s) of the demonstration project, how innovation can address the issue, tangible activities that will be employed to accomplish those expected outcomes, and how they will be achieved within 2 years. (10 points)
3. Clearly describes the critical role CHWs will play in implementing and evaluating the demonstration project. (5 points)
4. Provides a clear description in their proposal of how they intend to use innovation and CHWs to address at least one of the high-level strategies in the NOFO (train, deploy, or engage). (5 points)
5. Describes how they will work with new and/or existing programs, community partners, and coalitions to carry out the innovative strategies and activities proposed for the demonstration project. Letters of support will strengthen the application. (5 points)
6. Provides a work plan that is aligned with the proposal and includes a description of specific tasks that are reasonable and feasible to implement the demonstration project and clearly identifies CHW role(s) and responsibilities in implementing and evaluating the demonstration project. (5 points)

Component C: Evaluation and Performance Measurement**Maximum Points: 35**

The extent to which the applicant:

1. Ensures at least 10% of funds are budgeted to support evaluation. (5 points)
2. Provides a thorough evaluation plan that describes key evaluation questions and potential data sources to determine the impact and effectiveness of the demonstration project on building community resilience. (10 points)
3. Describes additional experienced staff (not identified in Component B) or experienced contracted organization identified to lead evaluation of the demonstration project. (5 points)
4. Commits to work with the recipient(s) of the Evaluation TA NOFO to refine evaluation plans and performance measures, and finalize appropriate data sources. (5 points)
5. Describe how CHWs and key partners will be engaged in the evaluation and performance measurement planning processes and how recommendations for sustainability of such efforts will be incorporated into the evaluation plan. (5 points)

6. Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementing, and reporting of project activities and outcomes and enable continuous program quality improvement and inform sustainability planning. (5 points)

Component C: Applicant's Organizational Capacity to Implement Approach

Maximum Points: 25

The extent to which the applicant:

1. Describes a staffing plan that is separate from Component B, inclusive of any contracts as applicable, for the demonstration project including roles and responsibilities and qualifications. Resumes for key staff, including contract staff if applicable, are included. (5 points)
2. Describes day-to-day responsibility for key tasks including leadership of the demonstration project, budget management, contract management, implementation of activities and tasks, monitoring progress, data collection and management, preparation of reports, partnership development and coordination, and evaluation and performance monitoring, and communication with partners and CDC. (5 points)
3. Demonstrates readiness and ability to begin implementation of the demonstration project within 1 month of award. (10 points)
4. Describes their relationship with existing partners that will be engaged to implement the demonstration project. (5 points)

Component C: Budget

Maximum Points: 0

Though not scored, applicants must assure their proposed budget(s) align with the proposed work plan and adhere to CDC fiscal policy.

c. Phase III Review

- Applications for Components A and B will be funded separately. Only one application per organization will be considered for either Component A or Component B.
- CDC may fund out of rank order to ensure geographical representation in each of the 10 HHS regions, COVID-19 infection rates, and/or poverty rates are being addressed, as well as ensuring applicants are reaching larger numbers of the target population and that a minimum of 3 eligible tribal entities (i.e., tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes) across Components A, B, and C are funded.
- For Component C, CDC may fund out of rank order to ensure that innovative approaches are not duplicative and that demonstration projects are geographically dispersed.
- 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

Successful applicants can anticipate notice of funding by August 1, 2021.

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.

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

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>.

A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); and/or the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited

to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward

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

3. Reporting

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

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

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

Report	When?	Required?
<i>Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)</i>	<i>6 months into award</i>	<i>Yes</i>
<i>Annual Performance Report (APR)</i>	<i>No later than 120 days before end of budget period. Serves as yearly continuation application.</i>	<i>Yes</i>
<i>Data on Performance Measures</i>	<i>Semi-annually</i>	<i>Yes</i>
<i>Federal Financial Reporting Forms</i>	<i>90 days after the end of the budget period.</i>	<i>Yes</i>
<i>Final Performance and Financial Report</i>	<i>90 days after end of period of performance.</i>	<i>Yes</i>

<i>Payment Management System (PMS) Reporting</i>	<i>Quarterly reports due January 30; April 30; July 30; and October 30.</i>	<i>Yes</i>
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a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

This report must include the following:

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

The recipient must submit the Annual Performance Report via <https://www.grantsolutions.gov> 120 days prior to the end of the budget period.

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 measures should be reported semi-annually. CDC and the Evaluation/TA partners will specify data fields and format at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)

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

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

No additional information is required, other than what is listed above.

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>.

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

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

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

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

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

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

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

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

3) Terms: For purposes of this clause:

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

“Foreign government” includes any foreign government entity;

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

- (1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

First Name:

Stacy

Last Name:

De Jesus

Project Officer

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

Address:

Telephone:

Email:

NCCDPHP_CHW@cdc.gov

Grants Management Office Information

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

First Name:

Rhonda

Last Name:

Latimer

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

2939 Flowers Rd.

South KOGH Bldg, VANDE Rm 211, MS TV-2

Atlanta, GA 30341

Telephone:

Email:

ito1@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

Indirect Cost Rate, if applicable

Position descriptions

Letters of Support

Required Attachments:

- Resumes/CVs
- Letters of Support
- Staffing plan, can include position descriptions

Other Optional attachments

- County agreement letter

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

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

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

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

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount. Memorandum of Understanding (MOU) or Memorandum of Agreement(MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

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

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

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

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

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

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

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

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

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs. **Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

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

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

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

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

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

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

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

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

Community Health Worker - A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. [accessed from www.apha.org 12/14/2020]

Bona Fide Agent - □ a bona fide agent is an agency/organization identified as eligible to submit an application in lieu of a state application. If applying as a bona fide agent, a legal, binding agreement from the state, tribal, territorial, or local government as documentation of the status is required. Attach with “Other Attachment Forms” when submitting via grants.gov.

Innovation - Novel combinations or uses of preexisting efforts [programs, tools, ideas, etc.] to enable or enhance the solution to a need □

HHS Regions - The Department of Health and Human Services Office of Intergovernmental and External Affairs hosts 10 Regional Offices in various cities across the United States. These offices each oversee a geographic area, or region, across multiple states and are maintained to ensure that the Department is able to remain in close contact with state, local, or tribal partners and to ensure HHS programs and policies address the needs of individuals and communities across the country. For details on each region or Regional Office, visit [Regional Offices | HHS.gov](http://RegionalOffices.HHS.gov)

References/Resources

1. Centers for Disease Control and Prevention (2019). CHW Forum: Community Health Worker Forum: Engaging Community Health Workers in the Development of a Statewide Infrastructure for Sustainability. Retrieved from <https://www.cdc.gov/diabetes/programs/stateandlocal/resources/chw-forum.html>
2. Department of Health and Human Services (HHS, 2020. Healthy People 2030. Emergency Preparedness. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/emergency-preparedness>

3. Department of Health and Human Services (HHS, 2020). [Compendium of Federal Datasets Addressing Health Disparities](#)
4. [HRSA 2019-2020 Health Equity Report: Special Feature on Housing and Health Inequalities](#). Retrieved from <https://www.hrsa.gov/sites/default/files/hrsa/health-equity/HRSA-health-equity-report.pdf>
5. National Stakeholder Strategy for Achieving Health Equity. Retrieved from https://sph.umd.edu/sites/default/files/files/NSS_Summary0405_1_.pdf
6. National Association of Community Health Workers (2020). See [New report on sustainable financing for CHWs](#).
7. World Health Organization (2018). WHO launches new guideline on health policy and system support to optimize community health worker programmes. Retrieved from <https://www.who.int/hrh/community/guideline-health-support-optimize-hw-programmes/en/>
8. Centers for Disease Control and Prevention (2020). Resources for Community Health Workers, Community Health Representatives and Promotores de la Salud. Retrieved from [Resources for Community Health Workers, Community Health Representatives, and Promotores de la Salud | CDC](#).
9. NCCDPHP Success Stories Application: This online application provides a step-by-step template for awardees as they develop their success stories. Awardees can use the application to create stories for their own needs or choose to submit the story to CDC for consideration in the online library. <https://nccd.cdc.gov/NCCDSuccessStories/>
10. The application is supported by the Success Stories Development Guide. This Word document guides users through the sections of the NCCDPHP Success Stories application and helps them prepare a story for submission: https://nccd.cdc.gov/NCCDSuccessStories/pdfs/Success_Stories_Development_Guide.docx
11. Centers for Disease Control and Prevention (2020), National Center for Health Statistics. Health Disparities: Race and Hispanic Origin. Retrieved from [COVID-19 Provisional Counts - Health Disparities \(cdc.gov\)](#).
12. People at Increased Risk and Other People Who Need to Take Extra Precautions: [Do I need to Take Extra Precautions Against COVID-19 | CDC](#)



Award# 5 NU58DP006986-02-00

FAIN# NU58DP006986

Federal Award Date: 07/13/2022

Recipient Information

1. Recipient Name

County of Harris
201 Caroline St FL 4
County of Harris
Houston, TX 77002-1901
--

2. Congressional District of Recipient

18

3. Payment System Identifier (ID)

1760454514A5

4. Employer Identification Number (EIN)

760454514

5. Data Universal Numbering System (DUNS)

072206378

6. Recipient's Unique Entity Identifier (UEI)

JFMKAENLGN81

7. Project Director or Principal Investigator

Ms. Jill TenHaken
Principal Investigator
jill.tenhaken@phs.hctx.net
713-274-8511

8. Authorized Official

Ms. Lina Hidalgo
AO / Harris County Judge
cjograntsnotification@hctx.net
713-274-7000

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Rhonda Colbert
Grants Management Specialist
hvx1@cdc.gov
770-488-2848

10. Program Official Contact Information

Asha Alex
Program Officer
odp2@cdc.gov
215-685-5344

Federal Award Information

11. Award Number

5 NU58DP006986-02-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP006986

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

Before Always Has an After: Navigating Beyond the Pandemic

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/31/2022 - End Date 08/30/2023

20. Total Amount of Federal Funds Obligated by this Action \$2,999,755.00

20a. Direct Cost Amount \$2,756,583.00

20b. Indirect Cost Amount \$243,172.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$2,999,755.00

26. Period of Performance Start Date 08/31/2021 - End Date 08/30/2024

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$5,999,510.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 5 NU58DP006986-02-00

FAIN# NU58DP006986

Federal Award Date: 07/13/2022

Recipient Information**Recipient Name**

County of Harris
201 Caroline St FL 4
County of Harris
Houston, TX 77002-1901
--

Congressional District of Recipient

18

Payment Account Number and Type

1760454514A5

Employer Identification Number (EIN) Data

760454514

Universal Numbering System (DUNS)

072206378

Recipient's Unique Entity Identifier (UEI)

JFMKAENLGN81

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$526,240.00
b. Fringe Benefits	\$221,021.00
c. Total Personnel Costs	\$747,261.00
d. Equipment	\$0.00
e. Supplies	\$43,000.00
f. Travel	\$9,500.00
g. Construction	\$0.00
h. Other	\$272,359.00
i. Contractual	\$1,684,463.00
j. TOTAL DIRECT COSTS	\$2,756,583.00
k. INDIRECT COSTS	\$243,172.00
l. TOTAL APPROVED BUDGET	\$2,999,755.00
m. Federal Share	\$2,999,755.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP006986C3	DP	41.51	93.495	\$0.00	75-2024-0943
2-9390H3H	21NU58DP006986C3	DP	41.51	93.495	\$2,999,755.00	75-2024-0943

AWARD ATTACHMENTS

County of Harris

5 NU58DP006986-02-00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **DP21-2109, entitled “Community Health Workers for COVID Response and Resilient Communities (CCR)”**, and application dated April 21, 2022, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of **\$2,999,755** is approved for the Year 2 budget period, which is **August 31, 2022, through August 30, 2023**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Component B	\$2,999,755

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related

to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Financial Assistance Mechanism: Grant

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- ☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

The recipient's indirect costs are approved and based on a de minimis rate of ten (10) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2, effective.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Rhonda Colbert, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 5 Supporting Chronic Diseases and Injury Prevention
2939 Flowers Road, MS TV2
Atlanta, GA 30341-4146
Email: hvx1@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General

ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.



Award# 5 NU58DP006986-03-00
FAIN# NU58DP006986
Federal Award Date: 06/01/2023

Recipient Information

1. Recipient Name

HARRIS COUNTY
201 Caroline St FL 4
County of Harris
Houston, TX 77002-1901
--

2. Congressional District of Recipient

18

3. Payment System Identifier (ID)

1760454514A5

4. Employer Identification Number (EIN)

760454514

5. Data Universal Numbering System (DUNS)

072206378

6. Recipient's Unique Entity Identifier (UEI)

JFMKAENLGN81

7. Project Director or Principal Investigator

Ms. Jill TenHaken
Principal Investigator
jill.tenhaken@phs.hctx.net
713-274-8511

8. Authorized Official

Ms. Lina Hidalgo
AO / Harris County Judge
cjograntsnotification@hctx.net
713-274-1121

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Natasha Jones
Grants Management Officer
mgz2@cdc.gov
770-488-1649

10. Program Official Contact Information

Asha Alex
Program Officer
odp2@cdc.gov
215-685-5344

Federal Award Information

11. Award Number

5 NU58DP006986-03-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP006986

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

Before Always Has an After: Navigating Beyond the Pandemic

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/31/2023 - End Date 08/30/2024

20. Total Amount of Federal Funds Obligated by this Action \$3,749,982.00

20a. Direct Cost Amount \$3,465,861.00

20b. Indirect Cost Amount \$284,121.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$3,749,982.00

26. Period of Performance Start Date 08/31/2021 - End Date 08/30/2024

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$9,749,492.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 5 NU58DP006986-03-00

FAIN# NU58DP006986

Federal Award Date: 06/01/2023

Recipient Information**Recipient Name**

HARRIS COUNTY
201 Caroline St FL 4
County of Harris
Houston, TX 77002-1901
--

Congressional District of Recipient

18

Payment Account Number and Type

1760454514A5

Employer Identification Number (EIN) Data

760454514

Universal Numbering System (DUNS)

072206378

Recipient's Unique Entity Identifier (UEI)

JFMKAENLGN81

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,548,240.00
b. Fringe Benefits	\$897,979.00
c. Total Personnel Costs	\$2,446,219.00
d. Equipment	\$0.00
e. Supplies	\$84,080.00
f. Travel	\$36,078.00
g. Construction	\$0.00
h. Other	\$504,492.00
i. Contractual	\$394,992.00
j. TOTAL DIRECT COSTS	\$3,465,861.00
k. INDIRECT COSTS	\$284,121.00
l. TOTAL APPROVED BUDGET	\$3,749,982.00
m. Federal Share	\$3,749,982.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP006986C3	DP	41.51	93.495	\$0.00	75-2024-0943
2-9390H3H	21NU58DP006986C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	21NU58DP006986C3	DP	41.51	93.495	\$3,749,982.00	75-2024-0943



Award# 6 NU58DP006986-03-04
FAIN# NU58DP006986
Federal Award Date: 07/15/2024

Recipient Information

1. Recipient Name

HARRIS COUNTY
201 Caroline St FL 4
County of Harris
Houston, TX 77002-1901
--

2. Congressional District of Recipient

18

3. Payment System Identifier (ID)

1760454514A5

4. Employer Identification Number (EIN)

760454514

5. Data Universal Numbering System (DUNS)

072206378

6. Recipient's Unique Entity Identifier (UEI)

JFMKAENLGN81

7. Project Director or Principal Investigator

Ms. Jill TenHaken
Principal Investigator
jill.tenhaken@phs.hctx.net
713-274-8511

8. Authorized Official

Ms. Lina Hidalgo
AO / Harris County Judge
cjograntsnotification@hctx.net
713-274-1121

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Daniel Jackson
Grants Management Specialist
qpz2@cdc.gov
(678) 475-4577

10. Program Official Contact Information

Asha Alex
Program Officer
odp2@cdc.gov
215-685-5344

Federal Award Information

11. Award Number

6 NU58DP006986-03-04

12. Unique Federal Award Identification Number (FAIN)

NU58DP006986

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

Before Always Has an After: Navigating Beyond the Pandemic

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

No Cost Extension

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/31/2023 - End Date 08/30/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$3,749,982.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$3,749,982.00

26. Period of Performance Start Date 08/31/2021 - End Date 08/30/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$9,749,492.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Darryl Mitchell

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP006986-03-04

FAIN# NU58DP006986

Federal Award Date: 07/15/2024

Recipient Information**Recipient Name**

HARRIS COUNTY
201 Caroline St FL 4
County of Harris
Houston, TX 77002-1901
--

Congressional District of Recipient

18

Payment Account Number and Type

1760454514A5

Employer Identification Number (EIN) Data

760454514

Universal Numbering System (DUNS)

072206378

Recipient's Unique Entity Identifier (UEI)

JFMKAENLGN81

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,548,240.00
b. Fringe Benefits	\$897,979.00
c. Total Personnel Costs	\$2,446,219.00
d. Equipment	\$0.00
e. Supplies	\$201,576.00
f. Travel	\$21,232.00
g. Construction	\$0.00
h. Other	\$352,333.00
i. Contractual	\$439,992.00
j. TOTAL DIRECT COSTS	\$3,461,352.00
k. INDIRECT COSTS	\$288,630.00
l. TOTAL APPROVED BUDGET	\$3,749,982.00
m. Federal Share	\$3,749,982.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP006986C3	DP	41.51	93.495	\$0.00	75-2024-0943
2-9390H3H	21NU58DP006986C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	21NU58DP006986C3	DP	41.51	93.495	\$0.00	75-2024-0943

AWARD ATTACHMENTS

HARRIS COUNTY

6 NU58DP006986-03-04

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

No Cost Extension: The purpose of this amendment is to approve a twelve (12) month No Cost Extension per the request submitted by your organization dated 7/1/2024. The budget and project period end dates have been extended from August 31, 2021, to August 30, 2025.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve-month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of August 31, 2024, to August 30, 2025, must be submitted by November 28, 2025.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the FFR SF-425 can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired

or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

Final Invention Statement: A Final Invention Statement must be submitted. Electronic versions of the form can be downloaded by visiting <http://grants1.nih.gov/grants/hhs568.pdf>.

If no inventions were conceived under an assistance award, a negative report is required. This statement may be included in a cover letter.



Award# 6 NU58DP006986-03-05
FAIN# NU58DP006986
Federal Award Date: 03/24/2025

Recipient Information

1. Recipient Name

HARRIS COUNTY
201 Caroline St FL 4
County of Harris
Houston, TX 77002-1901
--

2. Congressional District of Recipient

18

3. Payment System Identifier (ID)

1760454514A5

4. Employer Identification Number (EIN)

760454514

5. Data Universal Numbering System (DUNS)

072206378

6. Recipient's Unique Entity Identifier (UEI)

JFMKAENLGN81

7. Project Director or Principal Investigator

Ms. Jill TenHaken
Principal Investigator
jill.tenhaken@phs.hctx.net
713-274-8511

8. Authorized Official

Ms. Lina Hidalgo
AO / Harris County Judge
cjograntsnotification@hctx.net
713-274-1121

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Daniel Jackson
Grants Management Specialist
qpz2@cdc.gov
(678) 475-4577

10. Program Official Contact Information

Ms. Perrin Hicks
Program Officer
swy2@cdc.gov
7704880826

Federal Award Information

11. Award Number

6 NU58DP006986-03-05

12. Unique Federal Award Identification Number (FAIN)

NU58DP006986

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

Before Always Has an After: Navigating Beyond the Pandemic

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/31/2023 - End Date 03/24/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$3,749,982.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$3,749,982.00

26. Period of Performance Start Date 08/31/2021 - End Date 03/24/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$9,749,492.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Darryl Mitchell

30. Remarks

Department Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP006986-03-05

FAIN# NU58DP006986

Federal Award Date: 03/24/2025

Recipient Information**Recipient Name**

HARRIS COUNTY
201 Caroline St FL 4
County of Harris
Houston, TX 77002-1901
--

Congressional District of Recipient

18

Payment Account Number and Type

1760454514A5

Employer Identification Number (EIN) Data

760454514

Universal Numbering System (DUNS)

072206378

Recipient's Unique Entity Identifier (UEI)

JFMKAENLGN81

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$1,548,240.00
b. Fringe Benefits	\$897,979.00
c. Total Personnel Costs	\$2,446,219.00
d. Equipment	\$0.00
e. Supplies	\$201,576.00
f. Travel	\$21,232.00
g. Construction	\$0.00
h. Other	\$352,333.00
i. Contractual	\$439,992.00
j. TOTAL DIRECT COSTS	\$3,461,352.00
k. INDIRECT COSTS	\$288,630.00
l. TOTAL APPROVED BUDGET	\$3,749,982.00
m. Federal Share	\$3,749,982.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP006986C3	DP	41.51	93.495	\$0.00	75-2024-0943
2-9390H3H	21NU58DP006986C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	21NU58DP006986C3	DP	41.51	93.495	\$0.00	75-2024-0943

AWARD ATTACHMENTS

HARRIS COUNTY

6 NU58DP006986-03-05

1. Terms and Conditions

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted, and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

Closeout: In order to facilitate an orderly closeout, we are requesting that you submit all closeout reports identified below within thirty (30) days of the date of this NoA. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371.

Final Performance/Progress Report: This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$10,000 or more. If no equipment was acquired under the award, a negative report is required

EXHIBIT H



Award# 1 NU58DP006999-01-00

FAIN# NU58DP006999

Federal Award Date: 08/23/2021

Recipient Information

1. Recipient Name

Nashville & Davidson County Metropolitan
Government
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient

05

3. Payment System Identifier (ID)

1620694743A2

4. Employer Identification Number (EIN)

620694743

5. Data Universal Numbering System (DUNS)

078217668

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Mr. Brad Thompson
Grants & Contracts
bradley.thompson@nashville.gov
615-340-0407

8. Authorized Official

Tina Lester
tina.lester@nashville.gov
615-340-5614

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Rhonda Latimer
Grants Management Officer
ITO1@cdc.gov
7704881647

10. Program Official Contact Information

Dr. Monique Young
Public Health Advisor/Project Officer
Division of Cancer Prevention and Control
hza4@cdc.gov
770-488-3434

Federal Award Information

11. Award Number

1 NU58DP006999-01-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP006999

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health
Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/31/2021 - End Date 08/30/2022

20. Total Amount of Federal Funds Obligated by this Action \$1,000,000.00

20a. Direct Cost Amount \$924,892.00

20b. Indirect Cost Amount \$75,108.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$1,000,000.00

26. Project Period Start Date 08/31/2021 - End Date 08/30/2024

27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Project Period Not Available

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 1 NU58DP006999-01-00

FAIN# NU58DP006999

Federal Award Date: 08/23/2021

Recipient Information**Recipient Name**

Nashville & Davidson County Metropolitan
Government
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

Congressional District of Recipient

05

Payment Account Number and Type

1620694743A2

Employer Identification Number (EIN) Data

620694743

Universal Numbering System (DUNS)

078217668

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$96,185.00
b. Fringe Benefits	\$40,598.00
c. Total Personnel Costs	\$136,783.00
d. Equipment	\$0.00
e. Supplies	\$4,870.00
f. Travel	\$902.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$782,337.00
j. TOTAL DIRECT COSTS	\$924,892.00
k. INDIRECT COSTS	\$75,108.00
l. TOTAL APPROVED BUDGET	\$1,000,000.00
m. Federal Share	\$1,000,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP006999C3	DP	41.51	\$1,000,000.00	75-2024-0943

AWARD ATTACHMENTS

Nashville & Davidson County Metropolitan Government

1 NU58DP006999-01-00

1. T&C for Nashville

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number DP21-2109, entitled “Community Health Workers for COVID Response and Resilient Communities (CCR)”, and application dated May 21, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$1,000,000 is approved for the Year 1 budget period, which is August 31, 2021 through August 30, 2022. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Component A	\$1,000,000
Component B	\$0
Component C	\$0

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Financial Assistance Mechanism: Grant

Budget Revision Requirement: September 30, 2021 the recipient must submit a revised budget with a narrative justification for the following:

Contracts: Please provide all the elements for the contractors listed under component A as follows:

1. Name of Contractor
2. Method of Selection
3. Period of Performance
4. Scope of Work
5. Method of Accountability
6. Itemized Budget and Justification

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- ☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect costs: Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated March 30, 2021.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Rhonda Latimer, Grants Management Officer/Specialist
Centers for Disease Control and Prevention
Branch 5
2939 Flowers Road
Atlanta GA 30341
Email: RDLatimer@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the “P Account”. Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known to draw down funds.

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:

Rhonda Latimer, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 5
2939 Flowers Road
Atlanta GA 30341
Telephone: 770-488-1647
Email: RDLatimer@cdc.gov

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Programmatic Contact:

Monique Young, Project Officer
Centers for Disease Control and Prevention
National Center for Disease Prevention and Health
Telephone: 770-488-3434
Email: HZA4@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:

Stephanie Latham, Grants Management Officer
Centers for Disease Control and Prevention
Branch 5
Telephone: 770-488-2197
Email: FZV6@cdc.gov



Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH
PROMOTION

Community Health Workers for COVID Response and Resilient Communities (CCR)

CDC-RFA-DP21-2109

05/24/2021

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP21-2109. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

Community Health Workers for COVID Response and Resilient Communities (CCR)

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-DP21-2109

E. Assistance Listings Number:

93.495

F. Dates:

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

03/25/2021

Not Applicable

LOI is not required or requested.

2. Due Date for Applications:

05/24/2021

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

3. Due Date for Informational Conference Call:

Date: March 31, 2021

Time: 3:30 pm - 4:30 pm U.S. Eastern Standard Time

Conference Number: 800-369-3192

Participant Code: 5479788

Join via Computer: <https://adobeconnect.cdc.gov/r0er4qejiemc/>

Potential applicants may also submit questions via email at: nccdphp_chw@cdc.gov

The following website will contain pre-and post-conference call information, including questions and answers submitted by potential applicants: [Community Health Workers for Covid Response and Resilient Communities | CDC](#)

F. Executive Summary:

Summary Paragraph

The Coronavirus Aid, Relief, and Economic Security (“CARES”) Act of 2020 allocated funds to the Centers for Disease Control and Prevention (CDC) to states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes. CDC announces the availability of funds to achieve the goal of the CARES Act in preventing COVID-19 and protecting the American people from related public health impacts. This Notice of Funding Opportunity (NOFO) supports this work through training and deployment of community health workers (CHWs) to response efforts and by building and strengthening community resilience to fight COVID-19 through addressing existing health disparities.

Program strategies include integrating CHWs into organizations and care teams and strengthening relevant CHW knowledge, roles, and skills to prepare them to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations. Priority populations are those with increased prevalence of COVID-19 and are disproportionately impacted by long-standing health disparities related to sociodemographic characteristics, geographic regions, and economic strata. Examples include, racial and ethnic minority groups, persons who are economically disadvantaged, justice-involved, experiencing homelessness, or have certain underlying medical conditions that increase COVID-19 risk.

a. Eligible Applicants:

Open Competition

b. NOFO Type:

G (Grant)

c. Approximate Number of Awards

70

d. Total Period of Performance Funding:

\$ 300,000,000

e. Average One Year Award Amount:

\$ 1,000,000

Over a three-year period of performance, CDC will award approximately \$100 million each budget year for three years with the average award varying. These grants will range approximately from \$350,000 - \$3 million per year depending on the size and scope of activity. The range of funds is broad to accommodate a varied number of organizations based on capacity and a range of catchment areas whose resource needs will vary. Approximate average one-year award amounts for each component are:

Component A (Capacity Building): \$600K

Component B (Implementation Ready): \$2M

Component C (Innovation – demonstration projects): \$2M

f. Total Period of Performance Length:

3

g. Estimated Award Date:

August 01, 2021

h. Cost Sharing and / or Matching Requirements:

No

Part II. Full Text**A. Funding Opportunity Description****1. Background****a. Overview**

The novel Coronavirus Disease 2019 (COVID-19) has impacted communities nation-wide, including all states, localities, and territorial jurisdictions. Public health crises, such as COVID-19, exacerbate existing health disparities and inequities in the social determinants of health (SDOH), conditions in which people are born, live, learn, work, play, worship, and age. Black/African Americans, Hispanics/Latinos, and American Indian/Alaska Native populations have higher rates of unemployment; are more likely to work in essential, low-income positions that do not allow telework; live in communities with higher rates of environmental hazards; and do not have health insurance or paid sick leave through employers. Racial and ethnic minority groups, economically disadvantaged persons, justice-involved, people experiencing homelessness, and people who use drugs and/or have certain underlying medical conditions are also at risk. All of these factors increase risk of exposure to COVID-19, while limiting ability to stay home or access care when sick. Racial and ethnic minority groups also experience higher incidence of severe heart disease, diabetes, obesity, and smoking, all shown to increase the risk of severe illness from COVID-19. Furthermore, distrust of medical and governmental entities and longstanding disparities in vaccine coverage may impact achievement of high COVID-19 vaccination rates, once vaccines are widely available in these population groups.

Along with CDC's strategies for ending the COVID-19 pandemic, focused investments are

needed to decrease disparities among the populations outlined above. Initiatives that promote health equity in all policies and reduce inequities should be pursued and evaluated for effective and targeted systems' changes across relevant sectors. Overwhelming evidence demonstrates that health is highly influenced by SDOHs such as intergenerational wealth, high quality education, stable and fulfilling employment opportunities, affordable housing, access to healthful foods, commercial tobacco-free policies, and safe green spaces for physical activity. Through partnerships around community health assessment and planning efforts, federal, state, local, tribal, and territorial governments have invested in long-range policy and environmental change plans to improve SDOHs in communities with the poorest health outcomes.

CHWs are well-positioned to reach communities, especially those disproportionately impacted by COVID-19. CHW interventions can improve uptake and access to health care services, improve communication between community members and health providers, reduce the need for emergency and specialty services, and improve adherence to health recommendations. While CHW administered interventions have a demonstrated impact, barriers to increased intervention implementation exist (e.g. insufficient numbers of trained individuals to meet existing needs; lack of funding/reimbursement; poor integration of CHWs in multidisciplinary care teams, in the health care delivery system, or in community organizations addressing the social determinants of health; and limited communication technology).

CHWs can improve access to COVID-19 related services (e.g. testing, contact tracing, health behavior education) and management of other underlying medical conditions that increase risk of severe COVID-19 illness and adverse outcomes. Through this initiative, CDC can highlight the integral role of CHWs in increasing resiliency, and response efforts in the hardest hit communities across the nation, especially during emergency crises by supporting three components in this NOFO: Component A focuses on building capacity for CHW efforts; Component B focuses on enhancing and expanding existing CHW efforts; and Component C focuses on developing innovative approaches to strengthening the use of CHWs.

b. Statutory Authorities

This program is authorized under the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"), Public Law 116-136 and under the Public Health Service Act 42 U.S.C. 301(a).

c. Healthy People 2030

This funding opportunity focuses on COVID-19 response and community resilience addressing Healthy People 2030 goals including emergency preparedness: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/emergency-preparedness> and vaccination: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccination>.

For further information, please see <https://health.gov/healthypeople/objectives-and-data/browse-objectives>.

d. Other National Public Health Priorities and Strategies

The COVID-19 pandemic requires a coordinated public health response; recipients should consider the following in their proposed work:

- Topics (e.g. social determinants of health) related to health conditions associated with increased risk of COVID-19 illness and poorer outcomes.
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
- Centers for Disease Control and Prevention (2020). Community Preventive Services Task Force. The Community Guide. Retrieved from [The Guide to Community Preventive Services \(The Community Guide\)](#).
- Health Resources and Services Administration (2020). Coronavirus-Related Supplemental Funding Allowable Uses Technical Assistance Resource.
<https://bphc.hrsa.gov/emergency-response/coronavirus-info/supplemental-funding-uses>

e. Relevant Work

This NOFO will leverage previous work funded by the CDC with various public and private partners to implement and evaluate the effectiveness of different approaches for building the public health infrastructure to respond to COVID-19, particularly:

- Centers for Disease Control and Prevention (2020). Public Health Crisis Response NOFO. <https://www.cdc.gov/cpr/readiness/funding-covid.htm>
- Centers for Disease Control and Prevention (2020). CDC COVID-19 Funding for Tribes. https://www.cdc.gov/tribal/cooperative-agreements/covid-19.html?deliveryName=USCDC_289-DM25904
- Centers for Disease Control and Prevention (2020). COVID-19 Financial Resources. Retrieved from [Financial Resources | CDC](#).

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP21-2109: Community Health Workers for COVID Response and Resilient Communities (CCR) NOFO Logic Model

Scale up Community Health Worker (CHW) actions across the nation to support COVID-19 response efforts in those communities hit hardest by COVID-19 and among populations that are at high risk for COVID-19 exposure, infection, and outcomes (priority populations).

CDC-RFA-DP21-2109: Community Health Workers for COVID Response and Resilient Communities (CCR) NOFO Logic Model

Proposed High Level Strategies	Proposed Outcomes		
	Short Term Outcomes: Year 1	Intermediate Outcomes: Year 2	Long Term:>Year 3

Train Community Health Workers to ensure comprehensive acquisition and reinforcement of relevant knowledge, roles, and skills to support the COVID-19 public health response to manage outbreaks and community spread.	Increased skills/capacity/roles of CHWs to provide services and support for COVID-19 public health response efforts among priority populations within communities.	Increased reach of CHW-influenced mitigation efforts among priority populations within communities.	Decreased impact of COVID-19 on those at risk (priority populations) and settings. Increased community resilience to respond to COVID-19 and future public health emergencies.
Deploy Community Health to Support the COVID-19 Public Health Response to manage outbreaks and spread of COVID-19 among priority populations within communities.	Increased workforce of CHWs delivering services to manage the spread of COVID-19.	Continued promotion and integration of CHWs into existing workforce among priority populations within communities.	IMPACT ↓ Decreased health disparities ↓ Increased health equity
Engage Community Health Workers to Help Build and Strengthen Community Resilience to mitigate the impact of COVID-19 by improving the overall health of priority populations within communities.	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations within communities.	Increased provision of community resources and clinical services to those at highest risk for poor health outcomes among priority populations within communities.	

i. Purpose

This new grant will address 1) disparities in access to COVID-19 related services, e.g., testing, contact tracing, immunization services etc., and 2) health outcomes and factors that increase risk of severe COVID-19 illness (e.g., chronic diseases, smoking, pregnancy) and poorer outcomes (e.g. health and mental health care access, access to healthy food, health insurance, etc.) which have been exacerbated by COVID-19 by scaling up and sustaining a nation-wide program of CHWs who will support COVID-19 response and prevention in populations at high risk and communities hit hardest by COVID-19.

ii. Outcomes

Applicants are expected to focus on those outcomes that align with the three high-level strategy categories, i.e. **Train, Deploy, and Engage**.

Short term outcomes:

- **TRAIN:** Increased skills/capacity/roles of CHWs to provide services and support for COVID-19 public health response efforts among priority populations within communities.
- **DEPLOY:** Increased workforce of CHWs delivering services to manage the spread of COVID-19.
- **ENGAGE:** Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations within communities.

iii. Strategies and Activities

COMPONENT A: CAPACITY BUILDING

Applicants applying for Component A funding must address the four required strategies identified in bold and also select one additional strategy from the menu of strategies targeting Capacity Building efforts.

TRAIN:

- **Strategy CB1 (Required): Identify and collaborate with community-wide efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to successfully engage with existing state and/or local public**

health-led actions to manage COVID-19 among priority populations within communities.

- Strategy CB2: Align training opportunities for CHWs with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations within communities.

DEPLOY:

- **Strategy CB3 (Required): Integrate CHWs into organizations and care teams to support the public health response to COVID-19 among priority populations within communities.**
- Strategy CB4: Develop and disseminate messaging that educates organizations and care teams on the critical role CHWs play in delivering services and managing the spread of COVID-19 among priority populations within communities.

ENGAGE:

- **Strategy CB5 (Required): Coordinate and/or promote opportunities, such as messaging/education, within communities and clinical settings to facilitate the engagement of CHWs in addressing the needs of those at highest risk for poor health outcomes, including those resulting from COVID-19.**
- **Strategy CB6 (Required) Year 1 : Initiate and develop and/or utilize systems to document engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations at highest risk for poor health outcomes, including those resulting from COVID-19. (Required) Year 2: Facilitate engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations at highest risk for poor health outcomes, including those resulting from COVID-19.**
- Strategy CB7: Establish and strengthen partnerships between CHWs and State Medicaid agencies, relevant state or local coalitions, initiatives, professional organizations, providers, and health systems that provide resources and support for deploying CHWs to engage with priority populations at highest risk for poor health outcomes, including those resulting from COVID-19 by addressing social determinants of health (e.g. those with underlying health conditions, with decreased access to care or lacking access to routine and usual care, challenges with having social needs met, food insecurity, housing insecurity and homelessness, etc.)

COMPONENT B: IMPLEMENTATION READY

Applicants applying for Component B funding must address the four required strategies identified in bold and also select two additional strategies from the menu of strategies targeting Implementation Ready efforts.

TRAIN:

- **Strategy IR1 (Required): Identify and collaborate with community-wide efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations within communities.**
- Strategy IR2: Ensure appropriate training opportunities to disseminate messaging for CHWs focused on reaching those with underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations in order to strengthen infrastructure critical to identification of infection, appropriate follow-up, including contact tracing, and treatment among priority populations within communities.
- Strategy IR3: Align training opportunities for CHWs with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations within communities.

DEPLOY:

- **Strategy IR4 (Required): Integrate CHWs into organizations and care teams to support the public health response to COVID-19 among priority populations within communities.**
- Strategy IR5: Integrate CHWs into public health emergency preparedness and vaccine deployment planning, e.g. inclusion in planning and coordination with Immunization and Public Health Preparedness Programs; existing vaccine infrastructure; and vaccine providers in the community to increase access to new and existing vaccination programs in priority populations within communities.

ENGAGE:

- **Strategy IR6 (Required): Coordinate and/or promote opportunities, such as messaging/education within communities and clinical settings to facilitate the engagement of CHWs in addressing the needs of those at highest risk for poor health outcomes, including those resulting from COVID-19.**
- **Strategy IR7 (Required): Facilitate engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations at highest risk for poor health outcomes, including those resulting from COVID-19.**

COMPONENT C: INNOVATION - DEMONSTRATION PROJECTS

The demonstration project should identify an approach that employs policy, systems or environmental changes, is innovative and will train, deploy, and engage CHWs to further address health disparities and social inequities exacerbated by COVID-19 within the catchment area identified in the recipient's Component B application. The demonstration projects should each uniquely focus on improving selected conditions of the socioecological environment (e.g., community interventions intending to reduce toxic and chronic stress,

strategies that enhance community resilience; strategies that address reimbursement or other sustainable funding; strategies that increase income, housing and/or food security and support recovery from other unintended negative consequences of COVID-19 mitigation strategies; engaging employers in identifying and adopting policies that protect worker health and safety; engaging owners/overseers of multi-unit housing to identify and adopt policies that protect worker and tenant health from COVID-19 and conditions that increase COVID-19 risk). This is an opportunity to demonstrate how CHWs can incorporate interventions addressing social determinants of health, and be an integral part of innovative approaches, such as technology, payment models, communication campaigns, new ways to link to social services and/or provide “wrap-around” services, or other services that will improve health outcomes among those at greatest risk for severe COVID-19 disease.

Requirements for the demonstration project include the following:

- The demonstration project must address at least 1 of the 3 overarching strategies of the NOFO: train, deploy, and/or engage;
 - This proposed project must be distinctly different from what the applicants is proposing in Component B; it is not meant to be an expansion of a Component B effort. It is an opportunity to test an innovative approach that accelerates impact to ameliorate effects of COVID-19 through the use of CHWs and builds more resilient communities.
- CHWs must be an integral part of the demonstration project;
- The project must be implemented in communities or populations at risk for poor health outcomes as a result of COVID-19 that the applicant has identified for Component B.
- The demonstration project must be aligned with the outcome(s) as described in the logic model.
- The demonstration project must include a rigorous evaluation to assess the project’s impact, outcomes, and effectiveness and develop recommendations for sustainability. The applicant should plan to initiate evaluation in Year 1, continue data collection in Year 2, and complete and submit all data to CDC immediately upon completion of Year 3.

Performance measures related to Train, Deploy, and Engagement efforts for Component C and the impact on COVID-19 may be proposed by recipients based on activities conducted and finalized in collaboration with CDC and Evaluation/Technical Assistance partners, awarded through a separate NOFO. Performance measures will be reported annually, and CDC and Evaluation/Technical Assistance partners will manage and analyze the data to identify recipient program improvements, respond to broader technical assistance needs, and report to stakeholders.

1. Collaborations

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

Required Collaborations:

Recipients are required to collaborate with other CDC-funded programs that are currently implementing activities to mitigate the spread of COVID-19 infection in their respective communities and address certain underlying medical conditions that increase risk of exposure to

COVID-19. These collaborations are especially essential for implementing both the training and deployment strategies of this NOFO; applicants must include letters of support to document these collaborations. Letters must be dated within 45 days of the application due date. These letters must state the role of organizations and specify how they will help the applicant achieve the goals and outcomes of the NOFO. *Applicants must file the letter of support, as appropriate, name the file “CHW_LOS_Applicant Name”, and upload it as a PDF file at www.grants.gov.* This will ensure that proposed activities are complementary with other CDC funded programs operating in the same area and avoid duplication of efforts. State- and/or local-level CDC funded programs to advance efforts to mitigate the spread of COVID-19 infection include:

- Epidemiology and Laboratory Capacity Program: <https://www.cdc.gov/nceid/dpei/epidemiology-laboratory-capacity.html>
- State (and jurisdictional) Immunization Program: <https://www.cdc.gov/vaccines/imz-managers/awardee-imz-websites.html>
- Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response Program: <https://www.cdc.gov/tribal/documents/cooperative-agreements/COVID-19-Funding-for-Tribes-Grant-Recipients-OT20-2004-508.pdf>
- Tribal Public Health Capacity Building and Quality Improvement Program: <https://www.cdc.gov/tribal/cooperative-agreements/tribal-capacity-building-OT18-1803.html>
- Cooperative Agreement for Emergency Response: Public Health Crisis Response and COVID-19 Crisis Response Cooperative Agreement Components A and B Supplemental Funding Program: <https://www.cdc.gov/cpr/readiness/funding-covid.htm>
- Racial and Ethnic Approaches to Community Health (REACH) Flu Vaccine Supplement. DP18-1813. https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/current_programs/index.html.

Encouraged Collaborations:

Recipients are also highly encouraged to collaborate with other CDC-funded programs that focus on population health approaches to reduce health disparities and address the social determinants of health that contribute to them such as injury prevention, mental health promotion, sexually transmitted disease and chronic disease prevention. These collaborations are especially essential for implementing the strengthening community resilience strategies of this NOFO. This will ensure proposed activities are complementary with other CDC-funded programs operating in the same area and avoid duplication of efforts.

b. With organizations not funded by CDC:

Required Collaborations:

- Recipients are required to appropriately align their work with other national, state or nongovernmental programs that support CHWs to promote healthy communities including State Medicaid agencies.
- Recipients are also required to collaborate, through formalized partnerships, supported by detail specific service agreements, with medical (e.g., Community Health Centers (CHCs), private providers, health insurers and health systems) and essential support service providers to maximize reach, increase coordination and collaboration, and support

the provision of essential services in respective communities. These collaborations are essential for the successful implementation of all three NOFO strategies.

- Letters of support with a firm commitment from partners should be included in the application. Applicants should submit letters of support from organizations that will have a role in helping to achieve the NOFO activities and outcomes. Letters must be dated within 45 days of the application due date. These letters must state the role of organizations and specify how they will help the applicant achieve the goals and outcomes of the NOFO. *Applicants must file the letter of support, as appropriate, name the file “CHW_LOS_Applicant Name”, and upload it as a PDF file at www.grants.gov.*

Community Coalition

The recipients are required to either establish a new or expand an existing community coalition to serve as a formal arrangement for cooperation and collaboration among stakeholder groups to work together to achieve the short-term, intermediate, and long-term outcomes of this NOFO. Applicants should describe the proposed or existing coalition within the project narrative. Recipients will collaborate with the coalition to develop and carry out the program action plan to train and deploy CHWs to support the COVID-19 public health response as well as to build and strengthen resilience to mitigate the impact of COVID-19 by improving the overall health of priority populations in key communities.

The community coalition proposed by the recipient should have diverse and multi-sector representation and, at a minimum, should include the:

- Recipient
- Community Health Worker Network Representation
- Healthcare organization representative (who provides services for the priority population)
- Local public health department representation
- Community representation

The community coalition should:

- Demonstrate ability to leverage partnerships across settings and sectors to address key contributors to health disparities within their community (e.g., social determinants of health)
- Meaningfully engage and incorporate input from those who represent the proposed priority population(s)
- Use Community Based Participatory Approaches (<http://ctb.ku.edu/en/table-of-contents/analyze/where-to-start/participatory-approaches/main>) in their planning approach
- Reflect the composition of the proposed priority population
- Demonstrate a history of success in working together with partners on issues relating to health or other disparities.
- Demonstrate effectiveness and progress in mobilizing partners to assist in implementation of local evidence-based or practice-based improvements that are culturally tailored to the priority population(s)

Encouraged Collaborations:

Recipients are also encouraged to establish strategic partnerships with the following types of organizations: state- and jurisdictional-recipients of other relevant Federal programs (e.g., the Health Resources and Services Administration's State Office of Rural Health programs or Maternal and Child Health Bureau, the Centers for Medicare and Medicaid Services, and State-Medicaid Offices) and their recipients; local public health departments (for state recipients); local health insurers; American Indian/Alaska Native tribal governments and/or tribally designated organizations; non-CDC funded Community Based Organizations; faith-based organizations; local chambers of commerce or large employers, community advocates and other stakeholders with vested interests in reducing health disparities and the social determinants of health that contribute to them.

2. Target Populations

Applicants must identify and focus on populations with increased risk for or prevalence of COVID-19 or who are at increased risk for poor health outcomes from COVID-19 because they are also disproportionately impacted by long-standing health disparities as described in the Executive Summary and Background sections of this announcement. Applicants must demonstrate that the proposed catchment area(s) reflect a) the burden of COVID-19 infection rates and/or COVID-19 mortality rates and b) populations disproportionately affected by COVID-19 infections; particularly those affected by poverty. Catchment areas are defined in this NOFO as a county, metropolitan statistical area(s) or a group of contiguous counties. These catchment areas must have significant COVID-19 disease burden, evidence of disproportionate health disparities as evidenced by poverty rates, and sufficient combined populations to allow the strategies supported by this NOFO to reach significant numbers of people (see components below for information on population size). Applicants must describe the population selected, including relevant health disparities, and how the selected interventions will improve health and contribute to a more resilient community better able to address threats such as COVID-19.

Applicants must use the following two resources to document a) poverty rates and b) COVID-19 cases and/or mortality rates:

- Poverty rates may be found at <https://www.census.gov/library/visualizations/interactive/2014-2018-poverty-rate-by-county.html>.
- COVID-19 cases and/or deaths (county level) can be found at <https://covid.cdc.gov/covid-data-tracker/#county-view>. The two COVID-related data points that can be used are:
 - 7 Day total reported cases per 100,000 population
 - 7 Day total reported deaths per 100,000 population

Applicants should include the time period for the 7 day total for cases and/or deaths from the CDC COVID Data Tracker. Additional guidance on the two COVID-related data points can be found at: [Community Health Workers for Covid Response and Resilient Communities | CDC](#)

Applicants addressing racial and ethnic populations should address the inclusion of subpopulations within the identified target population that can benefit from the program strategies listed in this announcement. These subpopulations can include groups such as older

people, people with low socioeconomic status, ethnic minorities, economically disadvantaged persons, justice-involved, people experiencing homelessness, or those who traditionally do not access health care on a routine basis such as people with mental health or substance abuse disorders, non-English speaking populations, Lesbian, Gay, Bisexual, and Transgender (LGBT) populations, persons with disabilities, or other populations who may otherwise be missed by the program. In addition, applicants will be expected to provide specific activities to address the underlying health and social inequities that put many of these subpopulations at increased risk of getting sick, having more severe illness and dying from COVID-19 and other communicable and non-communicable conditions.

a. Health Disparities

CDC recognizes that social and economic opportunities, health behavior, and the physical environment in which people live greatly impact health outcomes. Health disparities represent preventable differences in the burden of disease, disability, injury or violence, or in opportunities to achieve optimal health. Applicants must describe the population(s) selected, including relevant health disparities, and how selected interventions will improve health and reduce or eliminate one or more identified health disparities. This announcement provides the opportunity to incorporate interventions to address health-related social needs, (e.g., housing instability and poor quality, food insecurity, insufficient utility resources, interpersonal violence, insufficient transportation, and inadequate educational resources) for the priority populations described in the background section. This is an opportunity to demonstrate how increased awareness of available community services, navigation assistance to access services, and partner alignment to ensure that available services support community needs can positively impact health in these communities; which should all be addressed in the proposed activities.

iv. Funding Strategy

Applicants must demonstrate that the proposed catchment area(s) reflect a) the disproportionate burden of COVID-19 infection rates/COVID-19 mortality rates and b) populations disproportionately affected by COVID-19 infections; particularly those affected by poverty. Catchment areas are defined in this NOFO as a county, metropolitan statistical area(s), or a group of contiguous counties. These catchment areas must have significant COVID-19 disease burden, evidence of disproportionate health disparities as evidenced by poverty rates, and sufficient combined populations to allow the strategies supported by this NOFO to reach significant numbers of people.

Applicants must use the following two resources to document a) poverty rates and b) COVID-19 cases and/or mortality rates:

- Poverty rates may be found at <https://www.census.gov/library/visualizations/interactive/2014-2018-poverty-rate-by-county.html>.
- COVID-19 cases and/or deaths (county level) can be found at <https://covid.cdc.gov/covid-data-tracker/#county-view>. The two COVID-related data points that can be used are:
 - 7 Day total reported cases per 100,000 population
 - 7 Day total reported deaths per 100,000 population

Applicants should include the time period for the 7 day total for cases and/or deaths from the CDC COVID Data Tracker. Additional guidance on the two COVID-related data points can be found at: [Community Health Workers for Covid Response and Resilient Communities | CDC](#)

Component A focuses on organizations that have some experience with CHWs and want to build capacity by expanding training and oversight plans that will lead to the increased deployment of CHWs which will result in improved health outcomes. These organizations must have approximately one year of experience in implementing a CHW program in their catchment area. The experiences of this program may have been limited in scope, i.e., focusing on a single or a few disease concerns, providing advice and guidance to direct community members to appropriate clinical services. We expect to fund approximately 35 applicants. Applications for this component will reflect services addressing a catchment area, as defined in this NOFO, as a county, metropolitan statistical area(s), or a group of counties:

- up to 50,000 population, applicants may apply for up to \$350K.
- For 50,000 to 200,000 population, applicants may apply for up to \$600K.
- For 200,000+ population, applicants may apply for up to \$1M.

Component B focuses on expanding deployment of CHWs in organizations with substantial (approximately 3 years) experience currently utilizing CHWs that want to amplify activities to address COVID-19 within communities resulting in improved health outcomes; we expect to fund approximately 35 applicants. Applications for this component will reflect services addressing a catchment area, as defined in this NOFO, as a county, metropolitan statistical area(s), or a group of counties:

- up to 200,000 population, applicants may apply for up to \$1M.
- For 200,000 to 600,000 population, applicants may apply for up to \$2M
- For 600,000+ population, applicants may apply for up to \$3M.

Component C focuses on policy, systems or environmental changes, is innovative and will train, deploy, and engage CHWs to further address health disparities and social inequities exacerbated by COVID-19 within the catchment area identified in the recipient's Component B application. Only applicants that are approved and funded for Component B will be considered for Component C funding. We expect to fund approximately 5 recipients for Component C for up to \$2M each.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help demonstrate program accomplishments and strengthen the evidence for strategy implementation. CDC, in collaboration with identified Evaluation and Technical Assistance (TA) partners, will work individually and collectively with recipients to track the implementation of recipient strategies and activities and assess progress in achieving NOFO outcomes within the three-year period of performance. Both process and outcome evaluation will seek to answer the following questions:

Approach:

1. To what extent has the recipient's implementation approach resulted in achieving the desired outcomes?

Effectiveness:

1. To what extent has the recipient increased the reach of Component A and B strategies to prevent and control COVID-19 infections and strengthen community resilience?
2. To what extent has implementation of Category A and B strategies led to improved health outcomes among the identified priority population(s)?

Recipients must collaborate with CDC and Evaluation/Technical Assistance partners and are strongly encouraged to submit at least two success stories per year with impacts using the NCCDPHP Success Stories Application. Information on this application is located in the Resources section of this document. CDC and Evaluation/Technical Assistance (TA) partners will implement an evaluation approach that consists of (1) ongoing monitoring and evaluation of progress through the collection and reporting of performance measures by recipients, (2) a CDC- and Evaluation/TA partner-led comprehensive evaluation, and (3) recipient-led evaluations, with support from CDC and Evaluation/TA partners, as appropriate.

Performance measures developed for this NOFO correspond to the high-level broad strategy categories and outcomes described in the logic model. All measures are broadly stated and may be refined with recipients, CDC, and Evaluation/TA partners, based on activities proposed and recipient needs. CDC and the Evaluation/TA partners, as appropriate, will work with recipients on operationalizing and further defining each performance measure and guidance will be provided prior to the first year of expected recipient reporting.

Performance measures will be reported semi-annually by all recipients to CDC and the Evaluation/TA partners, who will also manage and analyze the data to identify recipient program improvements, respond to broader technical assistance needs, and to report to stakeholders. CDC and the Evaluation/TA partners will analyze recipient submitted performance measure data and develop aggregate performance measure reports to be disseminated to recipients and other key stakeholders, including federal partners, non-funded partners, and policy makers, as appropriate. These aggregate findings may also be presented during site visits and recipient meetings. In addition to performance measures reported by recipients, CDC will track all outcome measures (not listed in required recipient table for reporting) that are relevant to the program through national data sets or the comprehensive evaluation activities. As part of the comprehensive evaluation activities, a subset of NOFO recipients will be selected who will be required to work collaboratively with CDC and the Evaluation/TA partners to report more in-depth narratives of activities over the course of the NOFO.

For the CDC- and Evaluation/TA partner-led comprehensive evaluation activities, CDC will lead the design, data collection, analysis, and reporting. Recipients will be expected to participate in evaluation activities such as surveys, interviews, case studies, and other data collection efforts to ensure there is a robust evaluation of the evidence-driven, community tailored/adapted efforts of the role CHWs play in leading, supporting, and collaborating with a wide variety of stakeholders

to improve the health of the community. An appropriate level of guidance and support, including one on one outreach, small peer-to-peer learning and sharing opportunities, webinars, learning collaboratives, electronic resources, and virtual engagements to showcase successes and brainstorm the resolution of potential challenges will be provided to the recipients. These connections among recipients, CDC and the Evaluation/TA partners are critical to the programmatic success and effective and meaningful evaluation of this grant. CDC and the Evaluation/TA partners will use finding from these evaluation efforts to refine technical assistance and, in turn, maximize and sustain program outcomes.

For recipient-led evaluations, CDC and Evaluation/TA partners will be available to work closely, where appropriate, with recipients to develop, refine, and implement evaluation plans that they can use to make program improvements and demonstrate the outcomes and impact of their programs.

CDC, Evaluation/TA partners, and recipients will only collect data that will be analyzed and used. CDC will provide recipients with performance measure reporting templates, and potentially evaluation plan and reporting templates. CDC and Evaluation/TA partners will provide ongoing TA on program implementation efforts, recipient-led evaluation, and recipient performance measure reporting. Evaluation TA will be provided using a customized approach to ensure that the tools and services provided best meet the needs of the recipients. All evaluation findings produced by CDC, the Evaluation TA providers, and recipients will contribute to: (1) program and quality improvement of program efforts; (2) practice-based evidence; (3) documentation and sharing of lessons learned to support replication and scaling up of these program strategies and/or (4) future funding opportunities to expand upon these successes.

The data CDC collects for performance measurement and evaluation are directly related to the implementation of the strategy and/or the desired outcome indicated in the logic model. Data being collected are strictly related to the implementation of the NOFO strategies and shall be used for assessing and reporting progress and for other pertinent implementation improvement actions. All performance measure data will be collected via secure data systems. Recipients will report their performance measure data semi-annually via the data system and will have access to their data only. Over the 3-year performance period, data will be secured with limited access to authorized CDC program and evaluation staff. CDC will publish summative reports on individual and aggregate performance measure data.

Applications involving public health data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for the applicant's assurance of the quality of the public health data through the data's lifecycle and any 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>

Short-term measures reported by recipients are described in the table below. Recipients will report one level of measures:

- short-term outcomes measures for each required strategy and for each additional strategy selected

The tables below align with the logic model and shows the alignment among the overarching high level strategy categories, i.e. TRAIN, DEPLOY, and ENGAGE, along with the specific strategies, outcomes, and performance measures for Component A and Component B.

Table 1. Component A: Capacity Building -- Strategies, Outcomes, and Performance Measures

Community Health Workers for COVID-19 Response and Resilient Communities (CCR)		
Table 1. Component A: Capacity Building -- Strategies, Outcomes, and Performance Measures		
Strategies (<i>Component A Applicants are required to address the four strategies indicated in BOLD and must also select <u>one</u> additional strategy from any of the two areas (train/deploy) in the menu of strategies targeting capacity building (CB) efforts within this table.</i>)	Short-term Outcomes	Short-term Measures (<i>Recipients will report short-term measures aligned with all required strategies in BOLD and the one additional strategy selected.</i>) <i>Note: All measures are broadly stated and will be refined with recipients and CDC based on activities proposed.</i>
TRAIN		
Strategy CB1 (Required): Identify and collaborate with community-wide efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations* within communities.	Increased skills/capacity/roles of CHWs to provide services and support for COVID-19 public health response efforts among priority populations* within communities.	Measure (Required): # of CHWs successfully completing state/local public health-led COVID-19 response training efforts as determined by relevant public health-led entities, e.g., skills related to contact tracing, appropriate use and care of PPE, and sufficient documentation of relevant data collection efforts.

Strategy CB2: Align training opportunities for CHWs with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations* within communities.	Increased skills/capacity/roles of CHWs to provide services and support for COVID-19 public health response efforts among priority populations* within communities.	Measure: # and type of health conditions and/or social service needs for which CHWs are provided training and/or certification to deliver among priority populations* within communities, e.g. Lifestyle interventions and strategies, hypertension management, diabetes management, arthritis management, improving physical activity, improving healthy eating, tracking, referral, and connection of individuals to available social services to address identified needs.
DEPLOY		
Strategy CB3 (Required): Integrate CHWs into organizations and care teams to support the public health response to COVID19 among priority populations* within communities.	Increased workforce of CHWs delivering services to manage the spread of COVID-19.	Measure (Required): # and type of organizations/entities that are integrating CHWs to support state/local public health-led COVID-19 response efforts.
Strategy CB4: Develop and disseminate messaging that educates organizations and care teams on the critical role CHWs play in delivering services and managing the spread of COVID-19 among priority populations* within communities.	Increased workforce of CHWs delivering services to manage the spread of COVID-19.	Measure: # and type of messages developed and disseminated
ENGAGE		
Strategy CB5 (Required): Coordinate and/or promote opportunities, such as messaging/education, within communities	Increased utilization of community	Measure (Required): # of individuals within communities and/or

and clinical settings to facilitate the engagement of CHWs in addressing the needs of those at highest risk for poor health outcomes, including those resulting from COVID-19.	resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	clinical settings reached through messaging and education, including those at highest risk for poor health outcomes, including those resulting from COVID-19, among priority populations* within communities.
<p>Strategy CB6 (Required): Year 1: Initiate and develop and/or utilize systems to document engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations* at highest risk for poor health outcomes, including those resulting from COVID19.</p> <p>Year 2: (Required): Facilitate engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations* at highest risk for poor health outcomes, including those resulting from COVID-19.</p>	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	Measure (required): # of patients referred for individual, specific named health and social conditions that increase the risk for COVID-19 for patients at highest risk for poor health outcomes, within clinical and/or community settings. Document referrals for any of the following specific named conditions: housing and shelter; food; healthcare; mental health and addictions; employment and income; clothing and household; childcare and parenting; government and legal.
Strategy CB7: Establish and strengthen partnerships between CHWs and State Medicaid agencies, relevant state or local coalitions, initiatives, professional organizations, providers, and health systems that provide resources and support for deploying CHWs to engage with priority populations* at highest risk for poor health outcomes, including those resulting from COVID-19 by addressing social determinants of health (e.g. those with underlying health conditions, with decreased access to care or lacking access to routine and usual care, challenges with having social needs met, food insecurity, housing	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	Measure: # and type of partnerships established with traditional and nontraditional partners, such as, faith-based organizations, businesses, hospital systems, housing and community development entities, and others for the purposes of providing support for those at highest risk for poor health outcomes, including those resulting from COVID-19, among priority

insecurity, and homelessness, etc).		populations* within communities.
<p>* Priority populations are those with increased prevalence of COVID-19 and are disproportionately impacted by long-standing health disparities related to sociodemographic characteristics, geographic regions, and economic strata. Examples include, racial and ethnic minorities, persons who are economically disadvantaged, justice-involved, experiencing homelessness, and/or have certain underlying medical conditions that increase COVID-19 risk</p>		

Table 2. Component B: Implementation Ready -- Strategies, Outcomes, and Performance Measures

Community Health Workers for COVID-19 Response and Resilient Communities (CCR)		
Table 2. Component B: Implementation Ready--Strategies, Outcomes, and Performance Measures		
Strategies (<i>Component B Applicants are required to address the four strategies indicated in BOLD and must also select <u>two</u> additional strategies from any of the two areas (train/deploy) in the menu of strategies targeting Implementation Ready (IR) efforts within this table.</i>)	Short-term Outcomes	Short-term Measures (<i>Recipients will report short-term measures aligned with all required strategies in BOLD and the two additional strategies selected.</i> <i>Note: All measures are broadly stated and will be refined with recipients and CDC based on activities proposed.</i>)
TRAIN		
Strategy IR1 (Required): Identify and collaborate with community-wide efforts to ensure comprehensive acquisition of relevant knowledge, roles, and skills by CHWs so they are prepared to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations* within communities.	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	Measure (Required): # of CHWs successfully completing state/local public health-led COVID19 response training efforts as determined by relevant public health-led entities, e.g. skills related to contact tracing, appropriate use and care of PPE, and sufficient documentation of relevant data collection efforts.

Strategy IR2: Ensure appropriate training opportunities to disseminate messaging for CHWs focused on reaching those with underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations in order to strengthen infrastructure critical to identification of infection, appropriate follow-up, including contact tracing, and treatment among priority populations* within communities.	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	Measure: # of individuals within specific media distribution areas, inside stated catchment areas that have been reached by critical messaging, as determined by relevant public health-led entities, to identification of infection, appropriate follow-up, including contact tracing, and treatment.
Strategy IR3: Align training opportunities for CHWs with the primary actions of state and/or local public health led efforts to address the underlying conditions and/or environments that increase the risk and severity of COVID-19 infections among priority populations* within communities.	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	Measure: # and type of health conditions and/or social service needs for which CHWs are provided training and/or certification to deliver among priority populations* within communities, e.g. Lifestyle interventions and strategies, hypertension management, diabetes management, arthritis management, improving physical activity, improving healthy eating, tracking, referral, and connection of individuals to available social services to address identified needs.
DEPLOY		
Strategy IR4 (Required): Integrate CHWs into Organizations and Care Teams to support the public health response to COVID-19 among priority populations* within communities.	Increased workforce of CHWs delivering services to manage the spread of COVID-19.	Measure (Required): # and type of organizations/entities that are integrating CHWs to support state/local public health-led COVID-19 response efforts.
Strategy IR5: Integrate CHWs into public health emergency	Increased workforce of	Measure: # and types of vaccine deployment plans in which CHWs are

preparedness and vaccine deployment planning, e.g. inclusion in planning and coordination with Immunization and Public Health Preparedness Programs; existing vaccine infrastructure; and vaccine providers in the community to increase access to new and existing vaccination programs in priority populations* within communities.	CHWs delivering services to manage the spread of COVID-19.	included in the planning and design; deployment of plan components; ethical distribution of initial COVID-19 vaccine supplies to vaccine providers in accordance with state, local, and federal regulations; and/or dissemination to identified individuals/populations.
ENGAGE		
Strategy IR6 (Required): Coordinate and/or promote opportunities, such as messaging/education, within communities and clinical settings to facilitate the engagement of CHWs in addressing the needs of those at highest risk for poor health outcomes, including those resulting from COVID-19.	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations* within communities.	Measure (Required): # of individuals within communities and/or clinical settings reached through messaging and education, including those at highest risk for poor health outcomes, including those resulting from COVID-19, among priority populations* within communities.
Strategy IR7. (Required): Facilitate engagement of CHWs in the care, support, and follow-up across clinical and community settings of priority populations* at highest risk for poor health outcomes, including those resulting from COVID-19.	Increased utilization of community resources and clinical services for those at highest risk for poor health outcomes among priority populations*	Measure (required): # of patients referred for individual, specific named health and social conditions that increase the risk for COVID-19 for patients at highest risk for poor health outcomes, within clinical and/or community settings. Document referrals for any of the following specific named conditions: housing and shelter; food; healthcare; mental health and addictions; employment and income; clothing and household; childcare and parenting; government and legal.

	within communities.	
* Priority populations are those with increased prevalence of COVID-19 and are disproportionately impacted by long-standing health disparities related to sociodemographic characteristics, geographic regions, and economic strata. Examples include, racial and ethnic minorities, persons who are economically disadvantaged, justice-involved, experiencing homelessness, and/or have certain underlying medical conditions that increase COVID-19 risk.		

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

With support from CDC, recipients will be required to submit a more detailed Evaluation and Performance Measurement Plan, including a Data Management Plan (DMP), within the first 6 months of receiving the award, as described in the Reporting Section of this NOFO. 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 and for compliance with the monitoring and evaluation guidance established by CDC or other guidance otherwise applicable to this cooperative agreement. CDC recommends that at least 10% of total annual funds be allocated for evaluation, per [Best Practices for Comprehensive Tobacco Control Programs](#).

Applicants are required to submit a plan for Performance Measurement Data Collection and Use. A detailed plan for Performance Measurement Data Collection and Use will be due within 6 months of receiving the award. CDC will provide additional templates and guidance for developing the Performance Measurement Data Collection and Use plan. Any anticipated issue with data collection should be highlighted in the plan, along with options to remedy it. Additionally, the plan should address how the information generated by the performance measures will be used for program improvement by the recipient.

c. Organizational Capacity of Recipients to Implement the Approach

Core Capacity for All Applicants

Upon receipt of award all recipients must be able to implement this program in the state, locality, territory or tribal area in which they operate and are located. To ensure that recipients are able to execute CDC program requirements and meet period of performance outcomes, applicants must: describe relevant experience to implement the activities and achieve the project outcomes, describe experience and capacity to implement the evaluation plan, provide a staffing plan with clearly defined staff roles (including contractual staff if applicable) and resumes of key staff, and ensure a project management structure sufficient to achieve the project outcomes. This information must be described in the project narrative. Applicants must name the staffing plan file "Component [A, B or C] Staffing Plan" and upload to www.grants.gov. Applicants must name the resumes "Component [A, B or C] Resumes" and upload to www.grants.gov.

Key capacity requirements include:

- Leadership and management to plan and supervise the project and improve outcomes.
- Readiness and ability to begin implementation and data collection within 1 month of award.
- Budget management and administration capacity to establish financial procedures and track, monitor, and report expenditures.
- Contract management to manage the required procurement efforts, including the ability to write, award, and monitor contracts.
- Data management to design collection and evaluation strategies to produce useful data that demonstrate impact, program improvement, and sustainability
- Partnership development and coordination to leverage resources and maximize the reach and impact of CHW interventions within the state, locality, territory, or tribal area.
- Evaluation and performance monitoring to implement the evaluation plan and maintain programmatic quality, consistency, and fidelity.
- Knowledge and awareness of CDC-funded programs or other federally funded programs, that support the ongoing COVID-19 response in the jurisdiction they are proposing to serve and how they plan to work and align their activities with the program. These

programs, must include, at a minimum, the CDC Epidemiology, Lab and Capacity (ELC) cooperative agreement, the Public Health Emergency Preparedness (PHEP) cooperative agreement and the Emergency Response: Public Health Crisis Response cooperative agreement.

- Experience convening and/or supporting a community coalition to achieve program goals.
- For the engage community resilience to COVID-19 strategy, applicants must describe in the project narrative their expertise and credibility working with CDC or other federal programs supporting this work (e.g., National Diabetes Prevention Program, Prescription Drug Overdose Program, Wisewoman). The work proposed should align with these already funded projects.
- Applicants for **Component A** must have approximately one year of experience in implementing a CHW program in their catchment area. The experiences of this program may have been limited in scope, i.e., focusing on a single or few disease concerns, providing advice and guidance to direct community members to appropriate clinical services.

Components B: Enhanced Organizational Capacity Requirements for Implementation Ready (IR).

- Applicants for **Component B** must have approximately three years of experience in implementing a CHW program in their catchment area. The experiences of this program, however, have been broad in scope and provided appropriate education and assistance to community members from CHWs for a wide variety of concerns, including health and social services. Component B applicants must describe their history and experience in a) engaging CHWs to identify and enroll eligible community members in applicable health and social service programs, b) engaging CHWs to coordinate health care by providing appropriate referral and follow-up services, c) engaging CHWs to act as an advocate for those community members needing language assistance or support with health systems and d) working with health care payers in the public and private health systems to incorporate CHWs into teams of care professionals. Component B applicants must describe their quality assurance program, and the results of their ongoing evaluation or quality improvement efforts to identify priority needs and the actions they have taken to meet those needs, as well as evidence of documented improvement in the health status of the community served.
- Established expertise and credible working relationships with health care organizations/systems documented by letters of support, interagency agreements, or MOUs. These could include: federally qualified health centers, private health care provider systems, Accountable Care Organizations, hospitals. Applicants must name these files "Component [A, B or C] [Letters of Support, Interagency Agreements, MOUs]" and upload to www.grants.gov.
- Technical and technological infrastructure to support rapid recruitment, selection, hiring, training and deployment of CHWs for the work of this grant.

- Readiness and ability to begin implementation and data collection within 1 month of award.
- Description of having met any state, NGO or other CHW certification requirements as appropriate.
- Existing training infrastructure that is multimodal and includes virtual modules (instructional design expert, online learning platforms and tools).
- Accomplishments working with a community coalition of partnerships.
- Advanced infrastructure for leveraging existing partnerships.

Component C: Innovation - Demonstration Projects

- Readiness and ability to begin implementation of the demonstration project and data collection within 1 month of award.
- Describes their relationship(s) with existing partners that will be engaged to implement the demonstration project.
- Additional capacity to evaluate the impact and effectiveness of the demonstration project to build community resilience.

d. Work Plan

Applicants should provide a detailed work plan for the first year of the project and a high-level work plan for the subsequent years. The work plan should include evidence-based strategies and activities to achieve all outcomes listed in the logic model.

All applicants must propose a comprehensive work plan to include activities designed to achieve the short- and intermediate- term outcomes specified in this NOFO and that are aligned with the following three high-level strategy categories:

- **TRAIN** CHWs to ensure comprehensive acquisition and reinforcement of relevant knowledge, roles, and skills to support the COVID-19 public health response to manage outbreaks and community spread.
- **DEPLOY** CHWs to manage outbreaks and spread of COVID-19 among priority populations within communities.
- **ENGAGE** CHWs to help build and strengthen community resilience to mitigate the impact of COVID-19 by improving the overall health of priority populations within communities.

CDC will provide feedback and technical assistance to recipients to finalize the work plan post-award.

Applicants must name this file "Component ____ [A, B or C] Work Plan" and upload to www.grants.gov.

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.

Failure to participate in the monitoring and reporting activities could result in the restriction of funds.

Satisfactory progress for this NOFO would include: (a) meeting all deadlines for reporting performance measures, (b) working with recipients of DP21-2110 to evaluate impact, and (c) appropriate and timely response to requests from CDC staff supporting this NOFO.

f. CDC Program Support to Recipients

N/A

B. Award Information

1. Funding Instrument Type:

G (Grant)

2. Award Mechanism:

Activity Code: U58

3. Fiscal Year:

2021

Estimated Total Funding:

\$ 300,000,000

4. Approximate Total Fiscal Year Funding:

\$ 100,000,000

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:

\$ 300,000,000

This amount represents approximate funding provided through the CARES Act over a three-year period of performance (\$100 million per budget period for three budget periods) for formula-based awards. This amount could increase during the period of performance.

6. Total Period of Performance Length:

3

year(s)

7. Expected Number of Awards:

70

8. Approximate Average Award:

\$ 1,000,000

Per Budget Period

Over a three-year period of performance, CDC will award approximately \$100 million each budget year for three years with the average award varying. These grants will range approximately from \$350,000 - \$3 million per year depending on the size and scope of activity. The range of funds is broad to accommodate a varied number of organizations based on capacity and a range of catchment areas whose resource needs will vary. Approximate average one-year award amounts for each component are:

Component A (Capacity Building): \$600K

Component B (Implementation Ready): \$2M

Component C (Innovation – demonstration projects): \$2M

9. Award Ceiling:

\$ 5,000,000

Per Budget Period

The ceiling may increase based on availability of funds.

10. Award Floor:

\$ 350,000

Per Budget Period

11. Estimated Award Date:

August 01, 2021

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

government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length:

12 month(s)

13. Direct Assistance

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

00 (State governments)

01 (County governments)

07 (Native American tribal governments (Federally recognized))

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

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

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)

Local governments or their bona fide agents

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

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

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

As authorized by the Coronavirus Aid, Relief, and Economic Security Act ("CARES ACT"; Public Law 116-136), eligibility is limited to those listed above as well as those listed in Additional Information on Eligibility and include:

- American Indian/Alaska Native Urban Indian Centers

- Health Service Providers to tribes

Applicants may apply for Component A only, or Component B only, but not both.

If an applicant applies for both Component A **AND** Component B, CDC will determine the application to be non-responsive and it will not receive further review.

Only Component B applicants may also apply for Component C.

- Only applicants that are approved and funded for Component B will be considered for Component C funding. The Component C application must be submitted at the same time as the Component B application. No awards for Component C will be made to Component A applicants. If applying for Component C, three elements are required for submission: a) a separate proposal not to exceed four pages clearly describing the proposed innovation for the demonstration including rationale, approach, expected impact, and evaluation; b) a budget narrative; and c) a workplan.

A minimum of 3 eligible tribal entities (i.e., tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes) across Components A, B, and C will be funded.

For non-tribal applicants, we will fund at least one application in each of the [10 HHS regions](#) with a maximum of 3 awards per state.

If a state applies and identifies a particular county(ies) as their catchment area, they must submit a letter from appropriate county-level government confirming the county's agreement with the application. A locality may apply separately or may join with other localities meeting COVID-19 and poverty requirements and submit an application for a single responsibility for all financial and reporting requirements. A locality joining with other localities for the application must submit a letter from appropriate county-level government confirming the county's agreement with the application. Applicants must file the letter, as appropriate, name the file "CHW_County Agreement_ApplicantName", and upload it as a PDF file at www.grants.gov.

APPLICANTS MUST CLEARLY STATE WHICH COMPONENT(S) THEY ARE APPLYING FOR IN THEIR PROJECT ABSTRACT.

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

5. Maintenance of Effort

Maintenance of effort is not required for this program

D. Required Registrations

1. Required Registrations

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

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/index.html>.

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

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more

than five days to complete. Applicants should start the registration process as early as possible.

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

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

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

03/25/2021

LOI is not required or requested.

b. Application Deadline

Number Of Days from Publication 60

05/24/2021

11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call

Date: March 31, 2021

Time: 3:30 pm - 4:30 pm U.S. Eastern Standard Time

Conference Number: 800-369-3192

Participant Code: 5479788

Join via Computer: <https://adobeconnect.cdc.gov/r0er4qejjemc/>

Potential applicants may also submit questions via email at: nccdphp_chw@cdc.gov

The following website will contain pre-and post-conference call information, including questions and answers submitted by potential applicants: [Community Health Workers for Covid Response and Resilient Communities | CDC](#)

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, along with

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

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI:

Not Applicable

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

8. Table of Contents

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

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file

"Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

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

Applicants must clearly state which component(s) they are applying for in their Project Abstract.

10. Project Narrative

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

Project Narrative subsections that are specific to each component.

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

Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

Component A applicants can submit a project narrative that is up to 20 pages long. The work plan and budget narrative are included in the 20 pages.

Component B applicants can submit a project narrative that is up to 20 pages long. The work plan and budget narrative are included in the 20 pages.

Applicants applying for both Component B and Component C can submit a project narrative for Component B that is up to 20 pages long (including the Component B work plan and budget narrative) and a separate Component C proposal, not to exceed 4 pages, clearly describing the proposed innovation for the demonstration project including rationale, approach, expected impact and evaluation, budget narrative, and work plan.

Pages in the narrative exceeding these limits may not be reviewed.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of

compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

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

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

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

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

13. Pilot Program for Enhancement of Employee Whistleblowers Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations

(CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

13a. Funds Tracking

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

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

13b. Copyright Interests Provisions

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

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

13c. Data Management Plan

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

14. Funding Restrictions

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

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

15. Other Submission Requirements

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

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the

application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

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

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

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

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

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them

at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application.

Such requests are handled on a case-by-case basis.

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

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

b. Phase II Review

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

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Component A: Approach**Maximum Points: 45**

Purpose and Outcomes (20 points) – The extent to which the applicant:

1. Describes the catchment area and provides quality information reflecting a) the burden of COVID-19 infection rates and/or COVID-19 mortality rates and b) poverty rates in the populations disproportionately affected by COVID-19 infections. (5 points)
2. Describes how they will work with CHWs to reach and serve the communities described in the catchment area. (5 points)
3. Provides a clear, concise statement of the community problem(s) and how CHWs are integral to the project. (5 points)
4. Provides a clear description of how they intend to train, deploy, and engage CHWs to support COVID-19 response and prevention in described catchment area. (5 points)

Strategies and Activities (25 points)- The extent to which the applicant:

5. Proposes activities that are aligned with existing COVID-19 response activities, including other CDC-funded programs, and ensures there is no duplication of effort. (5 points)
6. Proposes work that will be done in the required and optional strategy areas that are aligned with the outcomes presented in the logic model. (5 points)
7. Describes how they will ☐ collaborate ☐ with other federally funded programs, community partners, and coalitions who are addressing COVID-19, to carry out the work of the grant. ☐ Letters of support are provided. ☐ If applicant identifies a particular county(ies)

as their catchment area, or is a state intending to work in a specific county(ies), a letter(s) from appropriate county-level government confirming the county's agreement with the application is included. (5 points)

8. Provides a work plan that is aligned with the strategies and activities described in the NOFO and includes a description of specific tasks that are reasonable and feasible, with realistic completion dates, to accomplish the outcomes as stated in the NOFO. (10 points)

ii. Component A: Evaluation and Performance Measurement

Maximum Points: 25

The extent to which the applicant:

1. Dedicates at least 10% of funds to support evaluation (5 points)
2. Commits to work with the recipient(s) of the Evaluation TA NOFO to refine evaluation plans and performance measures and facilitate the national evaluation. (5 points)
3. Describes how CHWs and key partners will be engaged in the evaluation and performance measurement planning processes. (5 points)
4. Describes potentially available data sources for the performance measures. (5 points)
5. Describes plans to submit at least two success stories per year with impacts using the NCCDPHP Success Stories Application. (5 points)

iii. Component A: Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 30

The extent to which the applicant:

1. Describes their relevant experience (approximately 1 year) working with CHWs and provides examples of CHW-related projects and accomplishments they've achieved. (10 points)
2. Describes a staffing plan that includes roles, responsibilities, and qualifications of all staff, including evaluation staff, who will have a role in implementing program strategies and achieving outcomes. Contractual staff and/or organizations should be included in the staffing plan, as applicable. Resumes for key staff, including key contractual staff, are included. (5 points)
3. Describes day-to-day responsibility for key tasks including leadership of project, budget management, contract management, implementation of activities and tasks, monitoring progress, data collection and management, preparation of reports, partnership development and coordination, evaluation and performance monitoring, and communication with partners and CDC. Describes readiness and ability to begin implementation within 1 month of award. (10 points)

4. Describes their relationship and accomplishments with existing coalition(s) and other CDC-funded programs with which they will partner to implement the activities outlined in their workplan and address COVID-19 response and prevention response efforts? (5 points)

Budget**Maximum Points: 0**

Though not scored, applicants must assure their proposed budget(s) align with the proposed work plan and adhere to CDC fiscal policy.

i. Approach**Maximum Points: 35****Component B: Approach**

Purpose and Outcomes (15□points) – The extent to which the applicant:□

1. Describes the catchment area and provides quality information reflecting a) the burden of COVID-19 infection rates and/or COVID-19 mortality rates and b) poverty rates in the populations disproportionately affected by COVID-19 infections. (5 points)
2. Describes how they will work with CHWs to reach and serve the communities described in the catchment area. (5 points)
3. Provides a clear, concise statement of the community problem(s) and how CHWs are integral to the project. (2 points)
4. Provides a clear description of how they intend to train, deploy, and engage CHWs to support COVID-19 response and prevention in described catchment area. (3 points)

Strategies and Activities (20 points)- The extent to which the applicant:

5. Proposes activities that are aligned with existing COVID-19 response activities, including other CDC-funded programs, and ensures there is no duplication of effort. (5 points)
6. Proposes work that will be done in the required and optional strategy areas that are aligned with the outcomes presented in the logic model. (5 points)
7. Describes how they will□collaborate□with other federally funded programs, community partners, and coalitions who are addressing COVID-19, to carry out the work of the grant.□ Letters of support are provided.□ If applicant identifies a particular county(ies) as their catchment area, or is a state intending to work in specific county(ies), a letter(s) from appropriate county-level government confirming the county's agreement with the application is included. (5 points)
8. Provides a work plan that is aligned with the strategies and activities described in the NOFO and includes a description of specific tasks that are reasonable and feasible, with realistic completion dates, to accomplish the outcomes as stated in the NOFO. (5 points)

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

Component B: Evaluation and Performance Measurement

The extent to which the applicant:

1. Dedicates at least 10% of funds to support evaluation (5 points)
2. Commits to work with the recipient(s) of the Evaluation TA NOFO to refine evaluation plans and performance measures and facilitate the national evaluation. (5 points)
3. Describes how CHWs and key partners will be engaged in the evaluation and performance measurement planning processes. (5 points)
4. Describes potentially available data sources for the performance measures. (5 points)
5. Describes plans to submit at least two success stories per year with impacts using the NCCDPHP Success Stories Application. (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 40

Component B: Applicant's Organizational Capacity to Implement Approach

The extent to which the applicant:

1. Describes their relevant experience (approximately 3 years) working with CHWs and provides examples of CHW-related projects and accomplishments they've achieved. (10 points)
2. Describes a staffing plan that includes roles, responsibilities, and qualifications of all staff, including evaluation staff, who will have a role in implementing program strategies and achieving outcomes. Contractual staff and/or organizations should be included in the staffing plan, as applicable. Resumes for key staff, including key contractual staff, are included. (5 points)
3. Describes day-to-day responsibility for key tasks including leadership of project, budget management, contract management, implementation of activities and tasks, monitoring progress, data collection and management, preparation of reports, partnership development and coordination, evaluation and performance monitoring, and communication with partners and CDC. Describes readiness and ability to begin implementation within 1 month of award. (5 points)
4. Describes their relationship and accomplishments with existing coalition(s) and other CDC-funded programs with which they will partner to implement the activities outlined in their workplan and address COVID-19 response and prevention response efforts (10 points)
5. Describe their expertise and credible working relationships with health care organizations/systems documented by letters of support/MOUs/MOAs. These could include: federally qualified health centers, private health care provider systems, Accountable Care Organizations, hospitals. (5 points)
6. Demonstrates technical and technological infrastructure to support rapid recruitment, selection, hiring, training, and deployment of CHWs for the work of this grant. (5 points)

Budget

Maximum Points: 0

Component B: Budget

Though not scored, applicants must assure their proposed budget(s) align with the proposed work plan and adhere to CDC fiscal policy.

Component C: Approach**Maximum Points: 40**

The extent to which the applicant:

1. Provides the rationale for the project through a clear, concise statement of the community problem(s) and how the innovative approach(es) that they propose involving CHWs are foundational in building community resilience. (10 points)
2. Provides a proposal that clearly describes the approach and expected outcome(s) of the demonstration project, how innovation can address the issue, tangible activities that will be employed to accomplish those expected outcomes, and how they will be achieved within 2 years. (10 points)
3. Clearly describes the critical role CHWs will play in implementing and evaluating the demonstration project. (5 points)
4. Provides a clear description in their proposal of how they intend to use innovation and CHWs to address at least one of the high-level strategies in the NOFO (train, deploy, or engage). (5 points)
5. Describes how they will work with new and/or existing programs, community partners, and coalitions to carry out the innovative strategies and activities proposed for the demonstration project. Letters of support will strengthen the application. (5 points)
6. Provides a work plan that is aligned with the proposal and includes a description of specific tasks that are reasonable and feasible to implement the demonstration project and clearly identifies CHW role(s) and responsibilities in implementing and evaluating the demonstration project. (5 points)

Component C: Evaluation and Performance Measurement**Maximum Points: 35**

The extent to which the applicant:

1. Ensures at least 10% of funds are budgeted to support evaluation. (5 points)
2. Provides a thorough evaluation plan that describes key evaluation questions and potential data sources to determine the impact and effectiveness of the demonstration project on building community resilience. (10 points)
3. Describes additional experienced staff (not identified in Component B) or experienced contracted organization identified to lead evaluation of the demonstration project. (5 points)
4. Commits to work with the recipient(s) of the Evaluation TA NOFO to refine evaluation plans and performance measures, and finalize appropriate data sources. (5 points)
5. Describe how CHWs and key partners will be engaged in the evaluation and performance measurement planning processes and how recommendations for sustainability of such efforts will be incorporated into the evaluation plan. (5 points)

6. Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementing, and reporting of project activities and outcomes and enable continuous program quality improvement and inform sustainability planning. (5 points)

Component C: Applicant's Organizational Capacity to Implement Approach

Maximum Points: 25

The extent to which the applicant:

1. Describes a staffing plan that is separate from Component B, inclusive of any contracts as applicable, for the demonstration project including roles and responsibilities and qualifications. Resumes for key staff, including contract staff if applicable, are included. (5 points)
2. Describes day-to-day responsibility for key tasks including leadership of the demonstration project, budget management, contract management, implementation of activities and tasks, monitoring progress, data collection and management, preparation of reports, partnership development and coordination, and evaluation and performance monitoring, and communication with partners and CDC. (5 points)
3. Demonstrates readiness and ability to begin implementation of the demonstration project within 1 month of award. (10 points)
4. Describes their relationship with existing partners that will be engaged to implement the demonstration project. (5 points)

Component C: Budget

Maximum Points: 0

Though not scored, applicants must assure their proposed budget(s) align with the proposed work plan and adhere to CDC fiscal policy.

c. Phase III Review

- Applications for Components A and B will be funded separately. Only one application per organization will be considered for either Component A or Component B.
- CDC may fund out of rank order to ensure geographical representation in each of the 10 HHS regions, COVID-19 infection rates, and/or poverty rates are being addressed, as well as ensuring applicants are reaching larger numbers of the target population and that a minimum of 3 eligible tribal entities (i.e., tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes) across Components A, B, and C are funded.
- For Component C, CDC may fund out of rank order to ensure that innovative approaches are not duplicative and that demonstration projects are geographically dispersed.
- 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

Successful applicants can anticipate notice of funding by August 1, 2021.

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.

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

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>.

A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); and/or the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited

to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward

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

3. Reporting

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

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

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

Report	When?	Required?
<i>Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)</i>	<i>6 months into award</i>	<i>Yes</i>
<i>Annual Performance Report (APR)</i>	<i>No later than 120 days before end of budget period. Serves as yearly continuation application.</i>	<i>Yes</i>
<i>Data on Performance Measures</i>	<i>Semi-annually</i>	<i>Yes</i>
<i>Federal Financial Reporting Forms</i>	<i>90 days after the end of the budget period.</i>	<i>Yes</i>
<i>Final Performance and Financial Report</i>	<i>90 days after end of period of performance.</i>	<i>Yes</i>

<i>Payment Management System (PMS) Reporting</i>	<i>Quarterly reports due January 30; April 30; July 30; and October 30.</i>	<i>Yes</i>
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a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

This report must include the following:

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

The recipient must submit the Annual Performance Report via <https://www.grantsolutions.gov> 120 days prior to the end of the budget period.

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 measures should be reported semi-annually. CDC and the Evaluation/TA partners will specify data fields and format at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)

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

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

No additional information is required, other than what is listed above.

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>.

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

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

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.frs.gov/documents/ffata_legislation_110_252.pdf
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

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

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

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

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

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

3) Terms: For purposes of this clause:

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

“Foreign government” includes any foreign government entity;

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

- (1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

First Name:

Stacy

Last Name:

De Jesus

Project Officer

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

Address:

Telephone:

Email:

NCCDPHP_CHW@cdc.gov

Grants Management Office Information

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

First Name:

Rhonda

Last Name:

Latimer

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

2939 Flowers Rd.

South KOGH Bldg, VANDE Rm 211, MS TV-2

Atlanta, GA 30341

Telephone:

Email:

ito1@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

Indirect Cost Rate, if applicable

Position descriptions

Letters of Support

Required Attachments:

- Resumes/CVs
- Letters of Support
- Staffing plan, can include position descriptions

Other Optional attachments

- County agreement letter

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

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

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

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

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount. Memorandum of Understanding (MOU) or Memorandum of Agreement(MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

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

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

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

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

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

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

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

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

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs. **Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

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

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

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

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

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

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

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

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

Community Health Worker - A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. [accessed from www.apha.org 12/14/2020]

Bona Fide Agent - □ a bona fide agent is an agency/organization identified as eligible to submit an application in lieu of a state application. If applying as a bona fide agent, a legal, binding agreement from the state, tribal, territorial, or local government as documentation of the status is required. Attach with “Other Attachment Forms” when submitting via grants.gov.

Innovation - Novel combinations or uses of preexisting efforts [programs, tools, ideas, etc.] to enable or enhance the solution to a need □

HHS Regions - The Department of Health and Human Services Office of Intergovernmental and External Affairs hosts 10 Regional Offices in various cities across the United States. These offices each oversee a geographic area, or region, across multiple states and are maintained to ensure that the Department is able to remain in close contact with state, local, or tribal partners and to ensure HHS programs and policies address the needs of individuals and communities across the country. For details on each region or Regional Office, visit [Regional Offices | HHS.gov](http://RegionalOffices.HHS.gov)

References/Resources

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4. [HRSA 2019-2020 Health Equity Report: Special Feature on Housing and Health Inequalities](#). Retrieved from <https://www.hrsa.gov/sites/default/files/hrsa/health-equity/HRSA-health-equity-report.pdf>
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6. National Association of Community Health Workers (2020). See [New report on sustainable financing for CHWs](#).
7. World Health Organization (2018). WHO launches new guideline on health policy and system support to optimize community health worker programmes. Retrieved from <https://www.who.int/hrh/community/guideline-health-support-optimize-hw-programmes/en/>
8. Centers for Disease Control and Prevention (2020). Resources for Community Health Workers, Community Health Representatives and Promotores de la Salud. Retrieved from [Resources for Community Health Workers, Community Health Representatives, and Promotores de la Salud | CDC](#).
9. NCCDPHP Success Stories Application: This online application provides a step-by-step template for awardees as they develop their success stories. Awardees can use the application to create stories for their own needs or choose to submit the story to CDC for consideration in the online library. <https://nccd.cdc.gov/NCCDSuccessStories/>
10. The application is supported by the Success Stories Development Guide. This Word document guides users through the sections of the NCCDPHP Success Stories application and helps them prepare a story for submission: https://nccd.cdc.gov/NCCDSuccessStories/pdfs/Success_Stories_Development_Guide.docx
11. Centers for Disease Control and Prevention (2020), National Center for Health Statistics. Health Disparities: Race and Hispanic Origin. Retrieved from [COVID-19 Provisional Counts - Health Disparities \(cdc.gov\)](#).
12. People at Increased Risk and Other People Who Need to Take Extra Precautions: [Do I need to Take Extra Precautions Against COVID-19 | CDC](#)



Award# 5 NU58DP006999-02-00
FAIN# NU58DP006999
Federal Award Date: 07/13/2022

Recipient Information

1. Recipient Name

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient

05

3. Payment System Identifier (ID)

1620694743A2

4. Employer Identification Number (EIN)

620694743

5. Data Universal Numbering System (DUNS)

078217668

6. Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

7. Project Director or Principal Investigator

Dr. Fonda Harris
fonda.harris@nashville.gov
6153400407

8. Authorized Official

Celia Larson
Director of Strategic Planning, Performance and
Education
celia.larson@nashville.gov
615-340-8598

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Nadirah Watson
Grants Management Specialist
nwatson@cdc.gov
404-498-3029

10. Program Official Contact Information

Asha Alex
Program Officer
odp2@cdc.gov
215-685-5344

Federal Award Information

11. Award Number

5 NU58DP006999-02-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP006999

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health
Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/31/2022 - End Date 08/30/2023

20. Total Amount of Federal Funds Obligated by this Action \$1,000,000.00

20a. Direct Cost Amount \$924,892.00

20b. Indirect Cost Amount \$75,108.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$1,000,000.00

26. Period of Performance Start Date 08/31/2021 - End Date 08/30/2024

27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance \$2,000,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 5 NU58DP006999-02-00

FAIN# NU58DP006999

Federal Award Date: 07/13/2022

Recipient Information**Recipient Name**

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

Congressional District of Recipient

05

Payment Account Number and Type

1620694743A2

Employer Identification Number (EIN) Data

620694743

Universal Numbering System (DUNS)

078217668

Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$96,185.00
b. Fringe Benefits	\$40,598.00
c. Total Personnel Costs	\$136,783.00
d. Equipment	\$0.00
e. Supplies	\$4,870.00
f. Travel	\$902.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$782,337.00
j. TOTAL DIRECT COSTS	\$924,892.00
k. INDIRECT COSTS	\$75,108.00
l. TOTAL APPROVED BUDGET	\$1,000,000.00
m. Federal Share	\$1,000,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943
2-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$1,000,000.00	75-2024-0943

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT
OF

5 NU58DP006999-02-
00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **DP21-2109, entitled “Community Health Workers for COVID Response and Resilient Communities (CCR)”**, and application dated April 20, 2022 as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$1,000,000 is approved for the Year 2 budget period, which is **August 31, 2022, through August 30, 2023**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Component A	\$1,000,000
Component B	-
Component C	-

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of

and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Financial Assistance Mechanism: Grant

Budget Revision Requirement: Contracts: Once selected, the TBD Contractual cost noted below, must be submitted to and approved in writing by the Grants Management Specialist/Grants Management Officer (GMS/GMO) before cost can be expended with the six elements to the level of detail described in the [CDC Budget Preparation Guidance](#).

- Contract A: Evaluation Contractor (10% or \$100,000/year)
- Telephone Hotline (TBD)

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- ☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated March 30, 2021.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal

award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Nadirah Watson, Grants Management Officer/Specialist
Centers for Disease Control and Prevention (CDC)
Office of the Chief Operating Officer (OCOO)
Branch 5 Supporting Chronic Diseases and Injury Prevention
Email: kog8@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.



Award# 5 NU58DP006999-03-00

FAIN# NU58DP006999

Federal Award Date: 06/01/2023

Recipient Information

1. Recipient Name

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient

05

3. Payment System Identifier (ID)

1620694743A3

4. Employer Identification Number (EIN)

620694743

5. Data Universal Numbering System (DUNS)

078217668

6. Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

7. Project Director or Principal Investigator

Dr. Fonda Harris
fonda.harris@nashville.gov
6153400407

8. Authorized Official

Celia Larson
Director of Strategic Planning, Performance and
Education
celia.larson@nashville.gov
615-340-8598

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ackee Evans
Grants Management Specialist
qtq4@cdc.gov
678-475-4564

10. Program Official Contact Information

Asha Alex
Program Officer
odp2@cdc.gov
215-685-5344

Federal Award Information

11. Award Number

5 NU58DP006999-03-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP006999

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health
Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/31/2023 - End Date 08/30/2024

20. Total Amount of Federal Funds Obligated by this Action \$1,000,000.00

20a. Direct Cost Amount \$707,270.00

20b. Indirect Cost Amount \$292,730.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$1,000,000.00

26. Period of Performance Start Date 08/31/2021 - End Date 08/30/2024

27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance \$3,000,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Darryl Mitchell

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 5 NU58DP006999-03-00

FAIN# NU58DP006999

Federal Award Date: 06/01/2023

Recipient Information**Recipient Name**

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

Congressional District of Recipient

05

Payment Account Number and Type

1620694743A3

Employer Identification Number (EIN) Data

620694743

Universal Numbering System (DUNS)

078217668

Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$217,503.00
b. Fringe Benefits	\$98,627.00
c. Total Personnel Costs	\$316,130.00
d. Equipment	\$0.00
e. Supplies	\$24,000.00
f. Travel	\$16,572.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$350,568.00
j. TOTAL DIRECT COSTS	\$707,270.00
k. INDIRECT COSTS	\$292,730.00
l. TOTAL APPROVED BUDGET	\$1,000,000.00
m. Federal Share	\$1,000,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$1,000,000.00	75-2024-0943



Award# 6 NU58DP006999-03-08
FAIN# NU58DP006999
Federal Award Date: 07/15/2024

Recipient Information

1. Recipient Name

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient

05

3. Payment System Identifier (ID)

1620694743A3

4. Employer Identification Number (EIN)

620694743

5. Data Universal Numbering System (DUNS)

078217668

6. Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

7. Project Director or Principal Investigator

Ms. Chemyeeka Tumblin
Program Director
Chemyeeka.Tumblin@nashville.gov
912-592-9309

8. Authorized Official

Dr. Melva Black
Deputy Director
melva.black@nashville.gov
615-340-8549

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Nadirah Watson
Grants Management Specialist
nwatson@cdc.gov
404-498-3029

10. Program Official Contact Information

Asha Alex
Program Officer
odp2@cdc.gov
215-685-5344

Federal Award Information

11. Award Number

6 NU58DP006999-03-08

12. Unique Federal Award Identification Number (FAIN)

NU58DP006999

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health
Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

No Cost Extension

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/31/2023 - End Date 08/30/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$1,000,000.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$1,000,000.00

26. Period of Performance Start Date 08/31/2021 - End Date 08/30/2025

27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance \$3,000,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Darryl Mitchell

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP006999-03-08

FAIN# NU58DP006999

Federal Award Date: 07/15/2024

Recipient Information**Recipient Name**

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

Congressional District of Recipient

05

Payment Account Number and Type

1620694743A3

Employer Identification Number (EIN) Data

620694743

Universal Numbering System (DUNS)

078217668

Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$215,561.00
b. Fringe Benefits	\$97,746.00
c. Total Personnel Costs	\$313,307.00
d. Equipment	\$0.00
e. Supplies	\$33,999.00
f. Travel	\$13,572.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$549,552.00
j. TOTAL DIRECT COSTS	\$910,430.00
k. INDIRECT COSTS	\$89,570.00
l. TOTAL APPROVED BUDGET	\$1,000,000.00
m. Federal Share	\$1,000,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT
OF

6 NU58DP006999-03-
08

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

No Cost Extension: The purpose of this amendment is to approve a twelve (12) month No Cost Extension per the request submitted by your organization dated June 28, 2024 . The budget and project period end dates have been extended from August 31, 2021 to August 30, 2025.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of August 31, 2024 to August 30, 2025 must be submitted by November 28, 2025.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the FFR SF-425 can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

Final Invention Statement: A Final Invention Statement must be submitted. Electronic versions of the form can be downloaded by visiting <http://grants1.nih.gov/grants/hhs568.pdf>.

If no inventions were conceived under an assistance award, a negative report is required. This statement may be included in a cover letter.



Award# 6 NU58DP006999-03-10
FAIN# NU58DP006999
Federal Award Date: 03/24/2025

Recipient Information

1. Recipient Name

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient

05

3. Payment System Identifier (ID)

1620694743A3

4. Employer Identification Number (EIN)

620694743

5. Data Universal Numbering System (DUNS)

078217668

6. Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

7. Project Director or Principal Investigator

Ms. Chemyeeka Tumblin
Program Director
Chemyeeka.Tumblin@nashville.gov
912-592-9309

8. Authorized Official

Dr. Melva Black
Deputy Director
melva.black@nashville.gov
615-340-8549

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Daniel Jackson
Grants Management Specialist
qpz2@cdc.gov
(678) 475-4577

10. Program Official Contact Information

Ms. Perrin Hicks
Program Officer
swy2@cdc.gov
7704880826

Federal Award Information

11. Award Number

6 NU58DP006999-03-10

12. Unique Federal Award Identification Number (FAIN)

NU58DP006999

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health
Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/31/2023 - End Date 03/24/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$1,000,000.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$1,000,000.00

26. Period of Performance Start Date 08/31/2021 - End Date 03/24/2025

27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance \$3,000,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Tajsha LaShore

30. Remarks

Department Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP006999-03-10

FAIN# NU58DP006999

Federal Award Date: 03/24/2025

Recipient Information**Recipient Name**

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

Congressional District of Recipient

05

Payment Account Number and Type

1620694743A3

Employer Identification Number (EIN) Data

620694743

Universal Numbering System (DUNS)

078217668

Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$215,561.00
b. Fringe Benefits	\$97,746.00
c. Total Personnel Costs	\$313,307.00
d. Equipment	\$0.00
e. Supplies	\$33,999.00
f. Travel	\$13,572.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$549,552.00
j. TOTAL DIRECT COSTS	\$910,430.00
k. INDIRECT COSTS	\$89,570.00
l. TOTAL APPROVED BUDGET	\$1,000,000.00
m. Federal Share	\$1,000,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT
OF

6 NU58DP006999-03-
10

1. Terms and Conditions

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted, and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

Closeout: In order to facilitate an orderly closeout, we are requesting that you submit all closeout reports identified below within thirty (30) days of the date of this NoA. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371.

Final Performance/Progress Report: This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$10,000 or more. If no equipment was acquired under the award, a negative report is required

EXHIBIT I



Award# 1 NH75OT000012-01-00
FAIN# NH75OT000012
Federal Award Date: 05/27/2021

Recipient Information

1. Recipient Name

KANSAS CITY, MISSOURI, CITY OF
2400 TROOST AVE STE 4300
KANSAS CITY, MO 64108-2666
--

2. Congressional District of Recipient

05

3. Payment System Identifier (ID)

1446000201A1

4. Employer Identification Number (EIN)

446000201

5. Data Universal Numbering System (DUNS)

040710712

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Mr. William Snook
bill.snook@kcmo.org
816-513-6274

8. Authorized Official

Dr. Rex Archer
rec.archer@kcmo.org
816-513-6329

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. John McGee
Grants Management Specialist
qsj4@cdc.gov
404-498-4348

10. Program Official Contact Information

Ms. Christine Graaf
khx2@cdc.gov
404-498-0442

Federal Award Information

11. Award Number

1 NH75OT000012-01-00

12. Unique Federal Award Identification Number (FAIN)

NH75OT000012

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

COVID interventions for high risk and undeserved populations in Kansas City. Primarily the Hispanic Community and Low SES employees, small businesses and the associations/chambers that serve them.

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 06/01/2021 - End Date 05/31/2023

20. Total Amount of Federal Funds Obligated by this Action \$3,674,514.00

20a. Direct Cost Amount \$3,434,104.00

20b. Indirect Cost Amount \$240,410.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$3,674,514.00

26. Project Period Start Date 06/01/2021 - End Date 05/31/2023

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period Not Available

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Shirley K Byrd
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 1 NH75OT000012-01-00

FAIN# NH75OT000012

Federal Award Date: 05/27/2021

Recipient Information**Recipient Name**

KANSAS CITY, MISSOURI, CITY OF
2400 TROOST AVE STE 4300
KANSAS CITY, MO 64108-2666
--

Congressional District of Recipient

05

Payment Account Number and Type

1446000201A1

Employer Identification Number (EIN) Data

446000201

Universal Numbering System (DUNS)

040710712

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$958,406.00
b. Fringe Benefits	\$457,044.00
c. Total Personnel Costs	\$1,415,450.00
d. Equipment	\$0.00
e. Supplies	\$47,060.00
f. Travel	\$5,854.00
g. Construction	\$0.00
h. Other	\$85,740.00
i. Contractual	\$1,880,000.00
j. TOTAL DIRECT COSTS	\$3,434,104.00
k. INDIRECT COSTS	\$240,410.00
l. TOTAL APPROVED BUDGET	\$3,674,514.00
m. Federal Share	\$3,674,514.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000012C5	OT	41.51	\$3,674,514.00	75-2122-0140



Centers for Disease Control and Prevention

Award# 1 NH75OT000012-01-00

FAIN# NH75OT000012

Federal Award Date: 05/27/2021

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

KANSAS CITY, MISSOURI, CITY OF

1 NH75OT000012-01-00

1. Terms and Conditions

Recipient: City of Kansas City Health Department

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-OT21-2103, entitled National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities, and application dated May 3, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$3,674,514 is approved for a two year performance and budget period, which is June 1, 2021 through May 31, 2023. All future funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>. Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Pre-Award Costs: Pre-award costs dating back to March 15, 2021 – and directly related to the COVID-19 outbreak response are allowable.

FUNDING RESTRICTIONS AND LIMITATIONS

The recipient's indirect costs are approved and based on a de minimis rate of ten (10) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2, effective June 1, 2021.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
John McGee, Grants Management Specialist
Centers for Disease Control and Prevention
Global Health Services Branch
2939 Flowers Road
Atlanta, GA 30341
Email: qsj4@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the “P Account”. Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS

The final programmatic report format required is the following.

Final Performance Progress and Evaluation Report: This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Additional guidance may be provided by the GMS and found at:
<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.



Centers for Disease Control and Prevention

Office for State, Tribal, Local and Territorial Support

National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

CDC-RFA-OT21-2103

05/03/2021

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-OT21-2103. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

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-OT21-2103

E. Assistance Listings Number:

93.391

F. Dates:

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

03/26/2021

2. Due Date for Applications:

05/03/2021

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

3. Due Date for Informational Conference Call:

CDC will host *two* informational conference calls for potential applicants:

Date: 03/30/2021

Times: 3:00pm to 4:00pm Eastern Standard Time

and

6:00pm to 7:00pm Eastern Standard Time

Meeting Details:

Join ZoomGov Meeting

<https://cdc.zoomgov.com/j/16040976381?pwd=NmNjdFcrQlFVSjVPZ25nR0dHay9zdz09>

Meeting ID: 160 4097 6381

Passcode: OT21-2103

One tap mobile

+16692545252,,16040976381#,,,,,,0#,,708148093# US (San Jose)

+16468287666,,16040976381#,,,,,,0#,,708148093# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

Meeting ID: 160 4097 6381

Passcode: 708148093

Find your local number: <https://cdc.zoomgov.com/u/advmpjIAqk>

Join by SIP

16040976381@sip.zoomgov.com

Join by H.323

161.199.138.10 (US West)

161.199.136.10 (US East)

Meeting ID: 160 4097 6381

Passcode: 708148093

G. Executive Summary:

1. Summary Paragraph

The [*Consolidated Appropriations Act, 2021* \(P.L. 116-260\)](#), which contained the [*Coronavirus Response and Relief Supplemental Appropriations Act, 2021* \(P.L. 116-260, Section 2, Division M\)](#) provided, in part, funding for strategies to improve testing capabilities and other COVID-19 response activities in populations that are at high-risk and underserved, including racial and

ethnic minority groups and people living in rural communities. Strategies also include those to develop or identify best practices for states and public health officials to use for contact tracing.

To achieve these purposes, the Centers for Disease Control and Prevention (CDC) is announcing a non-competitive grant CDC-RFA-OT21-2103 titled “National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.” This grant will provide funding to address COVID-19 and advance health equity (e.g., through strategies, interventions, and services that consider systemic barriers and potentially discriminatory practices that have put certain groups at higher risk for diseases like COVID-19) in racial and ethnic minority groups and rural populations within state, local, US territorial, and freely associated state health jurisdictions.

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

G (Grant)

c. Approximate Number of Awards

108

d. Total Period of Performance Funding:

\$ 2,250,000,000

All funding will be disbursed during year one with a total performance period of two years.

e. Average One Year Award Amount:

\$ 0

Funding will vary by jurisdiction category. Average one-year award amount by applicant type:

- State Health Department: \$32,000,000
- Local Health Departments Serving a County or City with a Population of ≥ 2 Million: \$26,000,000
- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: \$5,000,000
- US Territories and Freely Associated States: \$3,000,000

f. Total Period of Performance Length:

2

g. Estimated Award Date:

June 01, 2021

h. Cost Sharing and / or Matching Requirements:

No

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Coronavirus disease 2019 (COVID-19) has disproportionately affected populations placed at higher risk and who are medically underserved, including racial and ethnic minority groups, and people living in rural communities who are at higher risk of exposure, infection, hospitalization, and mortality. Additionally, racial and ethnic minority groups and people living in rural communities have disproportionate rates of chronic diseases that increase the severity of COVID-19 infection and might experience barriers to accessing testing, treatment, or vaccination against the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes COVID-19.

To reduce the burden of COVID-19 among populations disproportionately affected, it is imperative that state, local, US territorial, and freely associated state health departments (or their bona fide agents) work collaboratively and develop partnerships with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., [community transportation](#); anti-discrimination organizations; legal services);
- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);
- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and
- Governmental organizations focused on non-health services (e.g., [Coordinating Council on Access and Mobility – Department of Transportation](#), [Supportive housing for the elderly – Housing and Urban Development](#)).

To reach populations at higher risk, underserved, and disproportionately affected, including racial and ethnic minority groups and people living in rural communities, it is critical for funded recipients and key partners to implement a coordinated and holistic approach that builds on culturally, linguistically, and locally tailored strategies and best practices to reduce COVID-19 risk. In addition, a coordinated and holistic approach is essential to building and sustaining trust, ensuring equitable access to COVID-19 related services, and advancing health equity to address COVID-19 related health disparities among populations at higher risk, underserved, and disproportionately affected .¹

b. Statutory Authorities

Section 317(k)(2) of the Public Health Service Act [42 USC 247b(k)(2), as amended] and the Consolidated Appropriations Act, 2021 (P.L. 116-260), which contained the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260, Section 2, Division M, Title III).

c. Healthy People 2030

This emergency funding opportunity focuses on emergency preparedness and response foundational capability and addresses the "*Healthy People 2030*" focus areas of [Preparedness](#), [Vaccination](#), [Health Communication](#), [Respiratory Disease](#), [Infectious Disease](#), [Public Health Infrastructure](#), and [Social Determinants of Health](#).

For specific objectives within these topic areas, please visit www.healthypeople.gov.

d. Other National Public Health Priorities and Strategies

- [Executive Order on Ensuring an Equitable Pandemic Response and Recovery \(EO13995\)](#)
- [Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government \(EO13985\)](#)
- [National Strategy for the COVID-19 Response and Pandemic Preparedness](#) (see Goal 6)
- [CDC COVID-19 Response Health Equity Strategy: Accelerating Progress Towards Reducing COVID-19 Disparities and Achieving Health Equity](#)
- [Centers for Disease Control and Prevention Coronavirus 2019 \(COVID-19\) Recommendations and Guidance for state, local, territorial and tribal health departments](#)

e. Relevant Work

This NOFO is complementary and non-duplicative of the following CDC program activities, public health priorities, and strategies:

- CDC-RFA-CK19-1904: 2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)
- ELC Enhancing Detection Emerging Issues (E) Project: Funding for the Enhanced Detection, Response, Surveillance, and Prevention of COVID-19 - Supplement
- CDC-RFA-OT18-1802: Strengthening Public Health Systems and Services Through National Partnerships to Improvement and Protect the Nation's Health

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Due to the nature of this grant and public health crisis, there is not a predetermined logic model. It is expected that funds from this grant will be used to strengthen public health infrastructure, preparedness and response capabilities and services in [state, local, US territorial and freely associated state health](#) departments (or their bona fide agents) to address COVID-19 related health disparities and advance health equity in underserved and disproportionately affected populations through testing, contact tracing and other mitigation strategies. All applicants must define the populations disproportionately affected by COVID-19 within their respective jurisdiction, describe how they will reach these populations, and describe their experience working with communities that are underserved and at higher risk for COVID-19 disparities and health inequities.

Recipients will be required to include a financial carve out for rural communities, as applicable. As such, applicants who serve rural communities must define these communities and describe how they will provide direct support (e.g., funding, programs, or services) to those communities in their applications. State government applicants must also engage their State Office of Rural Health (SORH) or equivalent, in planning and implementing their activities and describe in their application how their SORHs or equivalent will be involved. To that end, CDC recommends state government applicants engage their respective SORH or equivalent, early in the application process. Contact information for SORHs can be found at: <https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>.

In addition, applicants are strongly encouraged to develop partnerships and collaborate with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., [community transportation](#); anti-discrimination organizations; legal services);
- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);

- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and
- Governmental organizations focused on non-health services (e.g., [Coordinating Council on Access and Mobility – Department of Transportation](#), [Supportive housing for the elderly – Housing and Urban Development](#)).

Through this collaborative approach, applicants will be better able to maximize the impact of their federal COVID-19 funding, strengthen implementation of strategies and activities, and align resources to better match the burden of COVID-19 among populations who are at higher risk and are underserved. This collaboration must be described in the application.

Applicants are encouraged to establish new funding relationships with partners and community organizations and may also continue funding relationships with partners and community organizations that have experience working with communities most affected by COVID-19 and have the capacity to implement strategies and activities outlined in this NOFO. To ensure resources reach the areas of greatest need, all applicants are strongly encouraged to use local epidemiologic, surveillance, and other available data sources to inform local resource allocation and program efforts, including program planning, implementation, and evaluation.

i. Purpose

Address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

ii. Outcomes

The intended outcomes for this grant are:

1. Reduced COVID-19-related health disparities.
2. Improved and increased testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.
3. Improved state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

iii. Strategies and Activities

This grant program will address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities. All strategies should aim to build infrastructures that both address disparities in the current COVID-19 pandemic and set the foundation to address future responses.

The program is composed of *four* overarching strategies:

1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved: Ensuring equitable access to critical COVID-19 personal protective equipment (PPE), testing, contact tracing, quarantine and isolation, vaccination, and other wrap-around services require deploying focused strategies, resources, and activities to meet the needs of individuals and mitigate the spread of COVID-19 among populations disproportionately impacted.

Priority activities for *Strategy 1* should include:

- Expand testing (including home test kits and mobile testing sites) and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority populations and people living in rural communities;

Additional activities may include but are not limited to:

- Vaccine coordination, quarantine and isolation options, and preventive care and disease management among populations that are underserved and at higher risk for COVID-19
- Tailor and adapt evidence-based policies, systems, and environmental strategies to mitigate social and health inequities related to COVID-19
- Identify and establish collaborations with critical partners affiliated with populations at higher risk and that are underserved, including racial and ethnic minority groups at higher risk for COVID-19 to: 1) connect community members to programs, healthcare providers, services and resources (e.g., transportation, housing support, food assistance programs, mental health and substance abuse services, substance abuse) they might need and 2) lessen adverse effects of mitigation strategies

2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic: Improving data systems and the collection, analysis, and use of racial, ethnic, and rural health data for COVID-19 prevention and control will help to better identify populations and communities disproportionately affected, track resource distribution, and evaluate the effectiveness of advancing health equity to address COVID-19-related health disparities among disproportionately affected populations. Collection of data that contextualize racial, ethnic, and rural health data and robust analysis of these data are fundamental activities for improving data collection and reporting.

Priority activities for *Strategy 2* should include:

- Improve data collection and reporting for testing and contact tracing for populations at higher risk and that are underserved;

Additional activities may include but are not limited to:

- Build on plans for collecting and reporting timely, complete, representative, and relevant data on testing, incidence, vaccination, and severe outcomes by detailed race and ethnicity categories, taking into account age and sex differences between groups

- Develop strategies to educate providers, community partners, and programs on: 1) the importance of the race and ethnicity data and appropriate strategies to collect it; 2) how to address mistrust/hesitancy about reporting personal information including race and ethnicity, and 3) why this information is important to prevent and control the spread of COVID-19
- Develop and implement plans to disseminate health equity-related data and related materials tailored to be culturally and linguistically responsive for diverse audiences
- Develop key principles and resources for collecting, analyzing, reporting, and disseminating health equity-related data to inform action during a public health emergency
- Assure adequate resources for data infrastructure and workforce to ensure alignment with data modernization

3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved: Sufficient workforce, infrastructure, and capacity are critical to providing equitable access to disproportionately affected populations. Where feasible, this short-term program will build, leverage, and expand the infrastructure and capacity within state, local, US territorial and freely associated state health departments (or their bona fide agents) to ensure and expand equitable access to critical COVID-19 testing and contact tracing, as well as PPE, quarantine and isolation, vaccination, and other wrap-around and supportive services.

Priority activities for *Strategy 3* should include:

- Expand the infrastructure to improve testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority populations and rural communities;

Additional activities may include but are not limited to:

- Establish, enhance, or implement leadership-level health equity offices, workgroups, task forces, or positions to guide addressing COVID-19 among communities at higher risk and that are underserved
- Convene and facilitate multi-sector coalitions or advisory groups that include members of underserved communities and organizations that serve the community. These groups may provide advice, guidance, and recommendations for addressing COVID-19 and advancing health equity among their communities
- Update jurisdictions' COVID-19 plans and health equity plans to support communities most at risk for COVID-19 with the intention of setting up systems that put in place infrastructures and plans that can also support future emergency responses
- Build and expand an inclusive public health workforce, including hiring people from the community (e.g., community health workers, social workers, other trusted community members) who are equipped to assess and address the needs of communities disproportionately affected by COVID-19

4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved: Identifying and addressing current gaps and factors that influence COVID-19-related health disparities requires a collaborative approach. Under this

strategy, collaborations between the primary applicant and key partners will broadly address health disparities and inequities related to COVID-19. (Please refer to Approach section of NOFO for a list of recommended key partners.)

Priority activities for Strategy 4 should include:

- Build community capacity to reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices for testing and contact tracing, and quarantine, including racial and ethnic minority populations and rural communities;

Additional activities may include but are not limited to:

- Build and implement cross-sectoral partnerships to align public health, healthcare, and non-health (e.g., housing, transportation, social service) interventions that decrease risk for COVID-19
- Develop mechanisms such as community advisory groups that include leaders representing racial and ethnic minority groups and rural community leaders and members representing underserved populations to inform COVID-19 and future emergency response activities
- Develop and disseminate culturally and linguistically responsive COVID-19 prevention communications through various channels (e.g., local media, local or community newspapers, radio, TV, trusted communications agents) written in plain language and in formats and languages suitable for diverse audiences—including people with disabilities, limited English proficiency, etc.—addressing and, as necessary, dispelling of misinformation and barriers to mitigation practices due to mistrust.
- Build community capacity that includes traditional organizations (e.g., public health, healthcare) and non-traditional partners (e.g., community health workers, churches, transportation providers, social workers) to reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices for testing, contact tracing, isolating, vaccination, and healthcare strategies
- Identify and establish collaborations with critical partners affiliated with and who provide services to populations that are underserved and at higher risk for COVID-19 to disseminate scientifically accurate, culturally, and linguistically responsive information and facilitate access to health-related services

Applicants are not required to implement all four strategies, but rather they should select the strategies and activities that best address their jurisdiction's respective priorities and needs. Strategies should engage representatives of populations and communities to be served by this NOFO. CDC will also allow applicants to propose additional strategies and activities beyond those included in the NOFO to best achieve local outcomes. Any proposed new strategy or activity should include the rationale for the approach or a brief justification with evidence showing why it should be included. Applicants should not propose to allocate all funding to one activity (e.g. all funding will be used for one vaccination or testing event only).

1. Collaborations

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

Recipients are encouraged to collaborate, as appropriate, with CDC programs and centers, institutes, and offices (CIOs) to ensure that activities and funding are coordinated with, complementary of, and not duplicative of efforts supported under other CDC programs that support COVID-19 response.

To facilitate the identification and sharing of best practices, program evaluation, training, tool development, and communications of findings, recipients may receive tailored technical assistance from select national or regional partner organizations funded through CDC-RFA-OT18-1802: *Strengthening Public Health Systems and Services through National Partnerships to Improvement and Protect the Nation's Health*.

For questions about collaborating with CDC, please contact the CDC point of contact for this NOFO.

b. With organizations not funded by CDC:

It is a requirement of this opportunity to include a financial carve out for rural communities, as applicable. As such, applicants who serve rural communities must define these communities and describe how they will provide direct support (e.g., funding, programs and/or services) to those communities. State government applicants must also engage their State Office of Rural Health (SORH) or equivalent, in planning and implementing their activities and describe in their application how their SORHs or equivalent will be involved. To that end, CDC recommends state government applicants engage their respective SORH or equivalent, early in the application process. Contact information for SORHs can be found at: <https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>.

In addition, applicants are strongly encouraged to develop partnerships and collaborate with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., [community transportation](#); anti-discrimination organizations; legal services);

- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);
- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and
- Governmental organizations focused on non-health services (e.g., [Coordinating Council on Access and Mobility – Department of Transportation](#), [Supportive housing for the elderly – Housing and Urban Development](#)).

Through this collaborative approach, applicants will be better able to maximize the impact of their federal COVID-19 funding, strengthen implementation of strategies and activities, and align resources to better match the burden of COVID-19 among populations who are at higher risk and are underserved. This collaboration must be described in the application.

Applicants are encouraged to establish new funding relationships with partners and community organizations and may also continue funding relationships with partners and community organizations that have experience working with communities most affected by COVID-19 and have the capacity to implement strategies and activities outlined in this NOFO. To ensure resources reach the areas of greatest need, all applicants are strongly encouraged to use local epidemiologic, surveillance, and other available data sources to inform local resource allocation and program efforts, including program planning, implementation, and evaluation.

Memoranda of understanding (MOUs) or memoranda of agreement (MOAs) are encouraged, but not required.

2. Target Populations

This NOFO relates specifically to populations that have been placed at higher risk and are underserved, which, depending on the needs and priorities of the applicant, may include African American, Latino, and Indigenous and Native American people, Asian Americans and Pacific Islanders, and other people of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people; people with disabilities; people who live in rural communities; people over the age of 65, and people otherwise adversely affected by persistent poverty or inequality.

Recipients are required to define and describe their respective population(s) of focus and describe how they will provide direct support (e.g., funding, services, or programs) to those communities within their application. Please include in the description the number of those you will serve broken out by applicable geographic area and/or community.

Recipients are also encouraged to include members of the populations and communities to be served in the planning, implementation, and evaluation of program activities.

a. Health Disparities

Evidence shows that COVID-19-related health disparities are inextricably linked to complex and widespread health and social inequities that have put many people from populations that are underserved—including racial and ethnic minority groups and people living in rural communities—at higher risk of exposure, infection, hospitalization, and mortality from COVID-19.^{2, 3, 4} Health equity requires striving for the highest possible standard of health for all people, giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

The intent of this funding opportunity is to address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

To reduce the burden of COVID-19 among disproportionately affected populations applicants are strongly encouraged to develop partnerships and collaborate with key partners who have existing community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Such key partners may include:

- Community-based and civic organizations;
- Tribes, tribal organizations;
- Academic institutions, and universities (e.g., minority serving institutions – Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs);
- Asian American and Pacific Islander Serving Institutions (AAPI);
- Faith-based organizations;
- Non-governmental organizations;
- Correctional facilities and institutions;
- Local governmental agencies and community leaders;
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups);
- Social services providers and organizations, including those that address social determinants of health (e.g., [community transportation](#); anti-discrimination organizations; legal services);
- Health care providers, including community health centers (e.g., federally qualified health centers, (FQHCs);
- Health-related organizations, (e.g., pharmacies, testing centers, community health workers);
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs);
- Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs); and

- Governmental organizations focused on non-health services (e.g., [Coordinating Council on Access and Mobility – Department of Transportation](#), [Supportive housing for the elderly – Housing and Urban Development](#)).

To reach populations at higher risk, underserved, and disproportionately affected—including racial and ethnic minority groups, and people living in rural communities—it is critical for funded recipients and key partners to implement a coordinated and holistic approach that builds on culturally, linguistically, and locally tailored strategies and best practices to reduce COVID-19 risk. In addition, a coordinated and holistic approach is essential to build and sustain trust, ensure equitable access to COVID-19-related services, and advance health equity to address COVID-19-related health disparities among populations at higher risk, underserved, and disproportionately affected.

iv. Funding Strategy

The funding strategy will consist of three components aimed at decreasing health disparities. The components are defined by type of jurisdiction. The amount of funds available for each component are based on the overall population size for each type of jurisdiction. Funds will be awarded for each component using a separate formula that is: a) consistent with the intent of the legislation and purposes of the grant, and b) appropriate for the eligible recipients. The three jurisdiction-specific components include:

1. State, City and County Jurisdictions: Approximately 80% of total available funding will be awarded to all states and eligible cities and counties based on COVID-19 social and structural determinants, as defined by the COVID-19 Community Vulnerability Index (CCVI).
2. Rural Jurisdictions: Approximately 19% of total available funding will be awarded to states with rural populations, as defined by the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP) definition of rural. All state recipients will receive a portion of the rural funding available. Each recipient's share will be based on the size of the rural population within the recipient's jurisdiction. These funds will be distributed to state recipients in combination with the first Component (i.e., the CCVI allotment, in a single award.)
3. US Territorial and Freely Associated State Jurisdictions: Approximately 1% of total available funds will be awarded to US territories and freely associated states. Each US territorial and freely associated state recipient will receive base funding (\$500,000), plus a population-based allotment that has been adjusted for COVID-19 burden. The COVID-19 burden adjustment will be based on the cumulative number of cases and deaths (per 100,000) for each US territory and freely associated state.

Please see Attachment A: OT21-2103 List of Eligible Applicants for a complete list of eligible applicants.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Performance measures will be finalized and provided to recipients within approximately 45 days of award.

CDC will use recipients' financial and progress reporting data to address evaluation questions relating to use of funds and results associated with the grant. CDC will collect this information quarterly through the end of the period of performance utilizing standardize templates. Quarterly expenditure and progress reports will be submitted via the Research Electronic Data Capture, or otherwise known as REDCap. CDC will provide training and technical assistance for recipients on REDCap post-award.

Given the flexible nature of this grant and diversity of allowable activities, a Data Management Plan (DMP) is not required **unless** a recipient chooses to allocate funding to a COVID-19 activity that involves the collection, generation, or analysis of data. The DMP may be submitted as a checklist, paragraph, or other format. To help guide applicants in developing a DMP, a sample plan is provided via the following link:

<http://www.icpsr.umich.edu/icpsrweb/content/datamanagement/dmp/plan.html>

As a result of the declared public health emergency (PHE), COVID-19, CDC's COVID-19 related data collections currently fall under a PHE Paperwork Reduction Act (PRA) Waiver as part of the 21st Century Cures Act. PRA requirements for most information collection activities that support the investigation of, and response to the COVID-19 pandemic, that would normally require submission of a PRA package, can be waived. If information collection activities continue beyond the period of the declared public health emergency or beyond the termination PHE PRA Waiver, all collections will become subject to requirements of the PRA. Awardees will receive additional guidance from CDC on how to address these PRA requirements.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

Due to the nature of this grant and public health crisis, applicants are not required to provide an Evaluation and Performance Measurement plan with their application. Recipients are strongly encouraged to use evaluation and performance measurement data at the local level to monitor, evaluate, and continuously improve program performance. CDC will finalize and provide performance measures within approximately 45 days of award. Recipients will be required to report quarterly on CDC defined performance measures and participate in CDC evaluation and performance management activities. Evaluation reports will be made available to the public.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must demonstrate the organizational capacity needed to carry out and coordinate strategies to advance health equity and address COVID-19-related health disparities for populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

Applicants must also demonstrate the capacity to collaborate with their State Offices of Rural Health (SORH) or equivalent, if applicable, and with key partners with community or social service delivery programs for African American, Hispanic, Asian American, Pacific Islander, Native American or other racial and ethnic minority groups or people living in rural communities. Please refer to Approach section of NOFO for a list of recommended key partners.

Acceptable documentation includes, but is not limited to, a signed letter by the health department leader or their designees on organization letterhead explaining the existing capacity and capability; departmental organizational charts; an incident management structure organizational chart; and resumes or CVs for key personnel positions that are currently filled (include position descriptions for vacant positions). Applicant must name this file “Organizational Capacity” and upload it as a PDF to www.grants.gov.

d. Work Plan

Applicants must develop and submit a high-level work plan for the 2-year period of performance. The work plan must align with the strategies and activities outlined in the NOFO. Specifically, activities must align to one or more of the following strategies:

- *Strategy 1: Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved*

- *Strategy 2: Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic*
- *Strategy 3: Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved*
- *Strategy 4: Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved*

Applicants are not required to implement all four strategies, but rather they should select the strategies and activities that best address their jurisdiction's respective priorities and needs. Strategies should engage representatives of populations and communities to be served by this NOFO. CDC will also allow applicants to propose additional strategies and activities beyond those included in the NOFO to best achieve local outcomes. Any proposed new strategy or activity should include the rationale for the approach or a brief justification with evidence showing why it should be included. Applicants should not propose to allocate all funding to one activity (e.g. all funding will be used for one vaccination or testing event only).

Applicants must use the template provided as Attachment B: CDC-RFA-OT21-2103 Work Plan Template. Applicant must name this file "[Name of Jurisdiction] Work Plan" and upload it as an attachment to www.grants.gov.

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.

CDC will collect recipient financial and progress reporting data quarterly through the end of the period of performance.

CDC will also conduct a virtual compliance visit after six months, but before the end of the first year, from date of the award. The virtual compliance visit will be a telephone call and/or video conference to ensure the recipient's compliance with using the funding for the approved activities and to identify technical assistance needs. CDC may conduct additional in-person site or virtual visits as needed to best facilitate grants management and oversight duties.

B. Award Information

1. Funding Instrument Type:

G (Grant)

2. Award Mechanism:

CDC-RFA-OT21-2103

3. Fiscal Year:

2021

4. Approximate Total Fiscal Year Funding:

\$ 2,250,000,000

5. Total Period of Performance Funding:

\$ 2,250,000,000

This amount is subject to the availability of funds.

All funding will be disbursed during year one with a total performance period of two years.

Estimated Total Funding:

\$ 2,250,000,000

6. Total Period of Performance Length:

2

year(s)

7. Expected Number of Awards:

108

8. Approximate Average Award:

\$ 0

Per Project Period

Funding will vary by jurisdiction category. Average one-year award amount by applicant type:

- State Health Department: \$32,000,000
- Local Health Departments Serving a County or City with a Population of ≥ 2 Million: \$26,000,000

- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: \$5,000,000
- US Territories and Freely Associated States: \$3,000,000

9. Award Ceiling:

\$ 50,000,000

Per Project Period

This amount is subject to the availability of funds.

Funding will vary by jurisdiction category. Award Ceiling by applicant type:

- State Health Department: \$50,000,000
- Local Health Departments Serving a County or City with a Population of ≥ 2 Million: \$35,000,000
- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: \$9,000,000
- US Territories and Freely Associated States: \$10,000,000

10. Award Floor:

\$ 500,000

Per Project Period

Funding will vary by jurisdiction category. Award Floor by applicant type:

- State Health Department: \$17,000,000
- Local Health Departments Serving a County or City with a Population of ≥ 2 Million: \$17,000,000
- Local Health Departments Serving a City with a Population of 400,000 or more, but less than 2 Million: \$2,000,000
- US Territories and Freely Associated States: \$500,000

11. Estimated Award Date:

June 01, 2021

12. Budget Period Length:

24 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.

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

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

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

2. Additional Information on Eligibility

Awards must be made to state, District of Columbia, local, US territorial, and/or freely associated state health departments (or their bona fide agents). Local (health departments) governments or their bona fide agents are eligible if they:

- Serve a county population of 2,000,000 or more; or serve a city population of 400,000 or more. Population for county and city jurisdictions are based on the following US Census 2019 resources:
 - [City and Town Population Totals: 2010-2019 \(census.gov\)](https://www.census.gov/popest/totals/2019) U.S. Census -- Annual Estimates of the Resident Population for Incorporated Places of 50,000 or More, Ranked by July 1, 2019 Population: April 1, 2010 to July 1, 2019
 - [County Population Totals: 2010-2019 \(census.gov\)](https://www.census.gov/popest/totals/2019)- US Census – Annual Estimates for 2019

Bona fide agents are eligible to apply. For more information about bona fide agents, please see the CDC webpage on Expediting the Federal Grant Process with an Administrative Partner located at <https://www.cdc.gov/publichealthgateway/grantsfunding/expediting.html#Q2>

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.

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, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration

process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	<ol style="list-style-type: none"> 1. Click on http://fedgov.dnb.com/webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number 	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http://fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	<ol style="list-style-type: none"> 1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov) 	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	<ol style="list-style-type: none"> 1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization 	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Due Date for Letter Of Intent 03/26/2021

03/26/2021

b. Application Deadline

05/03/2021

11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call

CDC will host *two* informational conference calls for potential applicants:

Date: 03/30/2021

Times: 3:00pm to 4:00pm Eastern Standard Time

and

6:00pm to 7:00pm Eastern Standard Time

Meeting Details:

Join ZoomGov Meeting

<https://cdc.zoomgov.com/j/16040976381?pwd=NmNjdFcrQlFVSjVPZ25nR0dHay9zdz09>

Meeting ID: 160 4097 6381

Passcode: OT21-2103

One tap mobile

+16692545252,,16040976381#,,,,,,0#,,708148093# US (San Jose)

+16468287666,,16040976381#,,,,,,0#,,708148093# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

Meeting ID: 160 4097 6381

Passcode: 708148093

Find your local number: <https://cdc.zoomgov.com/join/advmpjIAqk>

Join by SIP

16040976381@sip.zoomgov.com

Join by H.323

161.199.138.10 (US West)

161.199.136.10 (US East)

Meeting ID: 160 4097 6381

Passcode: 708148093

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
- 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.

7. Letter of Intent

Letters of Intent (LOI) are not required but are requested as part of the application for this NOFO. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

Letters of Intent should be submitted via email to OT21-2103Support@cdc.gov no later than March 26, 2021.

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

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

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

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

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

13. Funds Tracking

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

accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

14. 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.

15. 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.

16. 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.

Coronavirus Disease 2019 (COVID-19) Funds:

- A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or H.R. 133 - Consolidated Appropriations Act, 2021, Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021, agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health

measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

- In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting [guidance](https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf) is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.
- Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected and evaluations conducted with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.
- To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, Recipient must distribute or administer vaccine without discriminating on non-public-health grounds within a prioritized group.

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:

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

18. Other Submission Requirements

a. Electronic Submission:

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

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

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

a. Phase 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: 0
ii. Evaluation and Performance Measurement	Maximum Points: 0
iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points: 0
Budget	Maximum Points: 0
i. Approach	Maximum Points: 0
ii. Evaluation and Performance Measurement	Maximum Points: 0
iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points: 0
Budget	Maximum Points: 0

c. Phase III Review

This is a noncompetitive NOFO. Applications will be reviewed for technical merit without scoring.

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 posting date is March 17, 2021, on www.grants.gov. Applicants will have up to 45 days, or May 3, 2021, to respond. Applicants are encouraged to apply early. The anticipated award date is approximately 30 calendar days after the end of the application period, or June 1, 2021.

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

The following Administrative Requirements (AR) apply to this NOFO:

- [AR-7: Executive Order 12372 Review](#)
- [AR-8: Public Health System Reporting Requirements](#)
- [AR-9: Paperwork Reduction Act Requirements](#)
- [AR-10: Smoke-Free Workplace Requirements](#)
- [AR-11: Healthy People 2030](#)
- [AR-12: Lobbying Restrictions](#)
- [AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities](#)
- [AR-8: Public Health System Reporting Requirements](#)
- [AR-15: Proof of Non-profit Status](#)
- [AR-23: Compliance with 45 CFR Part 87](#)
- [AR-14: Accounting System Requirements](#)
- [AR-16: Security Clearance Requirement](#)
- [AR-21: Small, Minority, And Women-owned Business](#)
- [AR-24: Health Insurance Portability and Accountability Act Requirements](#)
- [AR-25: Data Management and Access](#)
- [AR-26: National Historic Preservation Act of 1966](#)
- [AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009](#)
- [AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973](#)
- [AR-32: Enacted General Provisions](#)
- [AR-34: Language Access for Persons with Limited English Proficiency](#)
- [AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020](#)

Recipients are also expected to adhere to administrative requirements relating to nondiscrimination contained in Standard Form 424B (Rev. 7-97): Assurances - Non-Construction Programs, prescribed by OMB Circular A-102.

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

3. Reporting

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

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

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

Report Type	When?	Required?
Expenditure Reporting	Quarterly expenditure reports are due 60 days into the award and at the end of each fiscal quarter thereafter through the period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports are due 60 days into the award and at the end of each fiscal quarter thereafter through the period of performance.	Yes
Progress Reporting	Quarterly progress reports are due 60 days into the award and at the end of each fiscal quarter thereafter through the period of performance.	Yes
Federal Financial Reporting Forms	Due 90 days after the end of the budget period	Yes
Final Performance and Financial Report	Due 90 days after end of period of performance	Yes

There may be flexibility in reporting deadlines. CDC will communicate updates or revisions to reporting requirements as appropriate.

Quarterly expenditure and progress reports will be submitted via the Research Electronic Data Capture, or otherwise known as REDCap. CDC will provide training and technical assistance for recipients on REDCap post-award.

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

This report must include the following:

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

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

c. Performance Measure Reporting (optional)

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

d. Federal Financial Reporting (FFR) (required)

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

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the 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
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

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

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

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

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

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

3) Terms: For purposes of this clause:

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

“Foreign government” includes any foreign government entity;

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

- (1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:

Stacey

Last Name:

Mattison Jenkins

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

Department of Health and Human Services
Centers for Disease Control and Prevention
Center for State, Tribal, Local, and Territorial Support
Division of Program and Partnership Services
1825 Century Center Blvd., Mailstop V18-1
Atlanta, GA 30345

Telephone:

Email:

OT21-2103Support@cdc.gov

Grants Staff Contact

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

First Name:

Shirley

Last Name:

Byrd

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

Department of Health and Human Services

Centers for Disease Control and Prevention

Office of Grants Services

2939 Flowers Road

Atlanta, GA 30341

Telephone:

(770) 488-2591

Email:

yuo6@cdc.gov

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

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

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

H. Other Information

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

- Project Abstract
- Project Narrative

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

References

[1] Michener L, Aguilar-Gaxiola S, Alberti PM, Castaneda MJ, Castrucci BC, Harrison LM, et al. Engaging With Communities — Lessons (Re)Learned From COVID-19. *Prev Chronic Dis* 2020;17:200250. https://www.cdc.gov/pcd/issues/2020/20_0250.htm

2] US Centers for Disease Control and Prevention. COVID-19 cases, data, and surveillance: hospitalization and death by race/ethnicity. Accessed October 12, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

[3] Rubin-Miller L, Alban C, Artiga S, Sullivan S. COVID-19 racial disparities in testing, infection, hospitalization, and death: analysis of Epic data. Published September 16, 2020. Accessed October 12, 2020. <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-racial-disparities-testing-infection-hospitalization-death-analysis-epic-patient-data/>

[4] Paul R, Arif A, Pokhrel K, Ghosh S. The association of social determinants of health with COVID-19 mortality in rural and urban counties. *Journal of Rural Health*. 2021;1-9. <https://doi.org/10.1111/jrh.12557>

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements

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

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

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

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

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

Budget Period or Budget Year: The duration of each individual funding period within the 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>.

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

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

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

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

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

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

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

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These

activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

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

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

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

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

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

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

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list:
https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-_Review-SPOC_01_2018_OFFM.pdf.

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

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

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

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

Memorandum of Understanding (MOU) or Memorandum of Agreement

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

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

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

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

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

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

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

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

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear,

consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

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

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

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

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

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

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

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

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

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

NOFO-specific Glossary and Acronyms

Health equity (2) is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”

Underserved communities refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life. Populations can include but are not limited to: African American, Latino, and Indigenous and Native American persons, Asian Americans and Pacific

Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural communities; and persons otherwise adversely impacted by persistent poverty or inequality [\(Definition modified from the *Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, January 20, 2021*\).](#)



Award# 6 NH75OT000012-01-03
FAIN# NH75OT000012
Federal Award Date: 02/28/2023

Recipient Information

1. Recipient Name

KANSAS CITY, MISSOURI, CITY OF
2400 TROOST AVE STE 4300
KANSAS CITY, MO 64108-2666
--

2. Congressional District of Recipient

05

3. Payment System Identifier (ID)

1446000201A1

4. Employer Identification Number (EIN)

446000201

5. Data Universal Numbering System (DUNS)

040710712

6. Recipient's Unique Entity Identifier (UEI)

UW7DM68M5KF4

7. Project Director or Principal Investigator

Ms. Dinyelle Baker
Program Manager
dinyelle.baker@kcmo.org
816-513-7914

8. Authorized Official

Ms. Vickie Watson
Chief Financial Officer
vickie.watson@kcmo.org
816-513-6241

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Rhonda DeBouse
wzn5@cdc.gov
770-488-3198

10. Program Official Contact Information

Sophie Xie
Program Officer
qv9@cdc.gov
770-488-6692

Federal Award Information

11. Award Number

6 NH75OT000012-01-03

12. Unique Federal Award Identification Number (FAIN)

NH75OT000012

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

COVID interventions for high risk and undeserved populations in Kansas City. Primarily the Hispanic Community and Low SES employees, small businesses and the associations/chambers that serve them.

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

17. Award Action Type

No Cost Extension

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 06/01/2021 - End Date 05/31/2024

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$3,674,514.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$3,674,514.00

26. Period of Performance Start Date 06/01/2021 - End Date 05/31/2024

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$3,674,514.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Randolph Williams
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000012-01-03

FAIN# NH75OT000012

Federal Award Date: 02/28/2023

Recipient Information**Recipient Name**

KANSAS CITY, MISSOURI, CITY OF
2400 TROOST AVE STE 4300
KANSAS CITY, MO 64108-2666
--

Congressional District of Recipient

05

Payment Account Number and Type

1446000201A1

Employer Identification Number (EIN) Data

446000201

Universal Numbering System (DUNS)

040710712

Recipient's Unique Entity Identifier (UEI)

UW7DM68M5KF4

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$958,406.00
b. Fringe Benefits	\$457,044.00
c. Total Personnel Costs	\$1,415,450.00
d. Equipment	\$0.00
e. Supplies	\$47,060.00
f. Travel	\$5,854.00
g. Construction	\$0.00
h. Other	\$100,870.80
i. Contractual	\$1,864,869.20
j. TOTAL DIRECT COSTS	\$3,434,104.00
k. INDIRECT COSTS	\$240,410.00
l. TOTAL APPROVED BUDGET	\$3,674,514.00
m. Federal Share	\$3,674,514.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000012C5	OT	41.51	93.391	\$0.00	75-2122-0140



Centers for Disease Control and Prevention

Award# 6 NH75OT000012-01-03

FAIN# NH75OT000012

Federal Award Date: 02/28/2023

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

KANSAS CITY, MISSOURI, CITY OF

6 NH75OT000012-01-03

1. Terms and Conditions

NOFO: OT 21-2103

ADDITIONAL TERMS AND CONDITIONS OF AWARD

No Cost Extension: The purpose of this amendment is to approve a **12-month** No Cost Extension per the request submitted by your organization dated February 23, 2023. The budget and project period end dates have been extended from **May 31, 2023 to May 31, 2024**.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve-month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the final budget period of **June 1, 2023 to May 31, 2024** must be submitted by **August 30, 2024**.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published because of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the form can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

Please be advised that the recipient must exercise proper stewardship over Federal Funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, and reasonable.

All other terms and conditions issued with this award remain in full effect, unless otherwise changed, in writing, by the Grants Management Officer.

**PLEASE REFERENCE THE NOFO AND AWARD NUMBER ON ALL
CORRESPONDENCE**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000012-01-04

FAIN# NH75OT000012

Federal Award Date: 02/21/2024

Recipient Information**1. Recipient Name**

KANSAS CITY, MISSOURI, CITY OF
2400 TROOST AVE STE 4300
KANSAS CITY, MO 64108-2666
--

2. Congressional District of Recipient
05**3. Payment System Identifier (ID)**
1446000201A1**4. Employer Identification Number (EIN)**
446000201**5. Data Universal Numbering System (DUNS)**
040710712**6. Recipient's Unique Entity Identifier (UEI)**
UW7DM68M5KF4**7. Project Director or Principal Investigator**

Ms. Dinyelle Baker
Program Manager
dinyelle.baker@kcmo.org
816-513-7914

8. Authorized Official

Ms. Vickie Watson
vickie.watson@kcmo.org
816-513-6241

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Charlena Gatlin
Internal Reviewer
tie3@cdc.gov
678-475-4966

10. Program Official Contact Information

Sophie Xie
Program Officer
qv19@cdc.gov
770-488-6692

Federal Award Information**11. Award Number**

6 NH75OT000012-01-04

12. Unique Federal Award Identification Number (FAIN)

NH75OT000012

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

COVID interventions for high risk and undeserved populations in Kansas City. Primarily the Hispanic Community and Low SES employees, small businesses and the associations/chambers that serve them.

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

17. Award Action Type

No Cost Extension

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 06/01/2021 - **End Date** 05/31/2025**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00**22. Offset** \$0.00**23. Total Amount of Federal Funds Obligated this budget period** \$3,674,514.00**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00**25. Total Federal and Non-Federal Approved this Budget Period** \$3,674,514.00**26. Period of Performance Start Date** 06/01/2021 - **End Date** 05/31/2025**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance** \$3,674,514.00**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Ester Edward
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000012-01-04

FAIN# NH75OT000012

Federal Award Date: 02/21/2024

Recipient Information**Recipient Name**

KANSAS CITY, MISSOURI, CITY OF
2400 TROOST AVE STE 4300
KANSAS CITY, MO 64108-2666
--

Congressional District of Recipient

05

Payment Account Number and Type

1446000201A1

Employer Identification Number (EIN) Data

446000201

Universal Numbering System (DUNS)

040710712

Recipient's Unique Entity Identifier (UEI)

UW7DM68M5KF4

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$958,406.00
b. Fringe Benefits	\$457,044.00
c. Total Personnel Costs	\$1,415,450.00
d. Equipment	\$0.00
e. Supplies	\$47,060.00
f. Travel	\$5,854.00
g. Construction	\$0.00
h. Other	\$100,870.80
i. Contractual	\$1,864,869.20
j. TOTAL DIRECT COSTS	\$3,434,104.00
k. INDIRECT COSTS	\$240,410.00
l. TOTAL APPROVED BUDGET	\$3,674,514.00
m. Federal Share	\$3,674,514.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000012C5	OT	41.51	93.391	\$0.00	75-2122-0140



Centers for Disease Control and Prevention

Award# 6 NH75OT000012-01-04

FAIN# NH75OT000012

Federal Award Date: 02/21/2024

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

KANSAS CITY, MISSOURI, CITY OF

6 NH75OT000012-01-04

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

The General Terms and Conditions for [non-research](#) grants and cooperative agreements have been updated, effective January 23, 2024, to reflect current regulations and requirements for federal financial assistance.

No Cost Extension: The purpose of this amendment is to approve a 12 month No Cost Extension per the request submitted by your organization dated January 24, 2024 . The budget and project period end dates have been extended from May 31, 2024 to May 31, 2025.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the budget period of June 1, 2023 to May 31, 2024 must be submitted by August 31, 2024.

Recipients must submit all closeout reports identified in this section within 120 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 120 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the FFR SF-425 can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be

submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000012-01-05

FAIN# NH75OT000012

Federal Award Date: 03/24/2025

Recipient Information**1. Recipient Name**

KCMO HEALTH DEPT
2400 TROOST AVE STE 4300
KANSAS CITY, MO 64108-2666
--

2. Congressional District of Recipient
05**3. Payment System Identifier (ID)**

1446000201A1

4. Employer Identification Number (EIN)

446000201

5. Data Universal Numbering System (DUNS)

040710712

6. Recipient's Unique Entity Identifier (UEI)

UW7DM68M5KF4

7. Project Director or Principal Investigator

Ms. Dinyelle Baker
Program Manager
dinyelle.baker@kcmo.org
816-513-7914

8. Authorized Official

Ms. Vickie Watson
vickie.watson@kcmo.org
816-513-6241

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Derick Wheeler, II
Grants Management Specialist
tie2@cdc.gov
678-475-4972

10. Program Official Contact Information

Sophie Xie
Program Officer
qv9@cdc.gov
770-488-6692

Federal Award Information**11. Award Number**

6 NH75OT000012-01-05

12. Unique Federal Award Identification Number (FAIN)

NH75OT000012

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

COVID interventions for high risk and undeserved populations in Kansas City. Primarily the Hispanic Community and Low SES employees, small businesses and the associations/chambers that serve them.

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 06/01/2021 - **End Date** 03/24/2025**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00**22. Offset** \$0.00**23. Total Amount of Federal Funds Obligated this budget period** \$3,674,514.00**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00**25. Total Federal and Non-Federal Approved this Budget Period** \$3,674,514.00**26. Period of Performance Start Date** 06/01/2021 - **End Date** 03/24/2025**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance** \$3,674,514.00**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks

Department Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000012-01-05

FAIN# NH75OT000012

Federal Award Date: 03/24/2025

Recipient Information**Recipient Name**

KCMO HEALTH DEPT
2400 TROOST AVE STE 4300
KANSAS CITY, MO 64108-2666
--

Congressional District of Recipient

05

Payment Account Number and Type

1446000201A1

Employer Identification Number (EIN) Data

446000201

Universal Numbering System (DUNS)

040710712

Recipient's Unique Entity Identifier (UEI)

UW7DM68M5KF4

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$958,406.00
b. Fringe Benefits	\$457,044.00
c. Total Personnel Costs	\$1,415,450.00
d. Equipment	\$0.00
e. Supplies	\$47,060.00
f. Travel	\$5,854.00
g. Construction	\$0.00
h. Other	\$100,870.80
i. Contractual	\$1,864,869.20
j. TOTAL DIRECT COSTS	\$3,434,104.00
k. INDIRECT COSTS	\$240,410.00
l. TOTAL APPROVED BUDGET	\$3,674,514.00
m. Federal Share	\$3,674,514.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000012C5	OT	41.51	93.391	\$0.00	75-2122-0140



Centers for Disease Control and Prevention

Award# 6 NH75OT000012-01-05

FAIN# NH75OT000012

Federal Award Date: 03/24/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

KCMO HEALTH DEPT

6 NH75OT000012-01-05

1. NH75OT000012--Terms and Conditions

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted, and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

Closeout: In order to facilitate an orderly closeout, we are requesting that you submit all closeout reports identified below within thirty (30) days of the date of this NoA. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371.

Final Performance/Progress Report: This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$10,000 or more. If no equipment was acquired under the award, a negative report is required

EXHIBIT J



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

General Terms and Conditions for Non-Research Grant and Cooperative Agreements

Incorporation: The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in the Notice of Funding Opportunity (NOFO), their Notice of Award (NOA), grants policy contained in applicable HHS Grants Policy Statements, 45 CFR Part 75, requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout these general terms and conditions of award and includes cooperative agreements.

Note: In the event that any requirement in the NOA, the NOFO, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

FEDERAL REGULATIONS AND POLICIES

45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.

<https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75&rgn=div5>

HHS Grants Policy and Regulations

<https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html>

HHS Grants Policy Statement

<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsqps107.pdf>

Federal Funding Accountability and Transparency Act (FFATA)

<https://www.fsr.gov/>

Trafficking In Persons: Consistent with 2 CFR 175, awards are subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).

<https://www.law.cornell.edu/cfr/text/2/part-175>

CDC Additional Requirements (AR) may apply. The NOFO will detail which specific ARs apply to resulting awards. Links to full texts can be found at:

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

FUNDING RESTRICTIONS AND LIMITATIONS

Cost Limitations as stated in Appropriations Acts. Recipients must follow applicable fiscal year appropriations law in effect at the time of award. See AR-32 Appropriations Act, General Requirements: <https://www.cdc.gov/grants/additional-requirements/ar-32.html>.

Though Recipients are required to comply with all applicable appropriations restrictions, please find below specific ones of note. CDC notes that the cited section for each below provision may change annually.

- A. Cap on Salaries (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with federal funds.

- B. Gun Control Prohibition (Div. H, Title II, Sec. 210): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

- C. Lobbying Restrictions (Div. H, Title V, Sec. 503):

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- 503(b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay 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 the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement 12 at <https://www.cdc.gov/grants/additional-requirements/ar-12.html>.

D. Needle Exchange (Div. H, Title V, Sec. 520): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

E. Blocking access to pornography (Div. H, Title V, Sec. 521): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

Prohibition on certain telecommunications and video surveillance services or equipment. (Pub. L. 115-232, section 889.): For all new, non-competing continuation, renewal or supplemental awards issued on or after August 13, 2020, recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:

1. Procure or obtain,
2. Extend or renew a contract to procure or obtain; or
3. Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
 - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under Pub. L. 115-232, section 889 until September 30, 2022. During the exemption period, PEPFAR recipients are expected to work toward implementation of the requirements.

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following: On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted no later than 90 days after the end of the budget period in the Payment Management System.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

If more frequent reporting is required, the Notice of Award terms and conditions will explicitly state the reporting requirement.

Annual Performance Progress and Monitoring Reporting: The Annual Performance Progress and Monitoring Report (PPMR) is due no later than 120 days prior to the end of the budget period and serves as the continuation application for the follow-on budget period. Submission instructions, due date, and format will be included in the guidance from the assigned GMO/GMS via www.grantsolutions.gov.

Any change to the existing information collection noted in the award terms and conditions will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Data Management Plan: CDC requires recipients for projects that involve the collection or generation of data with federal funds to develop, submit and comply with a Data Management Plan (DMP) for each collection or generation of public health data undertaken as part of the award and, to the extent consistent with law and appropriate, provide access to and archiving/long-term preservation of collected or generated data. Additional information on the Data Management and Access requirements can be found at <https://www.cdc.gov/grants/additional-requirements/ar-25.html>.

Audit Requirement Domestic Organizations *(including US-based organizations implementing projects with foreign components):* An organization that expends \$750,000 or more in a fiscal year in federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of 45 CFR Part 75. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System Electronic Submission:
[https://harvester.census.gov/facides/\(S\(0vkw1zaelyzjibnahocqa5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocqa5i0))/account/login.aspx)

AND

Office of Financial Resources, Risk Management and Internal Control Unit's Audit Resolution Team (ART), RMICU.Audit.Resolution@cdc.gov.

Audit Requirement Foreign Organizations: An organization that expends \$300,000 or more in a

fiscal year on its federal awards must have a single or program-specific audit conducted for that year. The audit period is an organization's fiscal year. The auditor shall be a U.S.-based Certified Public Accountant firm, the foreign government's Supreme Audit Institution or equivalent, or an audit firm endorsed by the U.S. Agency for International Development's Office of Inspector General. The audit must be completed in English and in US dollars, and submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to the Office of Financial Resources, Risk Management and Internal Control Unit's Audit Resolution Team (ART) at RMICU.Audit.Resolution@cdc.gov. After receipt of the audit report, CDC will resolve findings by issuing Final Management Determination Letters.

Domestic and Foreign organizations: Audit requirements for Subrecipients to whom 45 CFR 75 Subpart F applies: The recipient must ensure that the subrecipients receiving CDC funds also meet these requirements. The recipient must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable federal law and regulations (45 CFR 75 Subpart F and HHS Grants Policy Statement). The recipient may consider whether subrecipient audits necessitate adjustment of the recipient's own accounting records. If a subrecipient is not required to have a program-specific audit, the recipient is still required to perform adequate monitoring of subrecipient activities. The recipient shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The recipient must include this requirement in all subrecipient contracts.

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the assigned GMS/GMO identified in the NOA, and to the HHS OIG at the following address:

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS) (45 CFR 75.372(b)). CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award (45 CFR 75.373(b)).

1. General Reporting Requirement

If the total value of currently active grants, cooperative agreements, and procurement contracts from all federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this federal award, the recipient must maintain the currency of information reported to the System for Award Management (SAM) and made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in section 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for federal procurement contracts, will be publicly available.

2. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

- a. Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the federal government;
- b. Reached its final disposition during the most recent five-year period; and
- c. If one of the following:
 - (1) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
 - (2) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;
 - (3) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or
 - (4) Any other criminal, civil, or administrative proceeding if:
 - (i) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;
 - (ii) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and
 - (iii) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

3. *Reporting Procedures*

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in section 2 of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under federal procurement contracts that you were awarded.

4. *Reporting Frequency*

During any period of time when you are subject to this requirement in section 1 of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

5. *Definitions*

For purposes of this award term and condition:

- a. Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the federal and state level but only in connection with performance of a federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.
- b. Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.
- c. Total value of currently active grants, cooperative agreements, and procurement contracts includes—
 - (1) Only the federal share of the funding under any federal award with a recipient cost share or match;
 - (2) The value of all expected funding increments under a federal award and options, even if not yet exercised.

GENERAL REQUIREMENTS

Termination (45 CFR Part 75.372) applies to this award and states, in part, the following:

(a) *This award may be terminated in whole or in part:*

- (1) By the HHS awarding agency or pass-through entity, if a non-Federal entity fails to comply with the terms and conditions of a Federal award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated;
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the Federal awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are allowable when the travel will provide a direct benefit to the project or program. To prevent disallowance of cost, the recipient is responsible for ensuring travel costs are clearly stated in their budget narrative and are applied in accordance with their organization's established travel policies and procedures. The recipient's established travel policies and procedures must also meet the requirements of 45 CFR Part 75.474.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies. See <https://www.hhs.gov/grants/contracts/contract-policies-regulations/spending-on-food/index.html>. In addition, costs must be clearly stated in the budget narrative and be consistent with organization approved policies. Recipients must make a determination of reasonableness and organization approved policies must meet the requirements of 45 CFR Part 75.432.

Prior Approval: All requests which require prior approval, must bear the signature (or electronic authorization) of the authorized organization representative. The recipient must submit these requests no later than 120 days prior to the budget period's end date. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests are examples of actions that require prior approval, unless an expanded authority, or conversely a high risk condition, is explicitly indicated in the NOA.

- Use of unobligated funds from prior budget period (Carryover)
- Lift funding restriction
- Significant redirection of funds (i.e., cumulative changes of 25% of total award)

- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Extensions to period of performance

Templates for prior approval requests can be found at:

<https://www.cdc.gov/grants/already-have-grant/PriorApprovalRequests.html>.

Additional information on the electronic grants administration system CDC non-research awards utilize, Grants Solutions, can be found at: <https://www.cdc.gov/grants/grantsolutions/index.html>.

Key Personnel: In accordance with 45 CFR Part 75.308, CDC recipients must obtain prior approval from CDC for (1) change in the project director/principal investigator, authorized organizational representative, business official, financial director, or other key persons specified in the NOFO, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Inventions: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR Part 401.14.

Acknowledgment of Federal Funding: When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter “statements”)--describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1. the percentage and dollar amount of the total costs of the program or project funded with federal money; and,
2. the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The HHS Grant or Cooperative Agreement IS partially funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for

Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by CDC/HHS and \$XX amount and XX percentage funded by non- government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify the HHS Awarding Agency in advance to allow for coordination.

Copyright Interests Provision: 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 article 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.

Disclaimer for Conference/Meeting/Seminar Materials: If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract, the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease

Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logo Use for Conference and Other Materials: Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is not authorized to use the HHS name or logo governed by U.S.C. Part 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the HHS Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003).

Additionally, the CDC logo cannot be used by the recipient without the express, written consent of CDC. The Program Official/Project Officer identified in the NOA can assist with facilitating such a request. It is the responsibility of the recipient to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the recipient must ensure written consent is received. Further, the HHS and CDC logo cannot be used by the recipient without a license agreement setting forth the terms and conditions of use.

Equipment and Products: To the greatest extent practical, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The recipient may use its own property management standards and procedures, provided it observes provisions in applicable grant regulations found at 45 CFR Part 75.

Federal Information Security Management Act (FISMA): All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

FISMA applies to CDC recipients only when recipients collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the recipient retains the original data and intellectual property, and is responsible for the security of

these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a recipient is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:
<https://www.govinfo.gov/content/pkg/PLAW-107publ347/pdf/PLAW-107publ347.pdf>.

Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:

Recipients are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112- 239, enacted January 2, 2013), applies to this award.

Federal Acquisition Regulations

As promulgated in the Federal Register, the relevant portions of 48 CFR section 3.908 read as follows (note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term and condition, should be read as "grant," "recipient," "subgrant," or "subrecipient"):

3.908 Pilot program for enhancement of contractor employee whistleblower protections.

3.908-1 Scope of section.

(a) This section implements [41 U.S.C. 4712](#).

(b) This section does not apply to-

- (1) DoD, NASA, and the Coast Guard; or
- (2) Any element of the intelligence community, as defined in section 3(4) of the National Security Act of 1947 (50 U.S.C. 3003(4)). This section does not apply to any disclosure made by an employee of a contractor or subcontractor of an element of the intelligence community if such disclosure-
 - (i) Relates to an activity of an element of the intelligence community; or
 - (ii) Was discovered during contract or subcontract services provided to an element of the intelligence community.

3.908-2 Definitions.

As used in this section-

"Abuse of authority" means an arbitrary and capricious exercise of authority that is inconsistent with the mission of the executive agency concerned or the successful performance of a contract of such agency.

"Inspector General" means an Inspector General appointed under the Inspector General Act of 1978 and any Inspector General that receives funding from, or has oversight over contracts awarded for, or on behalf of, the executive agency concerned.

3.908-3 Policy.

- (a) Contractors and subcontractors are prohibited from discharging, demoting, or otherwise discriminating against an employee as a reprisal for disclosing, to any of the entities listed at paragraph (b) of this subsection, information that the employee reasonably believes is evidence of gross mismanagement of a federal contract, a gross waste of federal funds, an abuse of authority relating to a federal contract, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal contract (including the competition for or negotiation of a contract). A reprisal is prohibited even if it is undertaken at the request of an executive branch official, unless the request takes the form of a non-discretionary directive and is within the authority of the executive branch official making the request.
- (b) Entities to whom disclosure may be made.
 - (1) A Member of Congress or a representative of a committee of Congress.
 - (2) An Inspector General.
 - (3) The Government Accountability Office.
 - (4) A federal employee responsible for contract oversight or management at the relevant agency.
 - (5) An authorized official of the Department of Justice or other lawenforcement agency.
 - (6) A court or grand jury.
 - (7) A management official or other employee of the contractor or subcontractor who has the responsibility to investigate, discover, or address misconduct.
- (c) An employee who initiates or provides evidence of contractor or subcontractor misconduct in any judicial or administrative proceeding relating to waste, fraud, or abuse on a federal contract shall be deemed to have made a disclosure.

3.908-9 Contract clause.

Contractor Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights (Sept. 2013)

- (a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at [41 U.S.C. 4712](#) by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR [3.908](#).
- (b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under [41 U.S.C. 4712](#), as described in section [3.908](#) of the Federal Acquisition Regulation.
- (c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

PAYMENT INFORMATION

Fraud Waste or Abuse: The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Automatic Drawdown (Direct/Advance Payments): Payments under CDC awards will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS), under automatic drawdown, unless specified otherwise in the NOA. Recipients must comply with requirements imposed by the PMS on-line system. Questions concerning award payments or audit inquiries should be directed to the payment management services office.

PMS Website: <https://pms.psc.gov/> PMS

Phone Support: +1(877)614-5533

PMS Email Support: PMSSupport@psc.gov

Payment Management System Subaccount: Funds awarded in support of approved activities will be obligated in an established subaccount in the PMS. Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

Exchange Rate: All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will generally not compensate foreign recipients for currency exchange fluctuations through the issuance of supplemental awards.

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from PMS, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of the NOA.

Certification Statement: By drawing down funds, the recipient certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer federal awards and funds drawn down. Recipients must comply with all terms and conditions in the NOFO, outlined in their NOA, grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

CLOSEOUT REQUIREMENTS

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. If the recipient does not submit all reports in accordance with this section and the terms and conditions of the Federal Award, CDC may proceed to close out with the information available within one year of the period of performance end date unless otherwise directed by authorizing statutes. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO and is submitted upon solicitation from the GMS/GMO via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims;
- Description of results (positive or negative) considered significant; and
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date through recipient online accounts in the Payment Management System. The final FFR will consolidate data reporting responsibilities to one entry point within PMS which will assist with the reconciliation of expenditures and disbursements to support the timely close-out of grants.

The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Every recipient should already have a PMS account to allow access to complete the SF-425.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>.

If no equipment was acquired under an award, a negative report is required. The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be

required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the federal government may be retained, sold, or otherwise disposed of, with no further obligation to the federal government.

CDC STAFF RESPONSIBILITIES

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program Officials (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. Award specific terms and conditions will include contact information for the PO/GMO/GMS.

Program Official: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- The development of programs and NOFOs to meet the CDC's mission;
- Providing technical assistance to applicants in developing their applications, e.g., explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources;
- Providing technical assistance to recipients in the performance of their project; and
- Post-award monitoring of recipient performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS.

For Cooperative Agreements, substantial involvement is required from CDC. The PO is the federal official responsible for the collaboration or participation in carrying out the effort under the award. Substantial involvement will be detailed in the NOFO and award specific terms and conditions and may include, but is not limited to:

- Review and approval of one stage of work before work can begin on a subsequent stage;
- Review and approval of substantive programmatic provisions of proposed subawards or contracts (beyond existing federal review of procurement or sole source policies);
- Involvement in the selection of key relevant personnel;
- CDC and recipient collaboration or joint participation; and
- Implementing highly prescriptive requirements prior to award limiting recipient discretion with respect to scope of services, organizational structure, staffing, mode of operation, and other management processes.

Grants Management Officer: The GMO is the only official authorized to obligate federal funds and is responsible for signing the NOA, including revisions to the NOA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization. The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e., grant or cooperative agreement;

- Determining if an application meets the requirements of the NOFO;
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy;
- Ensuring recipient compliance with applicable laws, regulations, and policies;
- Negotiating awards, including budgets;
- Responding to recipient inquiries regarding the business and administrative aspects of an award;
- Providing recipients with guidance on the closeout process and administering the closeout of grants;
- Receiving and processing reports and prior approval requests such as changes in funding, budget redirection, or changes to the terms and conditions of an award; and
- Maintaining the official grant file and program book.

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described in the GMO section are performed by the GMS, on behalf of the GMO.

EXHIBIT K



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

General Terms and Conditions for Non-Research Grant and Cooperative Agreements

Incorporation: The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in the Notice of Funding Opportunity (NOFO), their Notice of Award (NOA), grants policy contained in applicable HHS Grants Policy Statements, 45 CFR Part 75, requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout these general terms and conditions of award and includes cooperative agreements.

Note: In the event that any requirement in the NOA, the NOFO, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

FEDERAL REGULATIONS AND POLICIES

2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Referenced where indicated.

<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1>

45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.

<https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75&rgn=div5>

HHS Grants Policy and Regulations

<https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html>

HHS Grants Policy Statement

<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsqps107.pdf>

Federal Funding Accountability and Transparency Act (FFATA)

<https://www.fsrc.gov/> Refer to the section below on Reporting Requirements for more details.

Trafficking In Persons: Consistent with 2 CFR 175, awards are subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).

<https://www.law.cornell.edu/cfr/text/2/part-175>

CDC Additional Requirements (AR) may apply. The NOFO will detail which specific ARs apply to resulting awards. Links to full texts can be found at:

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

FUNDING RESTRICTIONS AND LIMITATIONS

Cost Limitations as stated in Appropriations Acts. Recipients must follow applicable fiscal year appropriations law in effect at the time of award. See AR-32 Appropriations Act, General Requirements: <https://www.cdc.gov/grants/additional-requirements/ar-32.html>.

Though Recipients are required to comply with all applicable appropriations restrictions, please find below specific ones of note. CDC notes that the cited section for each below provision may change annually.

- A. Cap on Salaries (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with federal funds.

- B. Gun Control Prohibition (Div. H, Title II, Sec. 210): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

- C. Lobbying Restrictions (Div. H, Title V, Sec. 503):

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- 503(b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay 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 the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement 12 at <https://www.cdc.gov/grants/additional-requirements/ar-12.html>.

- D. Needle Exchange (Div. H, Title V, Sec. 520): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- E. Blocking access to pornography (Div. H, Title V, Sec. 521): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

Prohibition on certain telecommunications and video surveillance services or equipment ([2 CFR 200.216](#)): For all new, non-competing continuation, renewal or supplemental awards issued on or after August 13, 2020, recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:

1. Procure or obtain,
2. Extend or renew a contract to procure or obtain; or
3. Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in [2 CFR 200.216](#), covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
 - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under [2 CFR 200.216](#) until September 30, 2028. During the exemption period, PEPFAR recipients are expected to work toward implementation of [2 CFR 200.216](#). The exemption may only be applied when there is no available alternative eligible source for these services.

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following: On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted no later than 90 days after the end of the budget period in the Payment Management System.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

If more frequent reporting is required, the Notice of Award terms and conditions will explicitly state the reporting requirement.

Annual Performance Progress and Monitoring Reporting: The Annual Performance Progress and Monitoring Report (PPMR) is due no later than 120 days prior to the end of the budget period and serves as the continuation application for the follow-on budget period. Submission instructions, due date, and format will be included in the guidance from the assigned GMO/GMS via www.grantsolutions.gov.

Any change to the existing information collection noted in the award terms and conditions will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Data Collection and Sharing Under Award: Consistent with strategies and activities expected and anticipated under this award, Recipient, either directly or indirectly, may be expected to collect or generate data for public health purposes. For purposes of this award, data for public health purposes may be administrative data or data commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation, but does not include preliminary analyses, drafts of scientific papers, plans for future research communications with colleagues, or physical objects, such as laboratory notebooks or laboratory specimens unless otherwise specified in the award.

45 C.F.R. 75.322(d) states that the federal government has the right to: 1) obtain, reproduce, publish, or otherwise use the data produced under a federal award; and 2) authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes. In furtherance of various United States Government-wide initiatives and policies, the federal government seeks to make federally funded publications and data underlying them more readily available, and to make public health data more readily accessible within the federal government and to the public.

Consistent with grant regulations, CDC may legally obtain a copy of any data collected or generated under this award. Where CDC has determined that data collected or generated under this award must be shared with CDC, such direction will be further addressed in your Notice of Funding Opportunity, your Notice of Grant Award, or other specific grant guidance. Acceptance of funds under this award is an acknowledgement of this regulatory provision and its application to this award.

Data Management Plan: CDC requires recipients for projects that involve the collection or generation of data with federal funds to develop, submit, and comply with a Data Management Plan (DMP) for each collection or generation of public health data undertaken as part of the award. The DMP should take into consideration sharing data with CDC including: 1) the specific data that will be shared under the award, 2) the process and timing planned for such sharing,

3) and any legal limitations that the Recipient asserts would hinder CDC access to, or use of, the data collected or generated under the award. In addition, the DMP should address broader access to and archiving/long-term preservation of collected or generated data. Additional information on the Data Management and Access requirements can be found at <https://www.cdc.gov/grants/additional-requirements/ar-25.html>.

Audit Requirement Domestic Organizations (*including US-based organizations implementing projects with foreign components*): An organization that expends \$750,000 or more in a fiscal year in federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of 45 CFR Part 75. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System Electronic Submission:
[https://harvester.census.gov/facides/\(S\(0vkw1zaelyzibnahocqa5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzibnahocqa5i0))/account/login.aspx)

AND

Office of Financial Resources, Office of Risk Management and Internal Controls, Audit Resolution Team (ART), ORMIC.Audit.Resolution@cdc.gov.

Audit Requirement Foreign Organizations: A foreign organization that expends \$300,000 or more in a fiscal year on its federal awards must have a single or program-specific audit conducted for that year. The audit period is an organization's fiscal year. The auditor shall be a U.S.-based Certified Public Accountant firm, the foreign government's Supreme Audit Institution or equivalent, or an audit firm endorsed by the U.S. Agency for International Development's Office of Inspector General. The audit must be completed in English and in US dollars and submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to the Office of Financial Resources, Office of Risk Management and Internal Controls, Audit Resolution Team (ART) at ORMIC.Audit.Resolution@cdc.gov. After receipt of the audit report, CDC will resolve findings by issuing Final Management Determination Letters.

Domestic and Foreign organizations: Audit requirements for Subrecipients to whom 45 CFR 75 Subpart F applies: The recipient must ensure that the subrecipients receiving CDC funds also meet these requirements. The recipient must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable federal law and regulations (45 CFR 75 Subpart F and HHS Grants Policy Statement). The recipient may consider whether subrecipient audits necessitate adjustment of the recipient's own accounting records. If a subrecipient is not required to have a program-specific audit, the recipient is still required to perform adequate monitoring of subrecipient activities. The recipient shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The recipient must include this requirement in all subrecipient contracts.

Federal Funding Accountability and Transparency Act (FFATA)

In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub-Award and Executive Compensation

Information, Prime Recipients awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime recipient awards any sub-grant equal to or greater than \$30,000. Refer to 2 CFR Chapter 1, Part 170 Reporting Sub-Award and Executive Compensation Information at [eCFR :: 2 CFR Part 170 -- Reporting Subaward and Executive Compensation Information](#) and <https://www.fsrs.gov/> for reporting requirements and guidance.

Unique Entity Identifier (UEI)

The UEI is the official identifier for doing business with the U.S. Government as of April 4, 2022. The UEI is generated and assigned by the System for Award Management at SAM.gov. In accordance with [2 CFR part 25, Appendix A](#), a recipient must maintain current information in SAM.gov, through at least annual review, until it submits the final required financial report or receives the final payment, whichever is later.

Required Disclosures for Responsibility and Qualification (R/Q) (SAM.gov): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the assigned GMS/GMO identified in the NOA, and to the HHS OIG by email at grantdisclosures@oig.hhs.gov or by mail to the following address:

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance include suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated Responsibilities and Qualifications (R/Q) accessible through SAM (45 CFR 75.372(b)). CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award (45 CFR 75.373(b)).

1. General Reporting Requirement

If the total value of currently active grants, cooperative agreements, and procurement contracts from all federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this federal award, the recipient must maintain the currency of information reported to the System for Award Management (SAM) and made available in the designated

integrity and performance system (currently the Responsibility/Qualification (R/Q) through SAM.gov) about civil, criminal, or administrative proceedings described in section 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for federal procurement contracts, will be publicly available.

2. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

- a. Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the federal government;
- b. Reached its final disposition during the most recent five-year period; and
- c. If one of the following:
 - (1) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
 - (2) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;
 - (3) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or
 - (4) Any other criminal, civil, or administrative proceeding if:
 - (i) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;
 - (ii) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and
 - (iii) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

3. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in section 2 of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under federal procurement contracts that you were awarded.

4. Reporting Frequency

During any period of time when you are subject to this requirement in section 1 of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have

federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

5. Definitions

For purposes of this award term and condition:

- a. Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the federal and state level but only in connection with performance of a federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.
- b. Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.
- c. Total value of currently active grants, cooperative agreements, and procurement contracts includes—
 - (1) Only the federal share of the funding under any federal award with a recipient cost share or match;
 - (2) The value of all expected funding increments under a federal award and options, even if not yet exercised.

GENERAL REQUIREMENTS

You will administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, and age, and comply with applicable conscience protections. You will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws requires taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See information for providers of health care and social services at www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and the HHS Non-Discrimination Notice at www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html. As a condition of the award, all HHS recipients are required to submit a signed HHS-690 form regarding nondiscrimination compliance.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities to limited English proficient individuals, see a fact sheet at www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and providing effective communication, see <https://www.hhs.gov/civil-rights/for-individuals/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/title-ix-education-amendments/index.html>.

- For information on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <http://www.hhs.gov/conscience/conscience-protections/index.html> and www.hhs.gov/conscience/religious-freedom/index.html.

Termination (45 CFR Part 75.372) applies to this award and states, in part, the following:

(a) *This award may be terminated in whole or in part:*

- (1) By the HHS awarding agency or pass-through entity, if a non-Federal entity fails to comply with the terms and conditions of a Federal award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated;
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the Federal awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are allowable when the travel will provide a direct benefit to the project or program. To prevent disallowance of cost, the recipient is responsible for ensuring travel costs are clearly stated in their budget narrative and are applied in accordance with their organization's established travel policies and procedures. The recipient's established travel policies and procedures must also meet the requirements of 45 CFR Part 75.474.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies. See <https://www.hhs.gov/grants/contracts/contract-policies-regulations/spending-on-food/index.html>. In addition, costs must be clearly stated in the budget narrative and be consistent with organization approved policies. Recipients must make a determination of reasonableness and organization approved policies must meet the requirements of 45 CFR Part 75.432.

Prior Approval: All requests which require prior approval, must bear the signature (or electronic authorization) of the authorized organization representative. The recipient should submit these requests no later than 120 days prior to the budget period's end date to ensure ample time remains to process and carry-out the request. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests are examples of actions that require prior approval, unless an expanded authority, or conversely a high-risk condition, is explicitly indicated in the NOA.

- Use of unobligated funds from prior budget period (Carryover)
- Lift funding restriction
- Significant redirection of funds (i.e., cumulative changes of 25% of total award)
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Extensions to period of performance

Templates for prior approval requests can be found at:

<https://www.cdc.gov/grants/already-have-grant/PriorApprovalRequests.html>.

Additional information on the electronic grants administration system CDC non-research awards utilize, GrantSolutions, can be found at: <https://www.cdc.gov/grants/grantsolutions/index.html>.

Recipient Contractual/Consultant Cost Agreements: In accordance with §2 CFR 200.325, all supporting documentation related to the elements outlined in the [Budget Preparation Guidelines](#) must be maintained by the recipient and available upon request. Recipients may submit supporting documentation via GrantSolutions Grants Management Services (GSGMS) Grant Notes to the assigned Grants Management Specialist.

Key Personnel: In accordance with 45 CFR Part 75.308, CDC recipients must obtain prior approval from CDC for (1) change in the project director/principal investigator, authorized organizational representative, business official, financial director, or other key persons specified in the NOFO, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Inventions: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR Part 401.14.

Acknowledgment of Federal Funding: When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter “statements”)--describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1. the percentage and dollar amount of the total costs of the program or project funded with federal money; and,
2. the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:
This [project/publication/program/website, etc.] [is/was] supported by the Centers for

Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **\$XX** with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

If the HHS Grant or Cooperative Agreement IS partially funded with other non-governmental sources:

This **[project/publication/program/website, etc.] [is/was]** supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **\$XX** with **XX** percentage funded by CDC/HHS and **\$XX** amount and **XX** percentage funded by non- government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify the HHS Awarding Agency in advance to allow for coordination.

Copyright Interests Provision: 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 article 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.

Disclaimer for Conference/Meeting/Seminar Materials: If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract, the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logo Use for Conference and Other Materials: Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. As a general matter, a non-federal entity is not authorized to use the HHS name or logo. Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003). The appropriate use of the HHS logo is subject to review and approval of the HHS Assistant Secretary for Public Affairs (ASPA), and if granted would be governed by a logo license agreement setting forth the terms and conditions of use.

Additionally, the CDC logo cannot be used by the recipient without the express, written consent of CDC, generally in the form of a logo license agreement setting forth the terms and conditions of use. The Program Official/Project Officer identified in the NOA can assist with facilitating such a request. It is the responsibility of the recipient to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the recipient must ensure written consent is received.

Equipment and Products: To the greatest extent practical, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The recipient may use its own property management standards and procedures, provided it observes provisions in applicable grant regulations found at 45 CFR Part 75.

Federal Information Security Management Act (FISMA): All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are

pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

FISMA applies to CDC recipients only when recipients collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the recipient retains the original data and intellectual property, and is responsible for the security of these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a recipient is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:
<https://www.govinfo.gov/content/pkg/PLAW-107publ347/pdf/PLAW-107publ347.pdf>.

Whistleblower Protections: As a recipient of this award you must comply with the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, 41 U.S.C. § 4712) "Enhancement of contractor protection from reprisal for disclosure of certain information," and 48 CFR part 3 subpart 3.9, "Whistleblower Protections for Contractor Employees." For more information see: <https://oig.hhs.gov/fraud/whistleblower/>.

PAYMENT INFORMATION

Fraud Waste or Abuse: The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted online at <https://tips.oig.hhs.gov/> or by mail to U.S. Department of Health and Human Services, Office of the Inspector General, Attn: OIG HOTLINE OPERATIONS, P.O. Box 23489 Washington DC 20026. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. For additional information, see: <https://oig.hhs.gov/fraud/report-fraud/>.

Automatic Drawdown (Direct/Advance Payments): Payments under CDC awards will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS), under automatic drawdown, unless specified otherwise in the NOA. Recipients must comply with requirements imposed by the PMS on-line system. Questions concerning award payments or audit inquiries should be directed to the payment management services office.

PMS Website: <https://pms.psc.gov/> PMS
 Phone Support: +1(877)614-5533
 PMS Email Support: PMSSupport@psc.gov

Payment Management System Subaccount: Funds awarded in support of approved activities will be obligated in an established subaccount in the PMS. Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

Exchange Rate: All requests for funds contained in the budget, shall be stated in U.S. dollars.

Once an award is made, CDC will generally not compensate foreign recipients for currency exchange fluctuations through the issuance of supplemental awards.

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from PMS, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of the NOA.

Certification Statement: By drawing down funds, the recipient certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer federal awards and funds drawn down. Recipients must comply with all terms and conditions in the NOFO, outlined in their NOA, grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

CLOSEOUT REQUIREMENTS

In accordance with 2 CFR 200.344, recipients must submit all closeout reports identified in this section within 120 days of the period of performance end date. The reporting timeframe is the full period of performance. If the recipient does not submit all reports in accordance with this section and the terms and conditions of the Federal Award, CDC may proceed to close out with the information available within one year of the period of performance end date unless otherwise directed by authorizing statutes. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI). If recipients do not submit all closeout reports identified in this section within one year of the period of performance end date, then CDC must report recipients' material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system (currently Responsibility/Qualification section of [SAM.gov](https://www.sam.gov)). CDC may also pursue other enforcement actions per 45 CFR 75.371.

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO and is submitted upon solicitation from the GMS/GMO via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims;
- Description of results (positive or negative) considered significant; and
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 120 days after the period of performance end date through recipient online accounts in the Payment Management System. The final FFR will

consolidate data reporting responsibilities to one entry point within PMS which will assist with the reconciliation of expenditures and disbursements to support the timely close-out of grants.

The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Every recipient should already have a PMS account to allow access to complete the SF-425.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>.

If no equipment was acquired under an award, a negative report is required. The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the federal government may be retained, sold, or otherwise disposed of, with no further obligation to the federal government.

CDC STAFF RESPONSIBILITIES

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program Officials (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. Award specific terms and conditions will include contact information for the PO/GMO/GMS.

Program Official: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- The development of programs and NOFOs to meet the CDC's mission;
- Providing technical assistance to applicants in developing their applications, e.g., explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources;
- Providing technical assistance to recipients in the performance of their project; and
- Post-award monitoring of recipient performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS.

For Cooperative Agreements, substantial involvement is required from CDC. The PO is the federal

official responsible for the collaboration or participation in carrying out the effort under the award. Substantial involvement will be detailed in the NOFO and award specific terms and conditions and may include, but is not limited to:

- Review and approval of one stage of work before work can begin on a subsequent stage;
- Review and approval of substantive programmatic provisions of proposed subawards or contracts (beyond existing federal review of procurement or sole source policies);
- Involvement in the selection of key relevant personnel;
- CDC and recipient collaboration or joint participation; and
- Implementing highly prescriptive requirements prior to award limiting recipient discretion with respect to scope of services, organizational structure, staffing, mode of operation, and other management processes.

Grants Management Officer: The GMO is the only official authorized to obligate federal funds and is responsible for signing the NOA, including revisions to the NOA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization. The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e., grant or cooperative agreement;
- Determining if an application meets the requirements of the NOFO;
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy;
- Ensuring recipient compliance with applicable laws, regulations, and policies;
- Negotiating awards, including budgets;
- Responding to recipient inquiries regarding the business and administrative aspects of an award;
- Providing recipients with guidance on the closeout process and administering the closeout of grants;
- Receiving and processing reports and prior approval requests such as changes in funding, budget redirection, or changes to the terms and conditions of an award; and
- Maintaining the official grant file and program book.

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described in the GMO section are performed by the GMS, on behalf of the GMO.

EXHIBIT L

HHS Grants Policy Statement

Effective date: April 16, 2025

This HHS Grants Policy Statement (GPS) replaces all prior versions

Contact grantpolicyreq@hhs.gov with GPS feedback

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Introduction and General Information

The Grants Policy Statement (GPS) is incorporated by reference in the official Notice of Award (NoA) as a standard term and condition.

The GPS provides information on HHS agencies that make awards, the award process, and where to find and apply for awards. The GPS also provides information about the legal and regulatory rules that apply to your award and will be used for enforcement purposes. The GPS will be updated to reflect changes in law and policy.

The latest version of the GPS is at www.hhs.gov/grants/grants/grants-policies-regulations/index.html and it includes:

- Introduction and General Information
- Pre-Award
- Post-Award
- Single Audit
- Appendices
 - A. Awarding Agency Overview
 - B. Abbreviations and Glossary
 - C. Post-Award Considerations by Type of Program, Activity, or Recipient
 - D. HHS Administrative and National Policy Requirements
 - E. Financial Assistance General Certifications and Representations

Supersession

This GPS replaces the HHS Grants Policy Statement dated January 1, 2007.

This GPS reflects the current [45 CFR part 75](#) regulation and eight flexibilities from 2 CFR part 200 (effective October 1, 2024). It will be updated in 2025 to reflect the HHS adoption of 2 CFR part 200 in its entirety and the retention of certain HHS specific provisions in 2 CFR part 300. From this date on, HHS plans to update the GPS annually to make sure it reflects changes in statutes, regulations, and policies.

Applicability

The 2024 HHS GPS applies to awards and award modifications that add funding made on or after April 16, 2025. This includes supplements to award, competing and non-competing continuations. The GPS applies to all HHS recipients and the requirements flow down to subrecipients.

The HHS GPS does not apply to awards made by the National Institutes for Health (NIH). For NIH awards, please see the [National Institutes of Health Grants Policy Statement \(NIHGPS\)](#), which is the policy document describing the requirements that serve as the terms and conditions of NIH awards.

The HHS GPS does not apply to non-discretionary awards or to awards made to individuals. HHS agencies have the discretion to apply certain parts of the GPS to non-discretionary awards and other policies to your non-discretionary or individual award.

Agencies that administer HHS awards include:

- Administration for Children and Families (ACF)
- Administration for Community Living (ACL)
- Agency for Healthcare Research and Quality (AHRQ)
- Assistant Secretary for Planning and Evaluation (ASPE)
- Assistant Secretary for Preparedness and Response (ASPR)
- Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Office of the Assistant Secretary for Health (OASH)
- Office of the Inspector General (OIG)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

See [Appendix A](#) for more information.

Requirements

The following impose requirements on your award and are addressed in the GPS:

- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards ([45 CFR § 75](#))
- Eight provisions of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards ([2 CFR § 200](#)):
 1. [2 CFR § 200.1](#) Modified Total Direct Cost Definition, Equipment Definition, Supplies Definition
 2. [2 CFR § 200.313\(e\)](#) Equipment Disposition
 3. [2 CFR § 200.314\(a\)](#) Supply Disposition
 4. [2 CFR § 200.320](#) Micro-purchase Threshold
 5. [2 CFR § 200.333](#) Fixed Amount Subawards Amount
 6. [2 CFR § 200.344](#) Closeout Provisions
 7. [2 CFR § 200.414\(f\)](#) Indirect Cost Rate Provisions
 8. [2 CFR § 200.501](#) Audit Provisions
- The Notice of Award (NoA)
- The Notice of Funding Opportunity (NOFO), if stated in the NOA

Other regulations or statutes with more requirements might apply to your award. These include:

- Grants for Research Projects [42 CFR part 52](#)
- Procedures of the Departmental Grant Appeals Board [45 CFR part 16](#)
- Claims Collection [45 CFR part 30](#)
- Equal Treatment for Faith-Based Organizations [45 CFR part 87](#)
- Restrictions on Lobbying [45 CFR part 93](#)
- Metric Conversion Policy for Federal Agencies [15 CFR part 273](#)
- Public Health Service Policies on Research Misconduct [42 CFR part 93](#)
- Protection of Human Subjects, [45 CFR part 46](#)

See [Appendix D](#) for more information.

Terms and Conditions

HHS states the requirements of an award in the award terms and conditions:

- The GPS is incorporated by reference as a standard term and condition of awards.
- The NoA includes all terms and conditions of a specific award.
- Notice of Funding Opportunities (NOFOs) describe program requirements, which may be included as terms and conditions.

Types of HHS Awards

Awards fall into two main types:

- Discretionary: HHS chooses who gets the award and how much. Selection of these awards are generally competitive. The amount of an award can be competitive or by a set formula. Types of discretionary awards include research, training, services, construction, and conference support.
- Non-discretionary: A statute determines the recipients and amounts, either directly or by a formula (i.e., each State gets an award of a certain amount). This includes block grants and entitlement programs.

Award Instruments

Award instruments are legal agreements between an awarding agency and a recipient. The two kinds generally addressed in the GPS are:

- Grants: The awarding agency is not substantially involved in the project ([31 USC 6302, 6304](#)).
- Cooperative agreements: The awarding agency is substantially involved in the project ([31 USC 6302, 6305](#)).

Roles and Responsibilities

This section highlights roles and responsibilities. The GPS supplies more details throughout.

Recipient Roles and Responsibilities

Recipients manage performance and funds. Required roles are:

- **Authorized Organizational Representative (AOR):** The AOR has authority to act for the organization and is responsible for meeting award requirements, properly managing the award, and providing oversight. The AOR's signature on a grant application guarantees that the information in the application is correct and the organization is responsible for following all requirements.
- **Principal Investigator or Project Director (PI/PD):** The PI/PD is the individual(s) designated by the recipient to direct the project or program being supported by the award. The PI/PD is responsible and accountable to officials of the recipient organization for the proper conduct of the project, program, or activity.

Awarding Agency Roles and Responsibilities

HHS is responsible to Congress and U.S taxpayers for carrying out its mission in a cost-effective and compliant way. The HHS agencies that administer awards have grants offices and staff designated to conduct this work. The roles and responsibilities of HHS staff (at each awarding agency) include:

- **Grants Management Officer (GMO):** The GMO is the official who handles the non-program parts of an award for the HHS agency. The GMO is the focal point for receiving and acting on requests for prior approval or for changes in the terms and conditions of award. The GMO is the only official authorized to obligate the HHS awarding agency to the expenditure of federal funds or to change the funding, duration, or other terms and conditions of an award.
- **Grants Management Specialist (GMS):** Acts as the main grants administration contact for recipients. Handles administrative activities on behalf of the GMO. The GMS contact information can be found on the NoA.
- **Project Officer or Program Official (PO):** Responsible for the programmatic, scientific, and technical sides of award programs, including oversight and monitoring. The PO contact information can be found on the NoA.
- **Review Administrator (RA):** Provides oversight of the application review process, although not all agencies have this role.

Pre-Award

This section helps you find funding opportunities, prepare, and apply.

Locating Funding Opportunities

Agencies announce competitive funding opportunities. All discretionary Notice of Funding Opportunities are listed on [Grants.gov](https://www.grants.gov). There are three other ways to find more information about HHS financial assistance.

Grants.gov, Forecasts, and the Notice of Funding Opportunity (NOFO)

HHS policy requires maximum competition for discretionary grants to the greatest extent possible. As such, HHS agencies promote the widest and earliest possible spread of information through forecasts of upcoming grant opportunities and NOFOs. Awarding agencies post discretionary or competitive NOFOs at [Grants.gov](https://www.grants.gov).

[Grants.gov](https://www.grants.gov) forecasting is the direct way to find NOFOs. NOFOs are usually open for at least 60 days. Only rarely are they open for fewer than 30 days.

Because HHS aims for the widest and earliest possible spread of information, HHS agencies post future opportunities on Grants.gov through forecasts. Forecasts may be posted weeks or months before NOFOs. Forecasted NOFOs can be found in the [Grants.gov](https://www.grants.gov) search page by clicking the “forecasted” button. Forecasts include helpful information such as:

- expected number of awards
- estimated award amounts
- description of the program
- estimated NOFO posting date
- estimated application due date
- estimated project start date and period of performance

How to Subscribe to HHS Grants Forecast

When you create a Grants.gov account, you can customize the type of email notifications you receive. Log in and then go to [the subscription page](#) to sign up for news updates about system enhancements, notifications about saved searches, new funding opportunities, and more.

Awarding Agency Websites

Most awarding agencies have award web pages. See [Appendix A](#).

SAM.gov and Assistance Listings

Assistance listings are public descriptions of federal assistance programs. All assistance listings are included on the System for Award Management (SAM.gov), a site run by the U.S. General Services Administration. Search assistance listings at [SAM.gov](https://www.sam.gov).

Preparing to Apply

The first step is to read the entire NOFO and the links in it. Each part of the NOFO sets out basic information for that award.

To apply, you must:

- be an eligible entity
- address the NOFO requirements
- submit a complete and compliant application by the deadline(s)

General Eligibility Considerations

In general, HHS awards may be made to domestic public or private, non-profit or for-profit organizations. Foreign or international organizations are eligible for research awards, or if expressly authorized by law.

The NOFO includes specific eligibility criteria and any requirements to prove eligibility. Applicant eligibility criteria for all HHS NOFOs are almost always based on statute or program regulation.

HHS policy requires open competition to the greatest extent possible. Restricting eligibility, as compared to statute or program regulations, is only done with appropriate justification in rare cases.

Agencies review applications for eligibility when they receive them. The AOR signature generally serves as assurance of eligibility, unless additional proof of eligibility is required in the NOFO. If the applicant is not eligible, the application will not be reviewed.

Additional Eligibility Restrictions

Concurrent Applications

You cannot apply for funding for the same project or activities from multiple HHS Public Health Service (PHS) agencies at the same time. If you do, your applications will be returned. See [Appendix A](#) for a list of PHS agencies.

Suspension, Debarment, and Exclusion

Agencies are required to check [SAM.gov](#) for individuals and organizations that are debarred, suspended, declared ineligible, or voluntarily excluded from receiving HHS award funds. HHS will not give awards to or pay these individuals and entities, including recipients and subrecipients. If such an individual is involved in an award, costs like their salary are not allowed.

Applicants must disclose if any of the following conditions apply to their organization, planned staff or principals (as defined in [2 CFR § 180.995](#)), including Principal Investigators (PIs), and other key personnel:

- Are currently excluded or disqualified;
- Were convicted within the previous three years of any offenses listed in [2 CFR § 180.800\(a\)](#) or had a civil judgment for one of those offenses during that time;
- Are currently indicted for or otherwise facing criminal or civil charges by a governmental entity (federal, state, or local) for any of the offenses listed in [2 CFR § 180.800\(a\)](#); or,
- Have had any public transactions (federal, state, or local) terminated within the previous three years for cause or default.

Recipients of HHS awards must also make subrecipient organizations and subrecipient participants follow federal Debarment and Suspension regulations ([2 CFR part 376](#) and [2 CFR part 180](#)). These participants can include:

- Consortia
- Subcontracts
- Consultants
- Collaborators
- Contractors that require the provision of goods or services that will equal or exceed \$25,000

These subrecipients must also make sure that anyone they hire with award funds follow the same rules. Before entering into an agreement, these participants should tell the award recipient if he, she, or any principals are excluded or disqualified at that time.

Ultimately, it is the job of the applicant or recipient to make sure none of the subrecipient and principals involved are excluded or disqualified. Award recipients cannot make a transaction with someone who is disqualified unless they get an exception under the disqualifying statute, Executive Order, or regulation from HHS.

For more information, see Suspension and Debarment at [45 CFR § 75.213](#), [2 CFR part 180](#) and [2 CFR part 376](#).

Delinquency on Federal Debt

If an entity or individual owes money to the U.S. with a lien, they cannot get an award. Applicants must state in their applications whether they are delinquent on any federal debts. Agencies may delay awards until federal debts are settled.

Do not include a person in the application if they have unpaid federal debts with a lien. Agencies will disallow costs for these individuals.

See [28 U.S.C. 3201\(e\)](#).

Lobbying Prohibition

Applicants must certify they will not use federal funds to pay any person to influence agency staff, Congress members, and officers or employees of Congress about federal awards.

Applicants with total proposed costs of more than \$100,000 must certify that they:

- have not made unallowable lobbying payments,
- will be responsible for reporting on non-federal funds used for lobbying,
- will include these requirements in consortium agreements, subawards, and contracts of more than \$100,000 under their award.

See [2 CFR part 93](#), [2 CFR § 200.450](#), and the [SF-424](#) for more about lobbying requirements.

HHS Application Process

Types of Applications

HHS uses these application types:

- New application: A request for funds for new activities. It can be competitive or not.
- Non-competing continuation application: A request for funds for the next budget period(s) within a period of performance. Agencies provide an NoA with new budget details.
- Competing continuation or renewal application: A request to continue a project that is ending with a new period of performance. This is competitive.
- Supplemental application: A request for more funds in the current budget period. This can be for changes in the project scope, expansion of already approved activities, or for unexpected costs.
- Revised application: A previously not funded application updated and submitted again for review.

Pre-applications and Letters of Intent

Before a full application, an agency might ask for:

- Pre-applications: Used to filter out applicants that will be unlikely to receive funding through an objective review. This saves time before writing a full application.
- Letters of Intent: Agencies might want notice that you plan to apply. This is usually optional and doesn't mean you have to apply. It's mostly to gauge interest and help the HHS agency estimate how many applications to expect.

Application Forms

Forms and instructions are on [Grants.gov](https://www.grants.gov). You can find a NOFO's required forms in the application package in Grants.gov. The NOFO is your best source when completing forms. The NOFO agency contact, located on the NOFO, can answer any questions you may have.

Application Budgets

You will need to include a budget as part of your application. Some applications require a detailed budget. The NOFO will describe the budget requirements. For HHS budgets, applicants and recipients need to understand:

- The costs allowable under the program
- The relevant cost principles
- The difference between direct and indirect costs
- When you need an indirect cost rate or research patient care cost rate, and
- Any matching or cost sharing requirements

Project costs include allowable direct costs plus allocable indirect costs, minus applicable credits. See below Cost Principles, Direct Costs and Indirect Costs sections of the GPS.

Cost allowability is subject to the governing statute, program regulations, and award terms and conditions. There are situations when HHS will not reimburse indirect costs.

Cost Principles

Developing an application budget depends on understanding what costs are allowable under HHS financial assistance programs.

For more information about how cost principles apply to your organization, see [45 CFR § 75.401](#).

This section on cost principles interprets the regulations at 45 CFR part 75 and is not all-inclusive.

Cost principles:

- Establish general standards for the allowability of costs.
- Provide guidance on treating costs as direct or indirect.
- Provide principles for selected items of cost.

The cost principles apply to all recipients.

You can use your own accounting system to implement the cost principles if you meet the standards for financial management systems at [45 CFR § 75.302](#).

The federal-wide cost principles are in [45 CFR part 75, subpart E](#).

The cost principles for:

- Hospitals are at [45 CFR part 75 Appendix IX](#)
- For-profit organizations are at [48 CFR § 31.2](#)

If specifically identified, use the applicable cost principles for your type of organization. Cases where the cost principles do not apply are listed in [45 CFR § 75.401\(a\)](#).

Is It Allowed?

As the HHS agency official for the non-program parts of awards, the Grants Management Officer (GMO) makes the final determination on allowability.

For all allowability requirements see [45 CFR § 75.403](#). Following is a summary.

A cost is allowable if all the following apply:

- It is necessary and reasonable for award performance.
- It complies with any limitations or exclusions in the cost principles or the federal award about types or amounts of cost items.
- It is consistent with policies and procedures across all recipient activities, regardless of source of funding.
- It is consistent across all activities in identifying direct and indirect costs.

- It follows [generally accepted accounting principles \(GAAP\)](#). See [45 CFR § 75.403\(e\)](#) for exceptions.
- It is not used for cost-sharing requirements of another federally financed program, unless specifically allowed by law.
- You maintain required documentation.

Is It Reasonable?

For all reasonableness requirements see [45 CFR §75.404](#). Following is a summary.

Considerations for reasonableness include:

- If the cost is generally recognized as ordinary and necessary.
- The requirements of:
 - Sound business practices
 - Arm's-length bargaining
 - Federal, state, local, tribal, and other laws and regulations
 - Terms and conditions of the federal award
- If the cost aligns with market prices for comparable goods or services in the geographic area.
- The cost does not significantly deviate from your established practices and policies regarding such costs, regardless of source of funding.

Allocability

Allocability in grants means costs that can be applied to your award. For all allocability requirements see [45 CFR § 75.405](#). Following is a summary.

A cost is allocable if any of the following apply:

- It is spent only for the work under a federal award.
- It benefits both the federal award and other recipient work and can be distributed using reasonable methods.
- It is necessary to your overall operations and can be assigned to the federal award.

Direct and Indirect Costs

Costs can be direct or indirect:

- Direct costs: Directly related to the cost of the project or project activities. These costs are based on actual expenses or easily estimated accurately. Examples of direct costs are generally salaries, travel, equipment, and supplies directly for grant activities.
- Indirect costs: Not readily tied directly to the project or project activities. If a cost is indirect, it cannot also be listed as a direct cost for any federal award. Examples may be facilities operation and maintenance costs, depreciation, and administrative

expenses. You must have or negotiate an indirect cost rate to reimburse indirect costs.

See [45 CFR §§ 75.413-414](#), and [45 CFR § 200.414](#).

Indirect Cost Rates

As stated above, indirect costs are for common activities that cannot be specifically tied to a particular project. Examples include facilities operation and maintenance costs, depreciation, and administrative expenses. You must treat costs as direct or indirect consistently.

Indirect costs are allowable under most HHS awards and are charged as a rate. There are three ways indirect costs may work:

- Specified rate. The rate may be specified in statute, regulations, or policy. If this is so, the difference between the specified rate and the negotiated rate can satisfy match or cost sharing requirements. There are three HHS-specific specified rates to consider:
- Training grants, including career awards, are limited to 8%.
- Indirect costs to foreign organizations and foreign public entities when the awarded work is performed fully outside of the territorial limits of the U.S. are limited to 8%.
- Negotiated Indirect Cost Rate Agreement (NICRA). You can negotiate a rate with your cognizant federal agency. If the cognizant agency is HHS, a rate is negotiated by [Program Support Center Cost Allocation Services \(CAS\)](#) or the [Division of Financial Advisory Services \(DFAS\)](#) in the NIH Office of Acquisition Management and Policy (responsible for negotiating indirect cost rates for for-profit recipients). Indirect cost proposals must use the applicable cost principles and cognizant agency guidance.
 - See [45 CFR part 75, Appendix III](#) for institutions of higher education.
 - See [45 CFR part 75, Appendix IV](#) for non-profits.
 - See [45 CFR part 75, Appendix V](#) for state and local government cost allocation plans.
 - See [45 CFR part 75, Appendix VI](#) for public assistance.
 - See [45 CFR part 75, Appendix VII](#) for state and local governments and Indian Tribe indirect cost plans.
- De minimis rate. If you do not have a NICRA, you can use the de minimis rate indefinitely. We are applying the newly revised rate, in [2 CFR § 200.414\(f\)](#), of 15% of modified direct costs. Modified direct costs are salaries and wages, fringe benefits, materials and supplies, services, travel, and no more than \$50,000 of each subaward, minus some exclusions. See [2 CFR § 200.2](#) for the full definition. See [2 CFR § 200.414](#) for more on the de minimis rate.

The de minimis rate is not applicable for some recipients. These recipients include governmental agencies that receive more than \$35 million in direct funding and Indian tribal governments. See [2 CFR Appendix VII to § 200 D.1.b](#).

Exclusions

Some HHS awards and recipients are not eligible for indirect cost reimbursement. This will be described in the NOFO.

Indirect costs are not paid for:

- Grants to federal institutions, [45 CFR § 75.217\(b\)\(3\)](#)
- Grants to individuals, including fellowships, scholarships, traineeships, or fixed amounts like educational allowances or tuition and fees, [45 CFR § 75.2](#) (Definition of Micro-Purchase Threshold).

Pass-through Entities

Pass-through entities must use their subrecipient's federal NICRA. A 15% de minimis rate may be used if there is no federally negotiated agreement. See [2 CFR § 200.414](#).

Salary Rate Limit (SRL)

Generally, the HHS Appropriations Act includes an SRL. This statutory requirement limits the amount of funds under a grant or other extramural mechanism that can be used to pay individual salaries (including executive salaries) at a rate above the Executive Level II. Recipients may pay salaries at a rate higher than the Executive Level II if the amount beyond the HHS SRL is paid with non-HHS funds. Since the Executive Level II rate and HHS Appropriations Act citation changes each year, HHS refers to the Office of Personnel Management (OPM) posting the most recent information at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/24Tables/exec/html/EX.aspx>.

The HHS SRL applies to:

- The majority of HHS awards.
- Both direct and indirect costs under applicable HHS awards.

Effective October 1, 2024, when HHS is the cognizant agency for indirect costs or when HHS is acting as the shared-service provider for another cognizant agency for indirect costs, the HHS component that reviews and negotiates indirect cost rate proposals and cost allocation plans will issue NICRAs that incorporate the HHS SRL, to comply with the HHS Appropriations Act requirement.

Beginning with HHS awards, including continuation and supplemental awards, made on or after October 1, 2024, HHS recipients that do not have an approved indirect cost rate that complies with the HHS SRL requirement must take and document the following actions.:

- Identify any HHS award where HHS funds are used to pay any salary that exceeds the SRL using the HHS award. This includes both direct and indirect costs, both in whole and any portion of a salary that at a full-time equivalent exceeds the SRL.
- Have written policies and procedures that ensure the recipient does not draw down HHS award funds, whether as direct or indirect costs, to pay for salaries above the HHS SRL.

This may occur because the NICRA was issued before October 1, 2024, and it is not yet up for renewal, OR because the NICRA was issued by another cognizant agency for indirect costs that does not have an identical SRL.

A recipient may request a companion rate on the NICRA from HHS that does not incorporate the HHS SRL if:

- HHS is their cognizant agency for indirect costs or HHS is the shared-service provider for their cognizant agency for indirect costs; and
- The recipient is applying for an award from another Federal agency or from a program not subject to the HHS SRL.

Cost Sharing

Cost sharing refers to project costs that are not funded by the HHS agency. It is also sometimes called “match.”

Cost sharing can be voluntary or can be required by statute or regulation.

NOFOs include information about:

- Whether there is required or voluntary cost sharing
- The agency's approach to looking at cost sharing during the application review
- Any caps on the agency's portion of total award costs
- Any restrictions on the types of funding that are acceptable as cost-sharing (e.g., in-kind contributions)
- Required documents, like commitment letters

See more on cost-sharing requirements at [45 CFR § 75.306](#).

Program Income and Third-Party Reimbursement

Program income is money a recipient earns that is both:

- Earned during the period of performance
- Earned directly from an activity funded by the award or due to the award

This can include money earned from things like:

- Services performed under the award,
- Renting property bought with award funds,
- Selling items made with award funds,
- Third-party reimbursement, such as payments for health services, and fees based on ability to pay,
- Principal and interest on loans made with award funds, and
- Royalties from patents and copyrights.

It does not include:

- Interest earned on advances of Federal funds or things like rebates, credits, discounts, and interest earned on any of them unless stated otherwise in the NOFO or NoA.

The full definition for program income is found at [45 CFR § 75.2 “Program income”](#)

NOFOs might ask for estimated program income in the budget. NOFOs explain how to use expected program income.

There are no requirements for what to do with income earned after the end of the award period of performance, unless the NOFO or NoA says otherwise.

See more on the treatment of program income at [45 CFR § 75.307](#).

Unique Entity Identifier (UEI) and Registering in SAM.gov

Every applicant needs a Unique Entity ID (UEI) from [SAM.gov](#).

- For a new UEI, register on SAM.gov. You'll get an email when it's active. This can take time.
- If you already have a UEI, renew on SAM.gov yearly.
- Keep your SAM registration details current.
- Make sure that your SAM registration is accurate for both contracts and grants.

For more information, see [Get Ready for Grants Management](#) at HHS.gov.

State and Local Review Requirements

Federal rules allow state and local governments and health agencies to review and comment on applications. You will find the requirements in the NOFO. There are two types of reviews:

- Intergovernmental review. [Executive Order 12372](#) and [45 CFR part 100](#) allow for intergovernmental review by state and local governments through the State Single Point of Contact (SPOC).
- Public health system reporting. This reporting provides state and local health agencies with information on applications by health care delivery programs. If a state or local health official wants to review a full application, the official contacts the SPOC.

Contact your SPOC to learn more. Find SPOCs at the [Office of Management and Budget website](#). Not all states have this process.

Applying

In almost all cases, you will need to submit applications online. All HHS agencies are required to post their competitive NOFOs on Grants.gov and will also post there how to apply online.

Agencies will not review applications that are from ineligible applicants, incomplete, are not compliant, or are not responsive to program requirements.

Send your application by the NOFO's deadline. If you are late, it will almost always be deemed non-compliant and will not be reviewed.

The AOR's signature on an application certifies that:

- The information in it is truthful, complete, and accurate,
- The applicant will comply with all required certifications and assurances,
- The applicant will comply with terms and conditions when accepting an award, and
- The non-federal entity is aware that any false, fictitious, or fraudulent statements or claims may subject the applicant to criminal, civil, or administrative penalties.

Some agencies might allow paper or email submissions. The NOFO will explain exemption requests. These are rare.

PLEASE NOTE: Applicants must register with Grants.gov. For how to register with Grants.gov, see [Registering an Organization](#) or contact the Grants.gov contact center at 1-800-518-4726 or support@grants.gov. Registering can take up to one month.

Application Receipt and Review

Initial Eligibility Review

The awarding agency screens applications for eligibility. Unless the NOFO requires specific proof of eligibility, the AOR's application certification is enough.

Use of Application Information

Agencies protect your application information during merit review and in accordance with laws like the [Freedom of Information Act](#) and [Privacy Act of 1974](#). Once awarded, the government can only use or share data as federal law allows. To help safeguard your information:

- Avoid sharing personally identifiable information.
- Only add confidential information if necessary.

See the Access to Research Data section of the GPS.

Merit Review

Merit review is a review by those with expertise in the programmatic subject matter area for the submitted applications.

Applications for discretionary programs, whether received in response to a NOFO, requested from a single source (very rare), or received as an unsolicited request for grant funding, will go through a merit review.

The merit review provides recommendations to the individuals responsible for making award decisions. Merit review is necessary to make sure HHS chooses applications that best meet the needs of

the program. These needs must be based on what the NOFO says about what makes a successful application.

Peer review is a form of merit review. Reviewers are peers with expert knowledge about how the program topic. Sometimes, the program statute may tell us which type of reviewers to pick or how a review should happen.

Award Risk and Business Review

Before award, agencies do pre-award risk and business reviews of applications. These can include:

- Cost analysis of the budget
- Assessment of management systems
- Final review of applicant eligibility
- Compliance with public policy requirements

During this review, the agency might request more details or actions from you.

Following review, officials make decisions about making the award, adding special conditions, and funding level.

Cost Analysis

HHS agencies careful review of the applicant budget includes:

- a review of the cost breakdowns
- a check to make sure the cost data in the application is correct
- an overall review of the costs for need for and the reasonableness and allowability of proposed costs

The review depth depends on project complexity, applicant prior experience, and other factors.

Management System Analysis

Applicants must have systems, policies, and procedures in place to manage award funds and activities. HHS agency staff take a close look at your financial and business management systems. This review includes property management and procurement systems and helps ensure:

- Applicant organizations apply policies and procedures consistently, regardless of funding source, and
- Systems meet the standards and requirements in [45 CFR § 75.302](#), Financial Management.

Civil Rights Assurance

Domestic recipients, subrecipients, and contractors must file [Form HHS 690](#), Assurance of Compliance once with the HHS Office for Civil Rights (OCR). It is not needed for each application.

The recipient must ensure that subrecipients and contractors have filed the form.

Additionally, recipients must comply with all applicable Federal anti-discrimination laws material to the

government's payment decisions for purposes of 31 U.S.C. § 372(b)(4).

(1) Definitions. As used in this clause –

(a) DEI means “diversity, equity, and inclusion.”

(b) DEIA means “diversity, equity, inclusion, and accessibility.”

(c) Discriminatory equity ideology has the meaning set forth in Section 2(b) of Executive Order 14190 of January 29, 2025.

(d) Discriminatory prohibited boycott means refusing to deal, cutting commercial relations, or otherwise limiting commercial relations specifically with Israeli companies or with companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of Israel to do business.

(e) Federal anti-discrimination laws means Federal civil rights law that protect individual Americans from discrimination on the basis of race, color, sex, religion, and national origin.

(2) Grant award certification.

(a) By accepting the grant award, recipients are certifying that:

(i) They do not, and will not during the term of this financial assistance award, operate any programs that advance or promote DEI, DEIA, or discriminatory equity ideology in violation of Federal anti-discrimination laws; and

(ii) They do not engage in, and will not during the term of this award engage in, a discriminatory prohibited boycott.

(3) HHS reserves the right to terminate financial assistance awards and claw back all funds if the recipients, during the term of this award, operate any program in violation of Federal anti-discriminatory laws or engages in prohibited boycott.

Human Subjects and Animal Welfare Assurance

If IRB review and approval is required but still pending at the time of award, agencies will restrict human subjects research until they get and approve the needed proof. Additional information is available on the [Office of Human Research Protections](#) website. This includes a series of [decision charts](#) to help assess whether an activity is human subjects research covered by the regulation and when an exemption may apply.

Before getting an award, if applicants plan to use vertebrate animals, they must send an [Animal Welfare Assurance](#) to HHS' Office of Laboratory Animal Welfare. This confirms that a committee has reviewed the parts of the application related to animals.

Communicating Decisions

Agencies inform applicants about their decisions in various ways:

- Award: If you are getting an award, you will receive a Notice of Award (NoA).
- Denial: If the agency decides not to fund your application, the AOR gets a letter.
- Approved unfunded: Sometimes, despite a good review, there's not enough funds.

The awarding agency could keep your application for future funding. The awarding agency will notify the AOR that your application is approved but unfunded.

- Revised application eligibility: If not successful, the NOFO might allow you to adjust and reapply later. However, some agencies cap the number of revisions and retries.

You cannot appeal a denial or the amount of funds awarded.

The Notice of Award

The Notice of Award is a legal instrument. See [45 CFR § 75.210](#) for the contents of an NoA.

Accepting the Award

Once accepted, the contents of NoAs are binding.

Applicants become recipients when the NoA is signed by the awarding agency's Chief Grants Management Officer (CGMO) or his/her delegate. The recipient accepts an award by drawing down funds. HHS expects recipients to draw down funds in the first 30 days of the period of performance.

Declining or Negotiating Awards

During the time between the NoA being signed and the drawing down of funds, if you can no longer accept an award or you need to negotiate any award parts, tell the awarding agency. If no agreement is reached, the agency will cancel the award. You cannot challenge the agency's decisions on the terms and conditions.

Periods of Performance

HHS uses the period of performance system for funding awards. Funding is provided in approved yearly increments called budget periods. The total period of performance includes the initial competitive

segment, any additional segments authorized by approved continuation applications, and any no-cost extensions.

A competitive segment usually will be no longer than five years, not including no-cost extensions. A single federal award for the entire period of support may be used if the project is only construction or modernization or if the total planned project will be less than 18 months.

The awarding agency will determine the length of the period of performance based on:

- Any statutory, regulatory, or administrative requirements,
- The length of time requested by the applicant,
- Any time limits on the period of performance recommended by merit review,
- The frequency of merit review, and
- The funding principles as specified in the NOFO.

The NoA generally approves a period of performance that goes beyond the current budget period, showing the HHS awarding agency's intention to continue providing support. Funding for future budget periods is not guaranteed at the level shown on the current NoA. There is no legal obligation for HHS awarding agencies to provide funding beyond the end date of the current budget period in the NoA.

Recipients must submit a continuation application or annual report to get approval and funding for each new budget period within the approved period of performance. The HHS agency will make its decision to fund the next budget period by issuing a NoA which shows the new budget period and amount of new funding. Funding is based on adequate performance, availability of funding, and the best interests of the federal government.

Budget periods usually last 12 months. However, they may be shorter or longer based on programmatic or administrative needs. The NoA will show the total approved budget for the applicable budget period. This includes direct costs, applicable indirect costs, and any required matching or cost sharing.

Costs in the NoA

The initial NoA and each subsequent NoA provide details of the award and the amount awarded. After the initial budget period, NoAs may reflect any authorized carryover and amounts previously awarded for the full period of performance. The amount awarded is shown either as total direct and indirect costs and as a categorical (line item) budget breakdown. This is based on the requirements in the NOFO.

Recipients have certain rebudgeting flexibility within the overall amount awarded. However, the total amount awarded is the maximum amount the awarding agency is obligated to pay under that award. Once an award is made, the HHS awarding agency is not required to provide any supplemental or additional funding.

Post-Award

As a recipient, you will manage HHS awards and activities including:

- Project performance, [45 CFR § 75.301](#) and [2 CFR § 200.202](#)

- Use of award funds
- Compliance with award terms and conditions
- Issuing and monitoring subawards per [45 CFR § 75.352](#)

Recipient internal controls and policies must meet [45 CFR § 75.303](#).

Awarding agency staff monitor recipients for compliance, performance, and need for technical assistance. Reviews include:

- Recipient reports
- Financial and progress reports
- Audit reports
- Correspondence,
- Onsite and remote site visits, and
- Other information.

The Notice of Award supplies HHS contact information and instructions for reporting.

Changes to Awards

Prior Approvals

At times, you may need to make changes to the program budget or activities. Some changes require prior written approval. To find out if a change needs prior approval:

- Carefully review your NoA.
- Review [45 CFR § 75.407](#) for actions needing prior approval.
- Review Appendix E of the GPS for prior approval requirements for certain types of awards.
- Ask your GMS if you are not sure.
- Ask your cognizant agency for indirect costs if you have questions about changes to indirect costs. The cognizant agency is the federal agency that approved your indirect cost proposal.

Seeking Prior Approval

Once you know that you need prior approval, you can request it from your GMS. Prior approval requests must include:

- Recipient name
- Principal investigator (PI) or project director (PD) and authorized organizational representative (AOR) name
- PI or PD and AOR telephone numbers and e-mail addresses

You must send your prior approval requests in writing, by mail, prior approval system, or email. It must:

- Be signed by the AOR (if sent in an email, attach the signed letter/memo)
- Include any necessary supporting documentation
- Get to the awarding agency in enough time for approval before making the change

Once received, the awarding agency GMO or his or her designee will review and approve or deny the request:

- If the GMO or GMS decides the change does not actually require prior approval, the awarding agency must promptly inform you.
- If prior approval is required, the GMS will send a decision to the AOR with a copy to the PI or PD within 30 calendar days of receipt.

Only the GMO or GMS, as the GMO's delegate, can issue written approval. Informal answers are not valid.

There is no appeal for denial of a prior approval request.

Subrecipient Prior Approvals

The recipient has the authority to give prior approval for changes to sub-award or contract activities or budget. This does not include any action inconsistent with the award purpose or terms and conditions. The awarding agency must approve any actions that will result in a change to project scope. Ask the GMS if you have questions about a proposed change.

Budget and Scope Changes

Minor Budget Changes

Within a budget period, you can adjust your budget without prior approval if:

- The change is within or between approved direct cost categories.
- Your award's federal share is below the simplified acquisition threshold, and your NoA doesn't include a prior approval need. Check the current threshold in the [Federal Acquisition Regulation \(FAR\) at 2.101, Definitions](#).

Significant Budget Changes

Significant budget changes require prior approval when they constitute a change of scope or exceed 25 percent of total direct costs of the last approved budget period. When you are not clear if your budget change is beyond the scope, call your GMS.

Expanded Authority

If expanded authority is not granted in your NoA, you do not have it. To know if you have any expanded authorities:

- Review your NoA. Expanded authorities may be adopted by reference.
- Review your specific award conditions. These may include expanded authorities or limits on them.

When using expanded authorities as granted in the NoA, make sure you follow award requirements and the cost principles. All changes are subject to monitoring, audit, and related remedies for noncompliance. See the section below.

For a full understanding, see [45 CFR § 75.308\(d\)\(1\)](#). Expanded authorities may include:

- Waiving the prior approval requirements in [45 CFR part 75](#), except for those listed in [45 CFR § 75.308\(c\)\(1\)](#); and
- Three specific waivers in [45 CFR § 75.308\(d\)](#), including:
 - Incurring project costs up to 90 calendar days before award. Doing so is at the recipient's risk.
 - Carrying forward unobligated balances to the next budget period unless the funds are currently restricted. You need prior approval to carry forward any unobligated balance to any budget period other than the next budget period.
 - Initiating a one-time extension of the period of performance by up to 12 months unless any of the following are true:
 - The extension requires additional federal funds
 - The extension involves any change in the approved project objectives or scope

Recipients may not use a one-time extension only to use unobligated balances.

Please Note: For awards that support research, unless your awarding agency provides other instructions in the NoA in general or because it is part of a regulation, the three specific waivers above (in [45 CFR § 75.308\(d\)](#)) are automatic and noted in your NoA.

Several expanded authorities have specific deadlines for reports or notification. If a recipient consistently fails to meet them, the awarding agency may stop their ability to use them. Be sure to read your NoA carefully or ask your GMS if you have questions about expanded authorities under your award.

Extensions to Awards

The awarding agency may provide more time and funds after an award is made. The two types of extensions are:

- No-cost extensions: A time extension without more funds.
- Funding extension with funds: A time extension with added funds.

No-Cost Extensions

HHS agency prior approval is required for no-cost extensions, unless provided as an expanded authority.

When prior approval is required, the recipient must request the no-cost extension no less than 10 days prior to the end of the budget period.

In cases where there is expanded authority, the recipient must notify the HHS agency in writing with the supporting reasons and a recommendation for revised period of performance at least 30 calendar days before the end of the period of performance in the original NoA.

Regardless of whether approval is required, no-cost extensions are not meant to just spend unobligated funds. The purpose of a no cost extension is to:

- complete the project,
- provide for an orderly shutdown, or
- in some cases, provide a bridge to the next award.

If using expanded authority, and you do not need permission, you must tell the awarding agency.

Reminders for All Extensions

- You can't extend a period already lengthened by the awarding agency.
- Award terms and conditions still apply during the extended time.
- No matter the extension length, you must keep sending required reports as set out in your award.
- You must update all necessary certifications and assurances, including those about human subjects and animal welfare, following relevant rules and policies.
- A second extension longer than 12 months should be rare and will need special justification.
- If the agency denies an extension, you cannot appeal it.

Supplemental Funding Extension Without Change in Scope

A recipient may request supplemental funding with an extension of time without a change in scope that is under 25% of the total approved budget or \$250,000, whichever is less, for the period of performance. These extensions are not competitive. Approving a request is at the discretion of the agency and depends on availability of funds.

Supplemental Funding Extension with Change in Scope

For supplemental funding and an extension of time with a change in scope, you must submit the request at least 30 days before the period of performance ends. The request must include the proposed revised ending date and justify both the extension and any additional funds. These extensions are not competitive. However, the HHS agency will conduct a merit review and will have to internally justify the award.

Transferring Major Work to A Subrecipient

Non-Pass-Through Programs

For these awards, you have a substantial project role and cannot just be a conduit for another party.

Before transferring major or substantive work to a subrecipient not in the approved application, you must get prior approval. This does not apply to buying or obtaining regular goods or services.

When asking for prior approval, include:

- What activities or tasks you want to transfer.
- Why a third party should do them.
- A detailed cost estimate and reasons, including any indirect costs and their reimbursement method.
- How you'll choose the subrecipient.
- The type of subaward planned.
- The types of organizations you'll solicit. If you've already chosen one, name it and explain why.

Pass-Through Recipient

A pass-through recipient means a non-Federal recipient that provides a subaward to a subrecipient to carry out part of a Federal program. In a pass-through program, the recipient:

- Chooses subrecipients to deliver services.
- Coordinates and oversees their activities
- Gives needed administrative support to meet awarding agency requirements.

For these programs, you don't need prior approval to give a subaward.

Change in Recipient or Recipient Status

The following section addresses policies for changes in recipient organization, scope, status of key personnel, and organizational status.

Change of Recipient Organization

To transfer the legal and management responsibility of an award to another organization, you must get prior approval.

The awarding agency must ensure the award's purpose and scope remain the same and the transfer aligns with federal appropriations laws and the statute or authority for the underlying award.

HHS allows transfer to a new recipient organization if:

- The award to be transferred has been terminated per [45 CFR § 75.372](#).
- There is a successor in interest or name change. Please contact your GMS for more information about the difference between these two.
- The awarding agency holds back a non-competing continuation award for reasons other than the project's performance. This can relate to the recipient's award management or not meeting terms and conditions.
- The original recipient agrees to give up the award before the period of performance ends. This can happen if a PI moves to a different organization. The project, with the same PI, can continue up to the current period of performance but not beyond. Costs cannot exceed the approved direct and applicable indirect costs.

Send your request as soon as possible before the end of the approved budget period within the period of performance.

If you want a change in organization, you must get prior approval from the GMS and sometimes, the Office of General Counsel. Contact the GMS if you believe the award needs to go to a new organization, ideally a few months ahead. Early requests enable important discussions, smooth review of the request, and avoid delays.

Supporting Documentation Needed for Requests

From the original organization:

- The [PHS 3734](#), “Official Statement Relinquishing Interests and Rights in a Public Health Service Research Grant,” or an equivalent form from the awarding agency.
- For research awards, include a “Final Invention Statement and Certification.”
- A final Federal Financial Report within 120 days after the end of HHS support.

From the proposed new organization, the awarding agency will request an application and will provide instructions for completing the application.

Requirements for Review and Possible Approval

Transfer requests are only considered when:

- All benefits of the original award, including equipment purchased fully or partly with award funds, are transferrable;
- The awarding agency decides there is a continued need;
- There is no change in the project's scope. If there is, it may need a merit review and possibly a different procedure;
- The facilities and resources at the new organization will allow for successful performance; and,
- For transfers to or between foreign or international organizations, any special approval requirements are met. This might include approval by an advisory council or board.

Even if the requirements above are met, the HHS agency may reject the request or terminate the award.

To implement a recipient change, the HHS agency:

- Sends a revised NoA to the original recipient, updating the budget and end dates;
- Removes any support for future years;
- Deobligates any remaining funds, based on the expenses from the relinquishing statement; and,
- Issues an NoA to the new recipient, reflecting the balance from the relinquishing statement.

Change in Scope

The PI/PD may want to make changes in the methodology, approach, or other aspects of the project that do not change the scope. The GMS must give prior approval for a proposed change in scope.

A change in scope occurs when the recipient proposes to change the objectives, aims, or purposes identified in the approved application. This might include:

- Shifting the research emphasis from one disease area to another;
- Changing the service area;
- Eliminating a primary care delivery site; or,
- Making budget changes that cause a project to change substantially.

The HHS agency makes the determination of whether a proposed change is a change in scope.

Change in Status of Key Personnel

Key personnel include the PI or PD and any other key personnel named in the NoA.

Provide written request to the GMS if any key personnel:

- Withdraw from the project entirely;
- Are absent from the project for a period of three months or more; or,
- Reduce time devoted to the project by 25 percent or more from the approved level.

The awarding agency must approve replacement of key personnel, or any alternate arrangement proposed.

A request for approval to substitute key personnel includes:

- A justification for the change
- The proposed person's biography
- Other sources of support, if applicable
- Any budget changes resulting from the proposed change

If your proposed arrangements are not acceptable to the awarding agency, they may suspend or terminate the award. If unable to make suitable arrangements, you may relinquish the award. To do so, notify the GMS in writing. The GMS will forward closeout instructions.

Change in Organizational Status

You must inform the awarding agency ahead of time about specific changes in your organizational status to ensure a smooth transition and maintain compliance with administrative requirements. The following are the situations that require prior notification:

- Successor-in-interest: This happens when the obligations and rights of an award are acquired as a part of the transfer of assets. Common causes include legislation or legal actions such as mergers or shifts in corporate structure.
- Name change: This occurs when an organization changes its name, but it doesn't affect the rights or obligations of the award recipient.

- Merger: This is when two or more entities legally unite. Handling of this scenario depends on its nature:
 - If the merger results in the transfer of awards, use the policies for a successor-in-interest.
 - If the merger doesn't involve award transfers, it's treated as a name change.

If the change would be considered a change of recipient organization as discussed above, then you must obtain prior approval.

For any change in organizational status, ask your GMS. This agency is usually the one that has granted you the most awards. The GMS can clarify whether the change will be treated as a name change or a successor-in-interest and guide you on the necessary steps to follow.

Financial Management

You must meet the standards and requirements for financial management systems in [45 CFR § 75.302](#). You must have adequate internal controls and a way to manage your award consistent with Department of the Treasury requirements. See the Payment section of GPS.

Financial management systems must:

- Provide accurate, current, and complete financial information about federal awards.
- Provide reasonable procedures to ensure that subaward recipients submit timely financial reports.
- Maintain records that:
 - Identify the sources of funds for award-assisted activities
 - Identify the award's purposes and uses, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income
 - Include accounting records supported by source documentation, such as canceled checks, paid bills, payrolls, and time and attendance records
 - Maintain effective control and accountability for all cash, property, and other assets under the award; adequately safeguard them; and ensure that they are used only for authorized purposes.
 - Compare actual expenditures with the approved budget amounts for the award.
 - Include written procedures to implement the requirements of [45 CFR § 75.305](#).
 - Include written procedures for determining the allowability of costs in accordance with [45 CFR part 75, subpart E](#).

Deficiencies in your financial management system may result in specific award conditions or increased monitoring.

States must expend and account for funds according to state laws and procedures for the state's own funds and ensure compliance with all the requirements above.

Payment

You accept an award and its terms and conditions by drawing down or requesting award funds from the designated HHS payment system or office.

HHS generally makes award payments through the Payment Management System (PMS). HHS grant payments are generally advance payments. You should draw down funds as often as needed.

In accordance with Department of Treasury regulations, you must draw federal cash only for your immediate needs. At time of draw down, you will certify you will not hold cash beyond three working days. You are responsible for knowing when funds are deposited into your bank account so that you can disburse them on time. You may end up with excess Federal cash on hand if you do not disburse or return funds on time. Do not request cash to cover unliquidated encumbrances, obligations, or accrued expenditures until payment is pending.

Refer to the [Payment Management System \(PMS\) website](#) and [PMS User Guide | HHS PSC FMP Payment Management System](#) for further guidance.

Types of Payment

As noted, HHS grant payments are generally advance payments. There are multiple ways to receive payments, including SMARTLINK II/ACH, CASHLINE/ACH, and cash request.

- SMARTLINK II/ACH: directly deposits funds to your bank account after you request them from PMS. You must have Internet access to submit a request for funds to PMS. This method makes funds available the day after the request using the Federal Reserve Bank's Automated Clearinghouse process.
- CASHLINE/ACH: directly deposits funds to your bank account using a telephone to call a "voice-response" computer at PMS. Makes funds available the day after the request with direct deposit using the Federal Reserve Bank's Automated Clearinghouse process.
- Cash request: provides payment if you are not eligible for unrestricted advance of funds. It will say in the NoA if you must use cash requests for payment. Cash requests may be an advance or reimbursement.

You may request funds monthly for advance payments. This request should be based on expected disbursements for following month and the amount of Federal funds already on hand.

A request for reimbursement may be submitted more often than monthly. You should submit requests to the awarding agency at least 2 weeks before the cash is needed. PMS makes payment electronically through the ACH process upon receipt of the approved payment request from the agency.

Refer to the [Payment Management System \(PMS\) website](#) and [PMS User Guide | HHS PSC FMP Payment Management System](#) for further guidance.

Interest Earned on Advances of Award Funds

You must keep advance payments in interest-bearing accounts, except as provided in [45 CFR § 75.305\(b\)\(8\)](#). You can keep interest earned up to \$500 per year for administrative expenses. Each year, you must remit any interest earned over \$500 per year to the Payment Management System.

Indirect Costs

Indirect Cost Rate Negotiation and Salary Rate Limit (SRL) Policy

Please see Indirect Cost Rate Negotiation and SRL Policy in the Application Section.

New or Amended Indirect Costs

The GMO may permit new or increased indirect costs on an award when:

- A timely cost proposal was not received.
 - This can happen only if funds are available.
 - The amount is limited to the period after the effective date of the rate agreement.
- Rebudgeting changes a direct cost, which impacts an indirect cost.
 - The recipient may adjust the budget within the award ceiling and generally does need prior approval. See the Prior Approvals section of GPS.
- The indirect cost rate changes.
 - Generally, award amounts will not be adjusted based on a negotiated indirect cost rate different from that used at award.
 - However, if funds are available, a GMO may provide additional funds for indirect costs, only if:
 - An error was made in computing the award. This includes when a higher rate is negotiated after award and the date of the new rate agreement is within a month prior to the budget period start.
 - The awarding agency restores funds previously recaptured as part of an unobligated balance.
 - The recipient is eligible for additional indirect costs associated with additional direct costs awarded, such as a supplemental award.
 - A provisional rate was approved, and an approved indirect cost rate is now in effect.
 - The permanent rate will be used to determine indirect cost reimbursement, however:

- If the permanent rate is lower than the provisional rate, the award will not be adjusted downward, unless the indirect cost proposal included unallowable costs.
- The awarding agency is not required to provide new funds to accommodate a higher rate.

Applicable Credits

Applicable credits are funds saved or received that can reduce costs. Common examples include:

- Discounts
- Rebates
- Refunds for losses
- Corrections for overcharges

If you have any of these credits, you need to update the Federal Financial Report (FFR) to ensure that the proper amounts are charged to the award. If there are any extra steps, the awarding agency will let you know.

See [45 CFR § 75.406](#).

Allowable Costs and Activities

Allowable costs are either a direct cost or an indirect cost, and:

- Meet the applicable cost principles, including all the following:
 - Meet the factors affecting allowability. See [45 CFR § 75.403](#).
 - Are reasonable. See [45 CFR § 75.404](#).
 - Are allocable. See [45 CFR § 75.405](#).
 - Are allowable under the NOFO, program requirements, and NoA, including specific conditions and overall terms and conditions.
- Are specifically approved in the award, which means either:
 - The cost was included in the original award.
 - The cost is later approved by the awarding agency. See the Prior Approvals section of GPS.

Contact the GMS before incurring a cost if you have questions about allowability.

Subrecipients and contractors under the award must follow the requirements of their applicable cost principles.

Costs that Require Prior Approval

If you specifically describe a cost or activity that requires prior approval in your application budget, that cost is approved by the agency when you receive your award unless otherwise stated in the NoA. You do not need to get additional prior approval for that cost or activity.

You must get prior approval from the agency if you do not describe the cost or activity that requires prior approval in your application.

Profits and Fees

HHS will not provide profits or fees, except for the Small Innovation in Research (SBIR) and the Small Business Technology Transfer (STTR) Programs.

You can't pay fees to subrecipients or consortium members, even if they are for-profit.

Contractors can make a profit for common goods or services in accordance with normal commercial practice. See [45 CFR § 75.351](#).

Expenditure Adjustments

Expenditure adjustments are used to correct accounting or bookkeeping errors. These adjustments move costs between two budget categories, with at least one related to the HHS award. Once the error is found, it must be corrected within 90 days. If after 90 days, you must ask the GMO for approval.

Don't use expenditure adjustments to cover cost overruns or for unallowable costs.

Documentation

The adjustment must be supported by documentation that fully explains how the error occurred. Documentation must:

- Explain how the error happened and have an official from your organization certify the correction.
- Show how the adjustment meets the cost principles of allowability, allocability, and reasonableness.
- Support why the adjustment is needed, considering the type of cost, the original charge, and when it was first recorded.

Unless the expenditure adjustment needs GMO approval, you don't need to send the documentation to the GMS. Keep records for monitoring or audits. See [45 CFR § 75.364](#).

Send a revised Federal Financial Report (FFR) if the adjustment changes your previous FFR.

Your financial system should catch errors quickly. Regular mistakes suggest you need to improve your accounting or internal controls. Agencies might ask for corrective actions or add terms and conditions to your award.

Rate of Expenditure and Drawdowns

Expenditure and drawdown rates give information about progress, financial management, and internal controls.

Expenditures

The GMS monitors spending rates within each budget period and throughout the period of performance.

The funds for each budget period are based on:

- the work planned for that time
- your budget, including any unobligated funds

HHS expects spending rates and types to match the approved plan and budget.

Drawdowns

The GMS checks drawdown patterns to see if money is taken out too early or too slowly. This can show:

- problems with your financial management system or internal controls
- risk of not finishing the project on time and within budget

If issues are found, the GMS will ask for more details and help you make corrections, which may include coordinating with the agency PO and GMS.

Cost Allocation

If a cost benefits more than one project or activity, divide the cost based on the benefit to each project.

If it is hard to determine the split because the projects are closely linked, distribute the costs on a reasonable basis with clear and documented explanations.

Treatment of Unobligated Balances

Unobligated balances are funds under an HHS award that you have not obligated. You calculate this by subtracting the cumulative amount of funds obligated from the cumulative amount of funds authorized.

Unliquidated obligations are commitments you have made, but not yet paid. Unliquidated obligations should not be reported as part of an unobligated balance.

If you have unobligated balances in your annual FFR, the awarding agency can:

- Carry Over: Revise the NoA to carry over to a following budget period.
- Offset: Move them to the next budget period but deduct the total from the award amount.
- A Mix: Use a mix of carry over and offset.

During an active budget period, if you have unobligated balances from a previous budget period, you can ask the awarding agency in writing to use them. If approved, the awarding agency will amend the NoA. If approved, funds carried over can be used for costs within scope of the project.

Program Income

Program income is gross income earned by an award recipient, subrecipient, or contractor and directly generated by an award-supported activity or earned as a result of the award.

Program income includes:

- fees for services
- charges for the use or rental of real property, equipment, or supplies bought with the award
- the sale of products made under an award
- charges for research resources
- license fees and royalties on patents and copyrights

The NoA governs the use of royalties and other income earned from a copyrighted work, patents, patent applications, trademarks, or inventions.

Accountability

Accountability refers to whether the awarding agency specifies how the program income is to be used, if the income needs to be reported to the awarding agency, and for what length of time. The following general policies apply:

- Unless otherwise specified in the award terms and conditions, you are not accountable for program income earned after the period of performance ends.
- Program income may be used only for allowable costs using the applicable cost principles and award terms and conditions.
- Subawards and contracts are subject to the same terms regarding generated income as the recipient. The following policies apply related to when the program income is earned:
 - Received and expended during the period of performance. Recipient is required to use program income as provided in the NoA.
 - Received and expended after the period of performance. Required to adjust the final FFR to reflect receipt and use of the income as directed by the GMO.
 - Received during the project period but expended after the period of performance. This may happen if you earn the income during the final budget period of the period of performance, please get GMO approval to use income post final budget period and adjust the final FFR accordingly.

Alternatives for Use

The NoA will tell you how to use program income. Here are the alternatives:

- Additive: Add it to the project's funds to further allowable objectives. Program income must be used for the purposes and under the conditions of the award.
- Deductive: Deduct it from the project's total costs and reduce federal funds and recipient cost-sharing contributions.
- Combination: Uses the additive alternative for program income up to \$25,000 and the deductive alternative for any amount over \$25,000.

- Matching: Use it as all or part of the non-federal (matching) part of an award.

See [45 CFR 75.307\(e\)](#) for more information.

Generally:

- For non-research projects: If not specified in the NoA, use the deductive method.
- For research projects (except for awards to for-profit organizations other than the SBIR and STTR programs): If it is not specified, use the additive method.

Reporting of Program Income

Recipients must report the amount of net program income earned and expended on the FFR. This is the gross program income earned minus the costs associated with generating the income.

- Report program income using the additive alternative on line 10n, which will populate line 10o.
- Report program income using the deductive alternative on line 10m, which will populate line 10o.
- Report program income used to satisfy match on line 10j. Do not include it on line 10l.

Reporting requirements for accountable income earned after award support ends are in the NoA.

Cost Sharing

Cost sharing — or matching — is the portion of project costs not paid by federal funds, unless otherwise authorized by federal statute. This may include:

- The value of allowable third-party in-kind contributions.
- Non-award funded expenditures made by the recipient.

See [45 CFR § 75.306](#) for rules on cost sharing or matching.

The following policies apply:

- Cost sharing may be voluntary or required by the NoA.
- Required cost sharing is part of the total approved budget in the NoA. It is part of the award requirements and enforceable.
- Cost sharing must follow the same requirements as the federal portion of the budget. This includes applicable cost principles, prior approval requirements, and other rules for allowability.
- Recipients may apply program income toward cash match only when expressly permitted by the NoA with prior approval.
- All cost sharing contributions must be from allowable sources. See [45 CFR § 75.403](#), [45 CFR § 75.404](#) and [45 CFR § 75.405](#)

- For research awards:
 - Voluntary cost sharing is not expected under research proposals.
 - Voluntary cost sharing cannot be used as a factor during merit review of research applications unless explicitly described in the NOFO review criteria.
 - Only mandatory cost sharing or cost sharing committed in the budget must be included in your research base for computing your indirect cost rate or reflected in allocating indirect costs.

The awarding agency will accept shared costs or matching funds, including cash and third-party in-kind contributions, when they meet all the following:

- follow [45 CFR § 75.306\(e\)](#) for volunteer services
- are verified from the recipient records
- are necessary and reasonable to accomplish project objectives
- are provided for in the approved budget when required
- are not paid by the federal government under another federal award, unless specifically allowed by law. See [45 CFR § 75.306\(b\)\(5\)](#)

The following policies apply:

- Sources of cost sharing or matching contributions must follow the applicable cost principles. See 45 CFR part 75, subpart E.
- If an awarding agency authorizes the recipient to donate buildings or land for construction or facility acquisition or long-term use, the value of the donated property for cost sharing or matching is generally the lesser of:
 - the value of the remaining life of the property recorded in the recipient's accounting records at the time of donation
 - the current fair market value

See [45 CFR § 75.306\(d\)](#).

- You must document in your records all costs and contributions used to satisfy a matching or cost-sharing requirement. These are subject to audit.
- You may use unrecovered indirect costs to satisfy cost sharing requirements with prior approval. These are the difference between the amount charged to the award and the amount that could have been charged to the award under the recipient's approved negotiated indirect cost rate.
- A third-party in-kind contribution to a fixed-price contract may count towards satisfying a cost sharing or matching requirement only if either:
 - it is an increase in the services or property provided under the contract without added cost to the recipient or subrecipient, or
 - it is a cost savings to the recipient or subrecipient.

If the NOFO specifies that matching or cost sharing is required, it will also say:

- Whether including matching or cost sharing in the application is an eligibility requirement or an evaluation criterion.
- The nature of the requirement. For example, whether it is a fixed percentage.
- Required documentation, like letters of commitment.

Valuation of Volunteer Services

Anyone offering skilled or manual work can volunteer for award-related activities. See [45 CFR § 75.306\(e\)-\(f\)](#).

To value the services:

- For individuals:
 - Use the usual rates your organization pays or area market rates for similar work.
 - If you do not have a set rate, use the typical local rate for that work.
 - You can also add a fair amount for fringe benefits.
- For employees lent by other companies:
 - Use their regular rate if they are doing their typical job.
 - Use the method for individuals if they are doing something different.

Valuation of Donated Buildings and Land

If an awarding agency authorizes you to donate buildings or land for construction or facilities acquisition projects or long-term use, the value of the donated property for cost sharing must be the lesser of the following:

- the value of the remaining life of the property
- the current fair market value

See [45 CFR § 75.306\(d\)](#), [\(h\)](#), and [\(i\)](#).

Enforcement

If you do not meet the specified level of cost sharing in the NoA, an awarding agency may do any or all of the following:

- reduce the award amount
- adjust down award funds during the budget period
- disallow costs post award

Procurement Management

You may acquire goods or services in support of award activities. The following policies apply when procuring property and services under an award:

- States must follow the same policies and procedures it uses for non-federal funds. Follow the requirements at [45 CFR § 75.326](#).
- All other recipients and subrecipients of a state must follow the procurement standards in [45 CFR §§ 75.327 through 75.335](#).

In order to procure goods and services, you must:

- Have written procurement procedures and standards of conduct that reflect applicable state, local, and tribal laws and regulations,
- Use a procurement method
- Do a cost or price analysis for all procurements above the simplified acquisition threshold
- Choose responsible contractors
- Follow all requirements in this section of the GPS

The HHS awarding agency has no direct relationship with your contractor.

Recipients other than federal institutions cannot use General Service Administration (GSA) supply sources except states who may acquire hardware and software from the GSA supply sources consistent with the terms and conditions of the GSA schedule.

Fixed Amount Subawards

With prior written approval from the GMO, you may provide subawards based on fixed amounts up to \$500,000 ([2 CFR § 200.333](#)). Fixed amount subawards must meet the requirements for fixed amount awards in [45 CFR § 75.201](#).

Requirements for States

States may follow the same policies and procedures for procurements using non-federal funds. States will comply with [45 CFR § 75.331](#) and ensure that every purchase order or other contract includes any clauses required by [45 CFR § 75.335](#).

States may acquire hardware and software from Federal Supply Schedules consistent with the terms and conditions of the schedules.

State agencies or agencies that are political subdivisions of states must comply with [section 6002 of the Solid Waste Disposal Act as amended by the Resource and Conservation Act](#). The requirements include:

- Procuring only items noted in guidelines of the Environmental Protection Agency (EPA) at [40 CFR § 247](#) that contain the highest practical percentage of recovered materials.
- Keeping an acceptable level of competition, where the purchase price of the item is more than \$10,000 or the value of the amount acquired during the previous fiscal year was more than \$10,000.
- Procuring solid waste management services to maximize energy and resource recovery.
- Establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

Requirements for Foreign Entities

The HHS awarding agency may require a review of all proposed procurements exceeding a certain dollar amount or for certain types of services. The HHS awarding agency may also add specific terms and conditions to its awards that address the procurement of such goods and services.

Selecting Responsible Contractors

You must avoid acquiring duplicate or unnecessary services or goods. You should use the most efficient strategy for acquisition. You should use federal excess and surplus property whenever possible to reduce project costs. You must award contracts based on factors like:

- Integrity
- Compliance with public policy
- Past performance
- Financial and technical resources

System for Award Management (SAM) Eligibility

You must check the System for Award Management ([SAM.gov](#)) to make sure that you do not make a subaward or contract to a debarred, suspended, or ineligible organization. SAM needs to be checked:

- By the recipient organization:
 - for all first tier subawards, regardless of the amount
 - for all first-tier procurement contracts of \$25,000 or more
 - for all lower tiers of contracts under covered non-procurement transactions. See [2 CFR § 376.220](#).
- By the subaward recipient for all lower tier subaward recipients.

Written Agreements

You must execute a written agreement between your organization and the subrecipient, if applicable. The agreement must include all the following:

- the activities to be performed

- time schedule
- the provisions required by [45 CFR § 75.335](#) and found in [45 CFR part 75, Appendix II](#).
- policies and requirements that apply to the contractor, including [45 CFR § 75.327](#) and other relevant award terms and conditions
- maximum amount of funds to be awarded
- cost principles to be used in determining allowable costs for cost-type contracts

The following policy applies:

- The agreement must not affect your overall responsibility for the project or accountability to the federal government.

Subrecipient Periods of Performance - Contracts

If the term of the contract and the award budget period are not the same, you may charge the contract costs to the budget period in which the contract is executed even though some of the services will be performed in a later period. These conditions apply:

- You must notify the awarding agency.
- The expected contract performance period goes beyond the current budget period.
- You have a legal commitment to settle all contractual and administrative issues. See [45 CFR § 75.327\(k\)](#).
- Only costs for services provided during the period of performance are allowable.
- For rental costs for facilities and equipment charge the applicable amount in each budget period as applicable. Contact the GMS before entering into leases that will result in direct charges to the award.

To limit liability, recipients should insert a clause in contracts less than \$100,000 that states that payment after the end of the current budget period is contingent on continued federal funding.

Time and Materials Contracts

Time and materials contracts may only be used if:

- there is no other appropriate contract type
- the contract includes a ceiling price that the contractor exceeds at its own risk
- the direct hours are fixed and include wages, general and administrative expenses, and profit

Procurement Methods

You must use one of the following methods of procurement:

- Micro-purchases
- Small purchase procedures
- Sealed bids
- Competitive proposal

- Noncompetitive proposal

Micro-purchase procurements are the acquisition of supplies or services when the total dollar amount is less than the micro-purchase threshold (\$50,000). To the extent possible, you must distribute micro-purchases equitably among qualified suppliers. Micro-purchases do not require soliciting competitive quotations if cost is reasonable.

Small purchase procurements involve simple procurement methods for securing services, supplies, or other property less than the Simplified Acquisition Threshold (\$250,000). Non-federal entities must obtain price or rate quotes from sufficient qualified sources.

Sealed bid procurements require public solicitation for bids, leading to a firm fixed price contract (lump sum or unit price) given to the bidder whose bid is the lowest in price and complies with all material terms and conditions.

Competitive proposals usually involve more than one source sending an offer. A fixed price or cost-reimbursement type contract is awarded. It is generally used when sealed bids are not appropriate. You must adhere to the following requirements when using this procurement method:

- Requests for proposals must be publicized and identify all evaluation factors and their relative importance. Any response to publicized requests for proposals must be considered to the maximum extent practical.
- Proposals must be solicited from an adequate number of qualified sources.
- You must have a written method for technical evaluations of the proposals and for selecting bids.
- Contracts must be awarded to the responsible firm whose proposal is best for the program.

You can also use the competitive proposal procedures for qualifications-based procurement of architectural/engineering (A/E) professional services. Applicant qualifications are evaluated and the most qualified competitor is selected, subject to negotiation of fair and reasonable compensation.

Non-competitive proposals solicit a proposal from a single source. You may only use this method when the item is only available from a single source or in the event of a public emergency to expedite the acquisition, or when there is inadequate competition for a product, material, or service. You can get approval for non-competitive proposals from the GMO or his/her delegate.

Upon request, you are required to undergo a pre-procurement review and submit procurement documents to the HHS awarding agency or pass-through entity when:

- Your procurement procedures or operations do not comply with the procurement standards required by those regulations.
- The procurement is expected to exceed the Simplified Acquisition Threshold and is to be awarded without competition, or only one bid or proposal is received in response to a solicitation.
- A procurement that will exceed the Simplified Acquisition Threshold specifies a "brand name" product.

- A proposed award over the Simplified Acquisition Threshold is to be awarded to other than the apparent low bidder under a sealed-bid procurement.
- A proposed contract modification changes the scope of a contract or increases the contract amount by more than the amount considered to be a simplified acquisition.
- When prior written approval is required, the non-federal entity must make available sufficient information to enable review. This may include, at discretion, pre-solicitation technical specifications or documents, such as requests for proposals or invitations for bids, or independent cost estimates. Approval may be deferred pending submission of additional information by the non-federal entity or may be conditioned on the receipt of additional information. Any resulting approval does not constitute a legal endorsement of the business arrangement by the federal government nor does such approval establish the HHS awarding agency as a party to the contract or any of its provisions.

Written Standards of Conduct and Conflict of Interest

Recipients must maintain written standards of conduct covering conflicts of interest. Individuals affiliated with a recipient organization cannot participate in the selection, award, or administration of a contract supported by a federal award if they have a real or apparent conflict of interest with:

- Employees
- Officers
- Agents
- Immediate family members, spouses, or partners
- Potential employer

These individuals are prohibited from soliciting gratuities, favors, or anything of monetary value from subrecipients. However, recipients may set standards for situations where financial interest is not

agency for utilization using the SF-428-B (final) or SF-428-C (disposition). The recipient will receive disposal instructions from the HHS awarding agency.

Revocable License

In some cases, federally owned property may be made available to a recipient under what is called a “revocable license agreement.” This agreement means the HHS awarding agency allows the recipient to use the property for the period of the award under the following conditions:

- The title to the property remains belongs to the federal government;
- The HHS awarding agency reserves the right to require the property to be returned to the should it be determined to be in the best interests of the federal government to do so;
- The use to which the non-federal entity puts the property does not permanently damage it for federal government use; and,
- The property is controlled and maintained in accordance with the requirements of the NoA.

Equipment

Equipment is tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit purchase cost which equals or exceeds the lesser of the capitalization level established by the recipient for financial statement purposes, or \$10,000.

Please see the general requirements under [45 CFR § 75.320](#) and [45 CFR § 75.439](#) for how to manage and track equipment. Unless a statute specifically says the recipient should own the title for equipment without further obligation to the HHS awarding agency, the title must be a conditional title. Under this conditional title, the recipient must:

- Use the equipment for the authorized purposes of the project during the period of performance, or until the property is no longer needed for the purposes of the project; and,
- Not restrict the use of the equipment without approval of the HHS awarding agency.
- Subject to disposition instructions provided by the HHS awarding agency, use the equipment in the project it was acquired in as long as needed, whether or not the project continues to be supported by the federal award.

Important Property Reminders

- You must classify equipment that will be permanently attached or fixed to the land as real property.
- States must use, manage, and dispose of equipment acquired under a federal award by the state in accordance with state laws and procedures.
- Real property constructed or renovated with award support may not be conveyed, transferred, assigned, mortgaged, leased, or in any other manner encumbered by the recipient, except as expressly authorized in writing by the awarding agency.

- If you default on a mortgage, you must immediately notify the GMS by telephone and in writing. If the mortgage holder intends to foreclose, you must notify the GMS in writing at least 30 days before the foreclosure action is initiated.
- The mortgage agreement must specifically allow, in the case of default, that HHS or its designee may assume the role of mortgagor (borrower) and continue to make payments.

Insurance

You must insure property and equipment acquired or improved under an award. The following policies apply:

- You must provide the same insurance coverage for property under an award as you do for other such property.
- You don't need to insure federally owned property unless required by the award terms and conditions.
- If your organization is a government agency, you may follow your own insurance requirements.
- If title to real property bought with award funds vests with your organization, you must provide the following minimum insurance coverage:
 - Title insurance policy covering the fee interest in the real property for an amount not less than the full appraised value of the property, even if federal support is partial.
 - Physical destruction insurance policy covering the full appraised value of the facility from risk of partial and total physical destruction, even if federal support is partial.
 - You must maintain the insurance policy for the duration of the federal interest in the property.

Within five days of completion or beneficial occupancy, you must submit a written statement signed by the AOR to the GMS. This statement must assure that you have purchased the required insurance policies and will maintain the insurance coverage as required above.

Self-Insurance

The awarding agency may waive one or both of the requirements above if you are effectively self-insured. If you claim self-insurance, you must provide the awarding agency an assurance that includes:

- A statement that you meet the definition of effectively self-insured. This means that you have sufficient funds to pay for any damage to the facility, including total replacement, or to satisfy any liens placed against the facility.
- The source of the funds, such as the organization's endowment or other special funds set aside for this purpose.

See [45 CFR § 75.447](#).

Notice of Federal Interest for Construction, Acquisition, and Modernization

A Notice of Federal Interest (NFI) is required for construction, acquisition, and modernization, except for Minor A&R. The non-federal entity (or owner, if other than the non-federal entity) must file an NFI prior to initiating construction or modernization, or when an existing facility or land is acquired with federal funds. The non-federal entity must:

- Record the NFI by the owner in the appropriate public records of the jurisdiction where the property is located. Associated fees are allowable costs.
- Provide a copy of the NFI to the HHS awarding agency.
- Accurately indicate that the property was constructed, acquired, or modernized with HHS awarding agency funds and, that during its useful life of the facility, as defined in the NFI, the HHS awarding agency's use and disposition requirements apply.
- Seek review by the HHS awarding agency to make sure it is acceptable.

The federal interest may not be conveyed, transferred, assigned, mortgaged, leased, or otherwise be encumbered or subordinated by a non-federal entity unless approved by the HHS awarding agency.

Property and Equipment Disposition

According to [45 CFR § 75.318\(c\)](#), you must request disposition instructions from the awarding agency when:

- Property under the award is no longer needed for the intended purpose or you will not be using the property for other activities currently or previously supported by an awarding agency.
- Federal statutes, regulations, or awarding agency disposition instructions in the NoA do not say otherwise.

Equipment

Unless the NoA or HHS awarding agency instructions say otherwise, you must dispose of the property as follows, in accordance with awarding agency disposition instructions:

- Retain, sell, or dispose of equipment items with a current fair market value of \$10,000 or less, with no further responsibility to the government. See [2 CFR § 200.313\(e\)\(1\)](#). The provision also clarifies that Indian Tribes may use their own procedures for use, management, and disposal of equipment. If they do not have procedures, then they must follow the ordinary guidance.
- Retain or sell equipment items with a current fair market value over \$10,000. The following apply:
 - You pay the awarding agency the current fair market value according to the percentage of the federal share in its original cost.

- If sold, the awarding agency may allow you to deduct the lesser of \$500 or ten percent of the proceeds from the federal share.
- If your organization is a non-profit institution of higher education or non-profit organization with a principal purpose of scientific research, you are exempt from any requirement to account for proceeds from a sale.
- Transfer property title to the federal government or an eligible third party. You are entitled to compensation for its share of the current fair market value.

Supplies

Your organization is assigned the title to supplies when you acquire them. If you have more than \$10,000 in supplies after the award is terminated or project is completed, you must retain the supplies for use on other activities, or sell them, and then compensate the federal government for its share. See [2 CFR §200.314](#).

Modernization of Real Property

Modernization includes both major and minor alterations and renovations (A&R) unless otherwise stated. Modernization is not an allowable cost under the following:

- Federal awards to individuals
- Conference awards

You may not perform major A&R using federal funds or required matching or cost sharing unless

- There is specific statutory authority, and
- The NoA explicitly allows it.

Minor A&R is an allowable cost under all types of awards with prior approval under the following criteria, unless restricted in the NOFO or NoA:

- The governing statute or program regulations do not exclude it.
- The work is required to use the space more effectively to meet the program needs.
- The building has a useful life consistent with the project and is architecturally and structurally suitable for conversion.
 - If you own the property, it has a useful life consistent with the project.
 - If you lease the property, the terms and length of your lease are consistent with the project.
- Work and costs to get an initial occupancy permit is not an allowable cost. Costs must be for purposes other than human occupancy (e.g., storage).
- If the building is under construction or the A&R will take place in an incomplete structure, the costs are only allowable if:
 - It is cost-effective to perform the A&R while the building is under construction or being completed, and

- Minor A&R costs are limited to the difference between the cost of completing the interior space for general use and the cost of adapting it for the federal award supported purpose.
- The space involved will be occupied by the project.
- National Environmental Policy Act (NEPA) and the National Historic Preservation Act (NHPA) requirements are followed, as applicable.

The following are not considered minor A&R:

- Costs associated with routine maintenance, painting, and repair of facilities or equipment that are normal business costs and generally charged as indirect.
- Certain costs of installing equipment, such as the temporary removal and replacement of wall sections and door frames to place equipment in its permanent location, or the costs of connecting utility lines, replacing finishes and furnishings, and installing any accessory devices required for the equipment's proper and safe utilization, unless the non-federal entity's accounting system considers these modernization costs rather than equipment costs.
- Costs of furnishings and movable equipment.

Federal Interest Involving Construction and Modernization of Leased Property

You must make sure any leased property that you propose construction or modernization costs for has a long enough lease for the full value of the federal award supported improvements to benefit the award activity and support the expected useful life of the facility. You must submit additional documentation to the HHS awarding agency in these cases:

- You must submit lease language to the HHS awarding agency prior to drawing down funds or being reimbursed.
- The property owner must consent to the proposed work, acknowledge federal interest in the property, and file a Notice of Federal Interest (NFI), if required. The lease must include, or be amended to include:
 - Your full use of and access to the leased property during the term of the lease.
 - Your agreement not to sublease, assign, or otherwise transfer the leased property, or use the property for a non-federal award-related purpose(s) without the written approval of the HHS awarding agency (at any time during the term of the lease, whether or not federal award support has ended).
 - That the lessor will inform the HHS awarding agency of any default by the non-federal entity under the lease.
 - The HHS awarding agency has 60 days from the date of receipt of the lessor's notice of default in which to attempt to eliminate the default, and that the lessor will delay exercising remedies until the end of the 60-day period.

- The HHS awarding agency intervening to ensure that the default is eliminated by the non-federal entity or another non-federal entity named by the HHS awarding agency.
- The lessor accepting payment of money or performance of any other obligation by the HHS awarding agency's designee, for the non-federal entity, as if such payment of money or performance had been made by the non-federal entity.
- If the non-federal entity defaults, the federal award is terminated, or the non-federal entity vacates the leasehold before the end of the lease term, the HHS awarding agency has the right to designate a replacement for the non-federal entity for the balance of the lease term, subject to approval by the lessor in a separate agreement with HHS, which will not be withheld except for good reason.
- Documentation of a NFI for the leased property (if required).

Intangible Property

Intangible property is property having no physical existence. These may include:

- trademarks, copyrights, patents, and patent applications
- property, such as loans, notes, and other debt instruments; lease agreements; stock; and other instruments of property ownership

Intellectual Property

HHS expects you and your PIs and PDs to make your award results and accomplishments available to the research community and the public. If the research results in inventions, the [Bayh-Dole Act of 1980](#) and [37 CFR part 401](#) apply. If you follow these requirements, you have the right to retain title to any invention conceived or first actually reduced to practice.

The law and regulation promote:

- commercialization of federally funded inventions.
- free competition and enterprise without restricting future research and discovery.

The law and regulation require recipients to:

- Make efforts to develop and commercialize the technology to advance to industry for development.
- Make unpatented research products or resources available through licensing to vendors or other investigators.
- Share copyright-protected research outcomes in journal articles or other publications.

Irrevocable and Royalty-Free License

Except as otherwise provided in the NoA, you may assert copyright in any publications, data, or other copyright-protected work developed under an award. Doing so does not require awarding agency approval.

Rights in data also extend to students, fellows, or trainees under awards with an educational purpose. In this case, authors are free to assert copyright in works.

The federal government has a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use material resulting from a supported project or program. This applies whether HHS funded all or part of the project. You are responsible for ensuring that any necessary copyrights obtained from your subrecipients also allow the material to be used by the federal government.

HHS may also extend this license to others for federal purposes. For example, to make it available in government-sponsored databases for use by other researchers. The NoA addresses the specific scope of awarding agency rights. See [45 CFR § 75.322\(d\)](#), [45 CFR § 75.365](#).

Access to Research Data

A federal agency may use award-related research data in developing an agency action that has the force and effect of law. If so, [45 CFR § 75.322\(e\)\(1\)](#) requires recipients to release the research data to the awarding agency to support a FOIA request. See [45 CFR § 75.322\(e\)](#). See also:

- the definition of research data at [45 CFR § 75.322\(e\)\(3\)](#).
- the definition of records, which includes research data at [45 CFR § 5.3](#).

Excluded are:

- drafts of scientific papers
- plans for future research
- peer reviews
- communications with colleagues
- physical objects (e.g., laboratory samples, audio or video tapes)
- trade secrets
- commercial information
- materials necessary to be held confidential by a researcher until publications in a peer-reviewed journal
- information that is protected under the law such as intellectual property
- personnel, medical files, and similar files, if disclosure would constitute an unwarranted invasion of personal privacy
- information that could be used to identify a particular person in a research study

If the data are publicly available, HHS directs the requester to the public source. Otherwise, the awarding agency FOIA coordinator handles the request, consulting with the recipient and the PI. The recipient may charge a reasonable fee to cover their costs to respond. HHS may do the same.

This requirement to release research data does not apply to for-profit organizations or to research data produced by state or local governments. However, if a state or local government recipient contracts with an educational institution, hospital, or non-profit organization, and the contract results in covered research data, those data are subject to disclosure.

Patents and Inventions

Inventions conceived or first actually reduced to practice under awards are governed by the Bayh-Dole Act, [35 USC 200-212](#), and implementing regulations at [37 CFR part 401](#).

The regulations at 37 CFR § 401 apply if both the following are true:

- Inventions result from federally funded research.
- Your organization or your subrecipient or contractor is a university, non-profit entity, governmental entity, or small or large business.

See [iEdison](#) for more information.

Royalties and Licensing Fees from Copyrights, Inventions, and Patents

You may commercially apply intellectual property and require payments for its use.

Unless the NoA says otherwise, you do not have to report program income earned from license fees and royalties. This includes copyright-protected material, patents, patent applications, trademarks, and inventions made under an award.

You may pay royalties to others as an allowable direct cost.

See [45 CFR § 75.448](#).

Invention Reporting

For information, see [Invention Reports at iEdison](#). See also [37 CFR part 401](#).

Seek the advice of the GMS about:

- Whether an invention made under a career development award is a subject invention
- The extramural technology transfer policy
- Reporting of inventions

Publications and Acknowledgement of Support

Publications

HHS encourages you to publish the results and accomplishments of awards. You can publish your results without prior approval. These policies apply, unless otherwise specifically addressed in your NoA:

- You may assert copyright in scientific and technical articles based on data produced under the award.

- You may transfer copyright to the publisher or others for journal publication or other professional activities.
- All copyrights, including transfers, are subject to a royalty-free, non-exclusive and irrevocable license to the federal government, and any agreement must include that the assignment is subject to the government license.
- You must account for royalties and income earned from a copyrighted work as specified by the awarding agency.
- You must submit one copy of each publication resulting from work under an award with the annual or final progress report.
- If you plan to issue a press release about award-supported activities, you must notify the awarding agency in advance to allow for coordination.

Stevens Amendment

HHS will include the following information in your NoA and NOFO. When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents – such as toolkits, resource guides, websites, and presentations – describing the projects or programs funded in whole or in part with HHS funds, the recipient must clearly state:

- the percentage and dollar amount of the total costs of the program or project funded with federal money; and
- the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

The NoA may provide further instructions and language to use.

Acknowledgement of Support

When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents – such as tool-kits, resource guides, websites, and presentations (hereafter “statements”) – describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

- the percentage and dollar amount of the total costs of the program or project funded with federal money; and,
- the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

- If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources: This [project/publication/program/website, etc.] [is/was] supported by the [full name of the OPDIV/STAFFDIV] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX

with 100 percent funded by [OPDIV/STAFFDIV]/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [Name of the Awarding Agency]/HHS, or the U.S. Government. For more information, please visit [Award Agency Stevens Amendment website, if available].

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

- This [project/publication/program/website, etc.] [is/was] supported by the [full name of the HHS Awarding Agency] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by [full name of the HHS Awarding Agency]/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [Awarding Agency]/HHS, or the U.S. Government. For more information, please visit [Award Agency's Stevens Amendment website, if available].

Oversight and Monitoring

Subrecipient Flow-Down Requirements

The GPS applies to subrecipients and contractors. This includes consortium agreements where the recipient collaborates with other organizations.

The terms and conditions of awards flow down to subawards and subrecipients unless a particular GPS policy or award term and condition specifically says otherwise.

You have to have a formal written agreement with each subaward recipient. You must include applicable GPS requirements in your subaward agreements. Agreements must meet programmatic, administrative, financial, and reporting requirements. At a minimum, the subaward agreement must include:

- the PI or PD and subrecipient staff responsible for the program activity, including roles and responsibilities
- program administration and monitoring procedures
- policies and process for subrecipient funding, such as allowable costs, expenditure approval, funding caps, payment method and schedule, required documentation
- travel, salaries, and fringe benefit policies and procedures
- applicable public policy requirements and applicable assurances and certifications and provisions indicating the intent of the subrecipient to comply, including submission of applicable assurances and certifications
- conflict of interest requirement
- provisions regarding property, program income, publications, reporting, record retention, and audit

Reporting

You must submit financial, performance, and other reports. Not meeting reporting requirements could result in enforcement actions. These actions include those in the Remedies for Noncompliance section of the GPS including [45 CFR §§ 75.371-.380](#), and reporting to Responsibility/Qualification in SAM.gov (formerly FAPIIS).

Federal Financial Reports

You submit Federal Financial Reports (FFRs) through the Payment Management System (PMS).

How often you need to submit an FFR is in the NoA. This can range from quarterly to annually. Higher risk recipients may report more often.

Updated information on FFRs is at the [Program Support Center for PMS](#).

You may need to revise your FFR in some cases. You must submit a revised FFR to HHS immediately for overcharges. You also must submit revised FFRs as soon as possible for expenditures that you did not report before. You must explain why the revision is necessary and how you will prevent this in the future. For annual FFRs, revisions are due no later than 9 months from the end date. For final FFRs, revisions are due no later than 6 months after the end date. The agency will tell you how your award will be updated if revised FFRs are accepted.

PLEASE NOTE: The GMS may not accept a revised interim FFR submitted by the recipient that claims additional expenditures after one year from the end of the reporting period (regardless of when the original report was actually submitted).

Progress Reports

You submit progress reports through [GrantSolutions](#) or [NIH eRA](#).

The reporting schedule and requirements are in the NoA. Schedules can range from quarterly to annually. Higher risk recipients may report more often.

See [45 CFR § 75.342\(b\)\(1\)](#).

Other Reporting

Intellectual Property Reporting

If you have a research award, you must report on patents and inventions through iEdison ([iEdison | NIST](#)).

Each competing continuation application and progress report (when used in lieu of a non-competing continuation application) must indicate whether or not any subject inventions were made during the preceding budget period.

Invention Reporting

You must report on inventions. The [iEdison website](#) includes information on invention reports. See also [37 CFR part 401](#).

You must also submit an annual invention use report for:

- all inventions to which title has been elected, and
- inventions that have been licensed but not patented (research tools).

The utilization report provides a way to evaluate the extent of commercialization of subject inventions, consistent with the objectives of the [Bayh-Dole Act](#).

Contact the GMS for questions, including:

- if inventions under a career development award is a subject invention
- the extramural technology transfer policy
- reporting and use of inventions

Real Property Reporting

Construction awards must report the status of real property each year for as long as the federal government retains an interest, up to 15 years. If the federal interest lasts beyond 15 years, the awarding agency or pass-through entity may require the recipient to report at various multi-year frequencies.

Non-Compliance

Failure to Submit Reports

When you fail to submit required reports within the time allowed, the awarding agency may take enforcement actions including those in the Remedies for Noncompliance section of the GPS.

Overdue Reports

An awarding agency may give a waiver, if permitted by law, or extension if a report is overdue and the reason is beyond your control.

Failure to meet a new date may result in the awarding agency taking enforcement actions.

Submission of a required report does not necessarily fulfill your obligation. Reports must meet content requirements. You must provide the revised report by the indicated due date to avoid enforcement actions.

Fraud, Waste, and Abuse

Fraud, waste, or abuse related to HHS awards or use of award funds should be reported to HHS. Fraud, waste, and abuse may be reported:

- By telephone at 1-800- HHS-TIPS (1-800-447-8477) or TTY at 1-800-377-4950
- Fax at 1-800-223-8164. Forms for use are available at the [OIG website](#).
- E-mail at HHSTips@oig.hhs.gov
- USPS mail at U.S. Department of Health and Human Services, Office of Inspector General, Attn: OIG Hotline Operations, P.O. Box 23489, Washington, DC 20026.

If you report, you are not required to give your name, but if you do, your identity is kept confidential.

Fraud, waste, and abuse includes embezzlement, misuse or misappropriation of award funds or property, and false statements or claims. Examples include:

- theft of award funds for personal use
- using funds for non-award-related purposes
- theft of federally owned property or property acquired or leased under an award
- charging inflated building rental fees for a building owned by the recipient
- submitting false financial report
- submitting false financial data in bids submitted to the recipient

The federal government may pursue administrative, civil, or criminal action under a variety of statutes that relate to fraud and false statements or claims. Even if no award is made, you may be subject to penalties if information submitted as part of an application is found to be false, fictitious, or fraudulent. See the statutes referenced in Appendix D and Appendix E for statutes related to fraud, waste, and abuse.

Paperwork Reduction Act

The Paperwork Reduction Act (PRA), [44 USC 35](#), as implemented by [5 CFR part 1320](#), is designed to:

- Reduce, minimize, and control burdens
- Maximize the practical use and public benefit of the information created, collected, disclosed, maintained, used, shared, and disseminated by or for the federal government

OMB clearance is required for awarding agency collection of information. This includes all application or reporting forms, whether paper or electronic. Below is information about how the PRA is implemented.

Federally Sponsored Surveys

Recipients may use award funds to collect information through surveys or questionnaires:

- When the collection of information is not a primary objective of the award but is incidental to, or is an integral part of, an award-supported activity
- When the collection of information is a primary objective of the award, but such information is not intended primarily for use by the federal government, or a party designated by the federal government

When information is collected, according to either of the two conditions above, you may not represent what the information is being collected for, or in association with, unless:

- You receive awarding agency approval, and
- You follow OMB report clearance procedures, when required. When OMB approval is required, the awarding agency, rather than the recipient, will obtain the necessary clearance.

OMB clearance is required whenever the HHS awarding agency sponsors the use of a reporting form or plans to collect identical kinds of information or data from 10 or more people.

Information collection is considered HHS awarding agency-sponsored when any of the following circumstances exist:

- The awarding agency allows you to state that the information is being collected for, or in association with, the awarding agency.
- You use the report form or collect information that an awarding agency has requested for the planning, operation, or evaluation of its program.
- The award terms and conditions provide awarding agency approval of the study design, questionnaire content, or data collection procedure.
- The award terms and conditions provide for either submission of the data for individual respondents or the preparation and submission of special requested tabulations to the awarding agency.

HHS and OMB approval may also be required if the use of a report form or plan presents a relatively high risk of unwarranted privacy invasion.

Collection of the following types of information is not subject to the clearance requirements at [5 CFR § 1320](#):

- health professions data as described in Section 708 of the Public Health Service (PHS) Act
- tests or examinations of individuals for determining knowledge, abilities, or aptitudes, and the collection of information for identification or classification in connection with such tests
- information from patients to be used exclusively for research of or direct treatment of a clinical disorder; for the interpretation of biological analyses of body fluids, tissues, or other specimens; or for identification or classification of such specimens

See [5 CFR § 1320](#) for additional clearance requirement exemptions.

Remedies for Noncompliance

If you do not comply with award terms and conditions, the awarding agency or pass-through entity may take enforcement actions, in accordance with applicable statutes, regulations and policy.

You usually have an opportunity to correct the deficiencies unless there is a serious threat to public health or welfare concerns. The awarding agency may take necessary proactive steps to protect the federal government's interests. Awarding agencies may take any action allowed by law, including those below. See [45 CFR §§ 75.371-.380](#).

Implementation of Specific Award Conditions

An awarding agency or pass-through entity may place specific conditions on an award. The purpose is corrective. This remedy may be used if you:

- fail to comply with the terms and conditions of an award
- fail to meet expected performance goals

- are not otherwise responsible

When the awarding agency or pass-through entity imposes specific award conditions, they will notify you of:

- the nature of the conditions
- the reason why
- the type of corrective action needed
- the time allowed for completing corrective actions
- the method for requesting reconsideration of the conditions

Examples of specific award conditions are removing a PD/PI, converting your award from advance payment to reimbursement, and adding reporting requirements.

See [45 CFR § 75.207](#).

Disallowed Costs

HHS may disallow all or part of the cost of an activity or action determined not in compliance. This can happen at any time during the award or after closeout.

You must repay disallowed costs with non-federal funds or an offset from future year funds. You may appeal disallowed costs.

Other Remedies

Depending on the nature of the deficiency, an awarding agency also may:

- temporarily withhold payment
- withhold further awards for the project or program

Suspending Award Activities or Termination

Consistent with [45 CFR § 75.372\(a\)](#), an awarding agency or pass-through entity may suspend, pending corrective action, or terminate all or part of your award activities pending your corrective action if you fail to materially comply with the award terms and conditions. See [45 CFR part 75 D – Remedies for Noncompliance](#).

The HHS awarding agency generally will suspend, rather than immediately terminate, a federal award. This allows you an opportunity to take appropriate corrective action before making the decision to terminate. The HHS awarding agency may decide to terminate the federal award if you do not take appropriate corrective action during the period of suspension.

Under a suspension, the HHS awarding agency will provide you:

- What project activities, if any, will take place during the period of suspension.
- What costs the HHS awarding agency will reimburse if the enforcement action is ultimately lifted and the award resumed.
- What corrective actions must occur during the enforcement action.

- The HHS awarding agency's intent to terminate the award if the non-federal entity does not meet the conditions of the enforcement action.

The HHS awarding agency may terminate without first suspending the federal award if the problem is serious enough or if public health or welfare concerns require immediate action. Termination for cause may be appealed under the HHS awarding agency and HHS's federal award appeals procedures.

A federal award also may be terminated, in whole or partially, by the recipient or by the HHS awarding agency with the consent of the recipient. If you decide to terminate a portion of a federal award, the HHS awarding agency may determine that the remaining portion will not accomplish the original purpose. In this case, you will be advised of the possibility of termination of the entire federal award and will be allowed to withdraw your termination request. If you do not withdraw your request for partial termination, the HHS awarding agency may terminate the entire federal award for cause. See [45 CFR § 75.372](#).

When an HHS awarding agency terminates a federal award prior to the end of the period of performance due to the non-federal entity's material failure to comply with the federal award terms and conditions, the HHS awarding agency must report the termination to the OMB-designated integrity and performance system accessible through the Responsibility/Qualification System in Sam.gov. This information will be reported after the non-federal entity has exhausted its opportunities to object or challenge the decision or has not within 30 calendar days after being notified of the termination informed the HHS awarding agency that it intends to appeal the decision to terminate. For full information on reporting termination in FAPIIS, see [45 CFR § 75.372\(b\)](#).

HHS applies appeal rights in line with [45 CFR § 75.374](#). Appeals rights exist for termination actions that are a remedy for non-compliance.

Suspension or Debarment

An awarding agency may initiate suspension or debarment proceedings under [2 CFR part 180](#) and HHS awarding agency regulations at [2 CFR part 376](#). A pass-through entity may recommend that the awarding agency do so for a subaward.

Closeout

To close an award, you do several steps to include submitting a final report. Ask your GMS and review the closeout provisions HHS now follows at [2 CFR § 200.344](#). The awarding agency will resolve any amounts due to them or to you.

Upon the completion date of an award, you have 120 days to liquidate all financial obligations and submit all required reports, including a final FFR, final progress report, tangible and real property reports (if needed), and Final Invention Statement and Certification (if needed). The GMO or their delegate may give an extension upon a written request. Not submitting timely and accurate reports can affect future funding. HHS may close out your award on its own if you fail to provide your reports on time.

HHS may still disallow costs or recover funds based on an audit or review after your award is closed out. After closeout, you still have to return any funds due to HHS because of refunds, corrections, indirect cost rate adjustments, or other transactions.

You still need to account for property acquired on your award and follow disposition and record retention requirements after close out. HHS adopted two 2 CFR § 200 provisions about equipment and salary disposition:

- [2 CFR § 200.313\(e\)](#) - Equipment: Increases from \$5,000 to \$10,000 the value of equipment that at the end of the grant period “may be retained, sold, or otherwise disposed of with no further responsibility to the Federal agency.” The provision also clarifies that Indian Tribes may use their own procedures for use, management, and disposal of equipment. If they do not have procedures, then they must follow the ordinary guidance.
- [2 CFR § 200.314\(a\)](#) - Unused Supplies: Increases from \$5,000 to \$10,000 the value of unused supplies that recipients of Federal funds are required to sell at the end of the grant award period as well as clarifying that this amount is the total amount of remaining unused supplies, not just like items.

See [45 CFR §§ 75.317-323](#) for other disposition requirements. See [45 CFR §§ 75.361-75.365](#) for record retention requirements. Keep in mind the above changes in equipment and supply costs adopted by HHS in 2 CFR § 200.

Final Federal Financial Report (FFR)

A final FFR is required for all of the following:

- terminated awards
- awards transferred to new recipients
- awards at the end of a period of performance

Final FFRs must:

- account for all funds awarded during the period of performance
- have no unliquidated obligations
- say the exact unobligated balance

In some cases, you may need to submit a revised FFR. When a revised final FFR results in additional recipient claims, the awarding agency will consider approval if:

- You show why the revision is needed, explains, and implements internal controls to avoid similar future situations
- The charge is allowable under the award
- There is an unobligated balance for the budget period that can cover the claim
- The funds are still available

- The awarding agency receives the revised FSR within 6 months of its original due date

Final Progress Report

A final progress report is required for all of the following:

- terminated awards
- awards at the end of the performance period

Submit final progress reports as directed in your NoA.

Use the awarding agency instructions. At a minimum, they include:

- a summary of progress towards achieving the stated aims
- significant results, positive or negative
- publications

If you submit a competing continuation application, the final progress report requirement may be met by the information included in that application.

Final Invention Statement

For research awards, you must submit a Final Invention Statement and Certification (HHS 568). HHS requires this statement even if the award does not result in any inventions. The HHS 568 is at the iEdison Web site at [iEdison | NIST](#).

The HHS 568 lists all inventions conceived or initially reduced to practice under the award. The form must be signed by the PI or PD and AOR. The form covers the period from the original award start date through the award end date. If there were no inventions, the form should indicate “None.”

Post-Closeout

After award closeout, you still have obligations for record retention, property accountability, and financial accountability. See [45 CFR §§ 75.317-323](#) and [75.343](#).)

Record Retention and Access

You must keep financial, supporting, and statistical records, and all other records considered pertinent to an award.

The retention periods are three years after sending:

- the final FFR for closed awards
- quarterly or annual reports for awards renewed quarterly or annually

These periods are extended until the conclusion of any litigation matters, claims, or audits and audit findings are fully resolved.

You must allow records access to the:

- HHS Awarding Agency
- Inspector General
- Comptroller General
- Pass-through Agency

See:

- Retention requirements for records ([45 CFR § 75.361](#))
- Access to records ([45 CFR § 75.364](#))
- Restrictions on public access to records ([45 CFR § 75.365](#))

Debt Collection

During or after closeout, HHS may find that you received more than the correct amount or that you misspent funds. This may result from disallowed costs, recovery of funds, unobligated balances, or other situations. In these cases, HHS will send you a request for repayment. Debts to HHS agencies are considered delinquent 30 days after you are notified. You have 90 calendar days to repay the amount.

If you do not pay back the funds in 90 calendar days, the HHS awarding agency may reduce your debt by:

- making an administrative offset against payments on other HHS awards
- withholding advance payments
- taking other action allowed by law

HHS must, by law, collect debts due to the federal government. Unless prohibited by law, HHS is also required to charge interest on delinquent debts.

See Collection of Amounts Due ([45 CFR § 75.391](#)) for more.

You may appeal a request for repayment. If appealed, HHS suspends the collection pending a final appeal decision. If denied, in whole or in part, HHS will charge interest on the debt starting with the date of the original request for repayment.

Refer to the HHS Claims Collection ([45 CFR part 30](#)) and the Program Support Center's Debt Management Collection System at <https://pms.psc.gov/> for more on collection of debts.

Appeals

Awarding agencies may have their own appeals procedures. See also the procedures of the Departmental Appeals Board ([45 CFR part 16](#)).

Awarding agencies and recipients may use alternative dispute resolution (ADR). ADR can reduce the cost, time, and level of dispute involved in appeals.

For more information on appeals, see Opportunities to Object, Hearings, and Appeals ([45 CFR § 75.374](#)) and the [Departmental Appeals Board website](#).

Single Audit

An audit is a review to verify if accounting and control systems reasonably assure:

- proper financial operations
- timely, fair, and correct financial reports
- compliance with applicable laws, regulations, and terms and conditions of award
- resources are managed and used economically and efficiently
- desired results and objectives are being achieved effectively
- recipients and subrecipients follow the audit requirements of [45 CFR part 75, subpart F](#).

Audit Requirements

As of October 1, 2024, you and your subrecipients must have an audit if either spends \$1,000,000 or more in federal awards during its fiscal year (see [2 CFR § 200.501](#)). Even if an audit is not required, keep records available for review by federal officials.

You must use an independent auditor who must follow the [Government Auditing Standards and the audit requirements in 45 CFR 75, subpart F](#). Audit costs are allowable and often covered by the indirect cost rate.

Pass-through entities are responsible for establishing audit requirements, to ensure compliance by subrecipients.

HHS may request more audits, if necessary.

Types of Audits

Program Specific Audit: test a single program. Refer to [45 CFR § 75.507](#).

- Single Audit: The auditor uses a risk-based approach to identify major programs which the auditor tests and provides an opinion on compliance. See [45 CFR part 75, subpart F](#).
- Financial Related Audit: Specific to for-profit organizations. Must be conducted in accordance with the [Government Auditing Standards](#).

Audit Options

If an audit is required, the following options are available:

For Governments, Indian Tribes, Institutions of Higher Education, and Non-Profits

- Only one program: If federal awards are expended in only one program, the program-specific audit is an option.
- Multiple programs: If federal awards are expended from more than one program, a single audit is required.

For-Profit Organizations

- Only one program: If federal awards are in only one program, then they may opt for a program-specific audit or financial related audit of the award.
- Multiple programs: If federal awards are in more than one program, then they must have a single audit or financial related audit of all awards.

Contractors

Audit requirements for federal awards do not apply to contractors with annual HHS awards less than \$1,000,000. See [2 CFR § 200.501](#).

Foreign Entities

Audit requirements and processes for foreign entities will be addressed in your NOFO and NoA.

Recipient Responsibilities

- Procure or otherwise arrange for the required audit and make sure it is performed properly. See [45 CFR § 75.509](#).
- Provide the auditor with access to needed personnel, accounts, books, records, supporting documentation, and other information.
- Prepare financial statements, including the schedule of federal award expenditures. See [45 CFR § 75.510](#).
- Make sure the audit is submitted within 9 months after your fiscal year end. See [45 CFR § 75.512](#).
- Promptly follow up and take corrective action on audit findings.

See [45 CFR § 75.508](#) for a listing of auditee responsibilities.

Audit Findings and Resolution

Non-Federal entities and their subrecipients must follow up and take corrective action on all audit findings. This includes preparing:

- a summary schedule of prior audit findings. See [45 CFR § 75.511\(b\)](#).
- a corrective action plan. See [45 CFR § 75.511\(c\)](#).

Requirements

The summary schedule and the corrective action plan must include:

- reference numbers the auditor assigns to audit findings under [45 CFR § 75.516\(c\)](#)
- the fiscal year in which the finding initially happened
- findings relating to the financial statements required to be reported under Government Auditing Standards

See [45 CFR § 75.511](#).

Report Submission

Reports for non-profit recipients are submitted to the Federal Audit Clearinghouse (FAC). For-profit and foreign recipients submit reports to ARD or the Centers for Disease Control (CDC) (if CDC is the awarding agency).

The HHS assignment system receives single audit reports from the FAC and assigns audit findings to the awarding agencies for resolution.

Both you and your auditors must complete and submit your portions of the reporting package to FAC. They are due within 30 calendar days after receipt of the auditor's report or nine months after the end of the auditee's fiscal year.

See [45 CFR § 75.512](#).

Delinquent Audits

HHS will follow up to obtain audit reports that are delinquent.

If required audits are not completed or do not follow [2 CFR part 200](#) and [45 CFR part 75](#), audit costs may be disallowed or other sanctions may be taken.

HHS Office of Inspector General

The HHS Office of Inspector General (OIG) audits programs and their recipients to ensure funds are used correctly and guard against fraud and waste. The OIG:

- can freely access records and information
- can request information and documents through subpoenas
- acts as the National Single Audit Coordinator, giving audit guidance to HHS agencies and recipients

You need to have strong internal controls and guidelines must be in place to ensure proper use of federal funds.

Documentation

Ensure that the basis for valuing services, materials, equipment, buildings, and land can be verified. Make sure your records, including those from your subrecipients, can support the value. If using volunteer services, document their time and attendance as you would for regular employees.

Additional Information

Cooperative Audit Resolution and Management Decisions

Cooperative audit resolution is a structured approach that brings the appropriate stakeholders together to address audit findings and proposed corrective actions. Non-federal entities must follow this approach to ensuring timely and appropriate resolution of audit findings and recommendations. The non-federal entity must initiate and proceed with corrective action as quickly as possible and corrective action should begin no later than upon receipt of the audit report.

The HHS awarding agency will coordinate with the non-federal entity during the cooperative audit resolution process. The HHS awarding agency will:

- Follow-up on audit findings to ensure the non-federal entity takes appropriate and timely corrective action.
- Issue a management decision, on all assigned reporting packages with audit findings within six months of the date the FAC accepts the reporting package.
- Issue sanctions when the non-federal entity fails to correct conditions identified by audits that are likely to cause improper payments, fraud, waste or abuse.

The HHS awarding agency or pass-through entity responsible for issuing a management decision must do so within 6 months of acceptance of the audit report by the FAC. The management decision provides timely information to the non-federal entity regarding where the HHS awarding agency is in evaluating findings and related corrective actions. The HHS awarding agency management decision will include:

- whether or not the audit finding is sustained
- the reasons for the decision
- the expected action the non-federal entity must take to repay disallowed costs, make financial adjustments, or take other action
- a timetable for follow-up if then non-federal entity has not completed corrective action
- a description of the appeal process available to the non-federal entity

Appendix A: Awarding Agencies Overview

Below is an overview of HHS awarding agencies. Visit [HHS Organization Chart | HHS.gov](#) for more.

GPS refers to “Public Health Service (PHS) agencies.” We have marked them below.

Agency	Overview	Support
Administration for Children and Families (ACF) www.acf.hhs.gov	Promotes economic and social well-being of children, families, and communities.	<ul style="list-style-type: none"> childcare for low-income families foster care and adoption child abuse and domestic violence prevention
Administration for Community Living (ACL) www.acl.gov	Advocates for older adults, people with disabilities, families, and caregivers to help all people live independently and participate in their communities.	<ul style="list-style-type: none"> health, wellness, and nutrition self-advocacy connecting people to services retirement planning American Indian, Alaska Native, and Native Hawaiian nutrition and older adult support
Agency for Healthcare Research and Quality (AHRQ) www.ahrq.gov PHS agency	Improves quality, safety, accessibility, equitability, and affordability of US health care.	<ul style="list-style-type: none"> digital healthcare research PSNet (Patient Safety Network) quality indicators
Administration for Strategic Preparedness and Response (ASPR) www.aspr.hhs.gov	Assists the country in preparing for, responding to, and recovering from public health emergencies and disasters.	<ul style="list-style-type: none"> development and stockpiling of medical countermeasures pandemic preparedness
Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP) www.healthit.gov	Administers health IT efforts and is a resource to the entire health system to support the adoption of health information technology and the promotion of nationwide, standards-based health information exchange to improve health care.	<ul style="list-style-type: none"> advance development and use of health IT capabilities establish expectations for data sharing
Centers for Disease Control and Prevention (CDC) www.cdc.gov PHS Agency	Protects against health and public health, safety, and security threats. Their focus is both foreign and domestic.	<ul style="list-style-type: none"> immunization services monitoring and preventing disease outbreaks disease prevention strategies workplace safety

Centers for Medicare & Medicaid Services (CMS) www.cms.gov	Advances health equity, expanding coverage, and improving health outcomes.	<ul style="list-style-type: none"> • clinical standards and quality • minority health equity • meaningful measures
Food and Drug Administration (FDA) www.fda.gov FDA Grants and Cooperative Agreements Page PHS Agency	Protects public health by ensuring the safety of human and veterinary drugs, biological products, medical devices, cosmetics, and food.	<ul style="list-style-type: none"> • food safety • animal feed safety • laboratory systems • scientific conferences
Health Resources and Services Administration (HRSA) www.hrsa.gov PHS Agency	Provides access to essential health care services for people who are low-income, uninsured, or live in areas with limited access.	<ul style="list-style-type: none"> • rural health • maternal and child health • opioid response • health workforce training • telehealth
Indian Health Service (IHS) www.ihs.gov PHS Agency	Ensures comprehensive, culturally appropriate personal and public health services are available to American Indians and Alaska Native people.	<ul style="list-style-type: none"> • community health • behavioral health • environmental stability • school health
National Institutes of Health (NIH) grants.nih.gov PHS Agency	Seeks knowledge about the nature and behavior of living systems. Applies it to enhance health, lengthen life, and reduce illness and disability.	<ul style="list-style-type: none"> • biomedical and behavioral research • research training • research infrastructure and communications
Office of the Assistant Secretary (OASH) www.hhs.gov/ash PHS Agency	Seeks to serve the public through responsive public health actions to promote healthy and safe environments and prevent harmful exposures.	<ul style="list-style-type: none"> • minority health • family planning • adolescent health • women's health • infectious disease and HIV/AIDS policy • research integrity
Office of the Inspector General (OIG) www.oig.hhs.gov	At the forefront of the Nation's efforts to fight waste, fraud and abuse and to improving the efficiency of Medicare, Medicaid and more than 100 other Department of Health & Human Services (HHS) programs.	<ul style="list-style-type: none"> • Medicare/Medicaid oversight • improved efficiency • fraud, waste, abuse detection

Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov PHS Agency	Improves the quality and availability of substance abuse prevention, addiction treatment, and mental health services.	<ul style="list-style-type: none">• substance abuse and mental health services.
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For awarding agency staff and recipient roles and responsibilities, see the [Introduction and General Information](#) section.

Appendix B: Abbreviations and Glossary

Abbreviations

Please see [abbreviations listed in 45 CFR part 75](#). The abbreviations are used by the HHS Financial Assistance Community. Although not all of the terms are in the GPS, they may be useful to applicants and recipients.

Glossary

This glossary defines terms commonly used in the HHS GPS. These definitions are for purposes of clarity and do not replace controlling definitions in applicable statutes and regulations.

acquisition cost	The total invoice price of items, counting costs for changes or accessories or additions to make them work for their intended use. Costs like setup, shipping, taxes, and insurance can be included or excluded based on the recipient's usual accounting methods. The term doesn't cover rental or property modification costs. 45 CFR § 75.2 Acquisition cost
accrual basis	Accrual accounting records revenue and expenses when the transaction happens, not when money is paid.
administrative requirements	Common practices in managing awards like financial accountability, reporting, equipment management, and records retention.
advance payment	A payment made to a recipient before they spend the money or based on set payment schedules. 45 CFR § 75.2 Advance payment
allocable cost	An allocable cost relates to a specific project or activity based on the relative benefits it provides. It's allocable to a federal award if: <ul style="list-style-type: none"> • It's specifically for the award. • It benefits both the award and other tasks, and can be distributed based on those benefits. • It's needed for the organization's overall functioning. 45 CFR § 75.405 Allocable costs
allowable cost	Allowable costs are: <ul style="list-style-type: none"> • Reasonable for the award's purpose. • Allocable. • Within the federal cost principles or NoA guidelines. • In line with the recipient's consistent policies, covering both federal and non-federal activities. • Consistently treated as either a direct or indirect cost. • Based on standard accounting principles. • Not used in another federal award, unless statute says otherwise. 45 CFR § 75.403 Factors affecting allowability of costs

alteration and renovation (A&R)	Alteration and renovation involve changing the inside or features of a facility or installed equipment to enhance its current use or adapt it for a new purpose. It can include improvements, remodeling, or modernization but is different from construction or major permanent upgrades.
alternative dispute resolution (ADR)	A method to solve disagreements without going to court. It aims to resolve issues faster, cheaper, and in a less confrontational way, preventing them from becoming bigger problems that need formal legal action.
applicable credit	Receipts that offset or reduce direct or indirect costs. Typical examples include purchase discounts, rebates, or allowances; recoveries or indemnities on losses; insurance refunds; and adjustments of overpayments or erroneous charges. 45 CFR § 75.406 Applicable credits
application	A request for financial support of a project or activity submitted on specified forms and in accordance with awarding agency instructions. See Types of Applications .
approved budget	The spending plan for a project funded by an award. This budget has both federal funds and, if applicable, non-federal funds like cost-sharing. If both types of funds are in the budget, the recipient must spend them in the same ratio as they appear in the total budget. See also 45 CFR § 75.2 Budget
assurance	A written statement by an applicant, normally included with the application, that it will follow a particular requirement if there is an award.
audit resolution	The process of resolving audit findings, including those related to management and systems deficiencies and monetary findings like questioned costs. See also 45 § CFR 75.2 Cooperative audit resolution .
award	The document that provides the awarding agency funds to a recipient to carry out an approved project, based on an approved application. In the GPS, award means both grants and cooperative agreements. 45 CFR 75.2 Federal award
awarding agency	The agency responsible for making, monitoring, and overseeing awards. For changes in award terms or for approval requests, the reference may be to the GMS. See also 45 § CFR 75.2 Federal agency .
award-supported project	Activities described in an application or in a subsequent submission that are approved by an awarding agency for funding, even if federal money isn't the sole financial support for them.
award terms and conditions	The legal requirements set by the awarding agency for the award. These can come from laws, regulations, policies, or the NoA. The NoA might also add specific conditions to ensure the award's goals are met, enable post-award management, save funds, or protect federal interests.
budget periods	The period of time (usually 12 months each) into which a period of performance is divided for budgetary and funding purposes. Funding of individual budget periods sometimes is referred to as “incremental funding.”

carryover	Unspent federal funds from a particular budget period that can be transferred and used in the next budget period used to cover allowable expenses in that subsequent period. Funds that have been committed but not yet spent (obligated but unliquidated) are not classified under carryover.
cash basis	An accounting method in which revenue and expenses are recorded on the books of account when received and paid, respectively, without regard to the period in which they are earned or incurred. It is different than accrual basis.
change of recipient	Transfer of the legal and administrative responsibility for an award from one legal entity to another before the end of the period of performance.
closeout	The process used by an awarding agency to determine whether all administrative actions and work required under the award have been completed by the recipient and the awarding agency. 2 CFR § 200.344
cognizant agency	The federal agency that, on behalf of all federal agencies, reviews, negotiates, and approves cost allocation plans, indirect cost rates, and similar rates. They monitor non-federal audit reports; conduct federal audits as necessary; and resolve cross-cutting audit findings. The cognizant agency under applicable cost principles and under 45 CFR part 75, subpart F may be different for a given recipient. 45 CFR § 75.2 Cognizant agency for indirect costs
competition	A process in which applications undergo a merit review and are evaluated against established evaluation criteria in the NOFO.
completion date	The date on which all work under an award is completed or the date in the NoA (as amended) on which federal sponsorship ends (i.e., the end of a period of performance).
consortium agreement	A formal agreement whereby a project is carried out by a recipient and one or more other organizations that are separate legal entities. Under the agreement, the recipient must perform a substantive role in the conduct of the planned project and not merely serve as a conduit of funds to another party or parties. Consortium agreements are considered subawards.
contract under an award	A written agreement between a recipient and a third party to acquire commercial goods or services. 45 CFR § 75.2 Contract
construction	A project to support the initial building or major alteration and renovation like large-scale modernization or permanent improvement of a facility.
consultant	An individual who provides professional advice or services for a fee, but normally not as an employee of the engaging party. Also includes a firm that provides paid professional advice or services.
cooperative agreement	A financial assistance support mechanism used when there will be substantial federal programmatic involvement. Substantial involvement means that the awarding agency's program staff will collaborate or participate in project or program activities as specified in the NoA. 45 CFR § 75.2 Cooperative agreement

copyright	Protection provided by statute (Title 17, U.S. Code) to the authors of “original works of authorship,” including literary, dramatic, musical, artistic, and certain other intellectual works, including computer programs. This protection applies to both published and unpublished works.
cost analysis	The systematic review of a budget proposal to: <ul style="list-style-type: none"> • Detail and assess cost components. • Ensure costs are necessary, reasonable, and allocable. • Confirm alignment with federal guidelines, ensuring no unallowable expenses.
cost sharing	See “ matching or cost sharing. ”
Departmental Appeals Board	The DAB is a board within HHS that impartially addresses disputes from HHS assistance programs. It offers a fair hearing process for challenges to certain grants management decisions, with its role and rules outlined in 45 CFR part 16 . 45 CFR § 75.2 Departmental Appeals Board
direct costs	Costs directly linked to a specific project, instructional activity, or other institutional activities, which can be accurately and easily allocated to those activities. 45 CFR § 75.413 Direct costs
domestic organization	A U.S.-based public or private entity, subject to U.S. laws, responsible for the legal and financial management of awarded funds and the execution of the supported activities.
Entity Identification Number (EIN)	A 12-character code in PMS comprising three parts: the first character indicates if the recipient is an organization or individual; the following 9 characters represent the TIN for organizations or the SSN for individuals; the final 2 characters differentiate between organizational entities with the same or multiple EINs, denoting subsidiaries, branches, or other subdivisions.
equipment	A tangible item with a lifespan exceeding 1 year and a cost of \$5,000 or more per unit, or below the recipient's capitalization threshold, whichever is lower. 2 CFR § 200.1 Equipment
excess property	Property that, as decided by the head of the awarding agency or its representative, is no longer needed for the agency's functions or responsibilities. 45 CFR § 75.2 Excess property
exempt property	Tangible personal property bought either entirely or partly with federal funds, where the awarding agency has the legal authority to vest title to the recipient without additional obligations to the federal government. 45 CFR § 75.319 Federally owned and exempt property
expanded authorities	Permissions granted to recipients that eliminate the need for prior approval from the awarding agency for certain activities.
expiration date	The specified date in the NoA marking the conclusion of the current budget period, beyond which the recipient is not authorized to obligate award funds.

facilities and administrative costs (F&A)	See indirect costs
federal institution	A Cabinet-level department or independent agency within the executive branch of the federal government, or any of its sub-entities.
federal share	The proportion, usually expressed as a percentage of the total project costs, that represents the financial and other direct contributions provided by the awarding agency, as detailed in the NoA. 45 CFR § 75.2 Federal share
fee	A sum paid beyond the actual allowable costs to an entity delivering goods or services in line with standard commercial practice, often referred to as "profit."
financial assistance	The provision of funds, property in place of funds, or other direct aid to a qualified recipient to encourage or further a public purpose authorized by law.
foreign component	The execution of a major part or component of a project outside the United States by the recipient or by a researcher affiliated with a foreign institution, regardless of whether award funds are used.
foreign organization	An entity situated in a country outside of the United States and its territories, governed by the laws of that nation, regardless of the nationality of the proposed Principal Investigator/Project Director. 45 CFR § 75.2 Foreign organization
for-profit organization	A legal entity formed for the purpose of generating profit for its shareholders or owners. This type of organization is also known as a "commercial organization." See also 45 § CFR 75.2 Commercial organization .
grant	A funding mechanism given to an eligible entity to support a public-purpose project or activity without significant involvement from the awarding agency. Unlike direct benefits for the government, a grant provides financial assistance or other resources to accomplish approved objectives. See also 45 § CFR 75.2 Grant agreement .
high risk	A recipient with a history of subpar performance, financial instability, or inadequate management, placing them at risk of financial or operational failure.
human subject	An individual from whom an investigator collects data via intervention, interaction, or acquisition of identifiable private information, including organs, tissues, body fluids, or any related graphic or recorded details. Regulations govern the use of human subjects.
Indian tribal government	The governing body overseeing an Indian tribe, group, or community, including Alaska Native villages per the Alaska Native Claims Settlement Act of 1971. This body is recognized by the Secretary of the Interior for access to specific programs and services via the Bureau of Indian Affairs and the Indian Health Service. See also 45 CFR § 75.2 Indian tribe .

indirect costs	Costs incurred by a recipient for shared purposes and not tied to a specific project or program. They are also referred to as "facilities and administrative costs." 45 CFR § 75.2 Indirect (Facilities and Administration or F&A) costs
institutional review board (IRB)	A committee that safeguards the rights and well-being of human subjects in research. The IRB can approve, modify, or disapprove research activities under its jurisdiction.
intangible property	Property without physical form, such as copyrights, patents, and other intellectual property rights acquired under awards. It also encompasses loans, notes, leases, stocks, and other ownership instruments. However, intellectual property created, rather than purchased, under awards is excluded. 45 CFR § 75.2 Intangible property
international organization	An organization with members from multiple countries, representing their interests, regardless of whether its headquarters or activities are located within or outside of the US.
invention	A potentially patentable or protectable discovery or invention made by an awardee during work funded by a contract, grant, or cooperative agreement. The term "subject invention" refers to inventions specifically conceived or first reduced to practice as part of the funded work.
key personnel	The PI/PD and other individuals who contribute to the programmatic development or execution of a project in a substantive, measurable way, whether or not they receive salaries or compensation under the award.
local government	A local government entity such as a county, city, town, township, school district, or council of governments, among others. This includes regional or interstate government entities and local public authorities, but excludes institutions of higher education and hospitals. 45 CFR § 75.2 Local government
matching or cost sharing	The value of non-federal contributions to a federally assisted project, including third-party in-kind donations. These costs must adhere to the same allowability policies as other costs in the approved budget. 45 CFR § 75.2 Cost sharing or matching
merit review	An unbiased evaluation of discretionary applications by experts in the relevant field. Also known as objective review. See also 45 CFR § 75.204 HHS funding agency review of merit of proposals.
monitoring	A method of evaluating an award's programmatic and business management performance using data from reports, audits, site visits, and other sources.
non-competing extension	An additional timeframe beyond the original period of performance, granted by the awarding agency or recipient (under expanded authority), to finalize project activities.
non-federal share	The portion of allowable project costs not borne by the Federal government.
notice of funding opportunity (NOFO)	An official announcement from the awarding agency that outlines the availability of federal funds for a specific program. This announcement invites applications and provides essential details such as eligibility requirements, evaluation criteria, and guidelines for application preparation and submission.
objective review	See merit review .

obligations	The value of commitments made by a recipient during a budget period for orders, contracts, subawards, and received goods and services, that will need payment within the current or later budget periods. 45 CFR § 75.2 Obligations
outlays or expenditures	The charges made to the federally sponsored project or program. They may be reported on a cash or accrual basis. 45 CFR § 75.2 Expenditures
patent	A property right awarded by the federal government that grants the right to exclude others from making, using, or selling the invention for a period of years.
peer review	A method of evaluating the merit of applications based on assessment by individuals of equal scientific or technical expertise (peers). This review ensures that applications meet high scientific or technical standards, as determined by experts in the relevant field.
period of performance	The total time for which support of a project has been programmatically approved. 45 CFR § 75.2 Period of performance
pre-award costs	Costs incurred before the official start date of an award, expected to be covered by the award but undertaken at the applicant's own risk, given there's no guarantee of reimbursement unless later approved. 45 CFR § 75.209 Pre-award costs
prior approval	Written approval from the awarding agency's CGMO, or their delegate, granted in response to a recipient's request, to incur a specific cost or action requiring such approval. If these costs/actions are detailed in an application, the award's issuance based on that application serves as the authorization. For indirect cost components, prior approval must come from the relevant agency or as per the associated cost principles. 45 CFR § 75.2 Prior approval
profit	See fee
program income	Income directly produced by a project, program, or activity funded by the award, or earned due to the award. 45 CFR § 75.2 Program income
progress report	Regularly submitted reports, typically annually, from the recipient to the awarding agency to evaluate progress and determine funding for the next budget period, excluding the final report.
real property	Land, including land improvements, structures, and appurtenances, but not movable machinery and equipment. 45 CFR § 75.2 Real property
recipient	The entity or individual awarded a grant or cooperative agreement by the awarding agency. They are accountable for the funds and the execution of the project or activity. Even if a specific component is mentioned in the NoA, the recipient refers to the complete legal entity. 45 CFR § 75.2 Recipient
reimbursement	A payment made to a recipient upon its request after it makes cash disbursements.

research	<p>A comprehensive study aimed at expanding knowledge or addressing a specific need. It involves the application of knowledge to produce materials, devices, systems, or methods, including the design and enhancement of prototypes and processes. Often referred to as "research and development."</p> <p>45 CFR § 75.2 Research</p> <p>45 CFR § 75.2 Research and Development (R&D)</p>
research patient care	<p>Standard and supplementary hospital services given to research participants. The expenses for these services are typically allocated to individual research projects using established research patient care rates.</p>
subaward	<p>Financial assistance given as money or property under an award by a recipient to a qualified subrecipient (or by a subrecipient to a lower-tier subrecipient). This aid can be provided through any legal agreement, even if termed a contract, but excludes procurement of goods/services or any assistance other than grants and cooperative agreements. Consortium agreements are included.</p> <p>45 CFR § 75.2 Subaward</p>
subrecipient	<p>An entity that receives a subaward from a recipient or another subrecipient under a financial assistance award and is responsible to that recipient or subrecipient for the proper use of the federal funds provided by the subaward.</p> <p>45 CFR § 75.2 Subrecipient</p>
substantive programmatic work	<p>The primary project activities for which award support is provided.</p>
supplies	<p>Tangible items that are not classified as equipment, intangible property, or debt instruments. While some items in the "supplies" category might resemble equipment, they don't meet the specific criteria or cost threshold to be categorized as such.</p> <p>2 CFR § 200.2 Supplies</p>
suspending award activities	<p>A temporary halt on a recipient's ability to use award funds until they take corrective action as directed by the awarding agency or until the agency decides to end the award. This definition of "suspension" is distinct from its use in the context of debarment and suspension procedures.</p> <p>45 CFR § 75.2 Suspension of award activities</p>
tangible personal property	<p>Tangible assets including equipment and supplies, excluding intangible property like intellectual property.</p>
termination	<p>The awarding agency's permanent removal of a recipient's right to commit previously granted funds before the initial authority ends, which can include the recipient willingly giving up that right.</p> <p>45 CFR § 75.2 Termination</p>
total project costs	<p>The total allowable costs (both direct and indirect) that the recipient incurs to carry out a project supported by the award. This includes costs billed to the award itself and costs that the recipient covers as part of a matching or cost-sharing agreement.</p> <p>45 CFR § 75.2 Total Costs</p>

unallowable cost	A cost specified by law or regulation, federal cost principles, or term and condition of award that may not be reimbursed under a grant or cooperative agreement.
unliquidated financial obligations	<p>If using a cash basis, the amount of obligations made by the recipient that have yet to be paid. If using an accrual basis, the sum of obligations made by the recipient for which a disbursement or expense hasn't been recorded.</p> <p>45 CFR § 75.2 Unliquidated obligations</p>
unobligated balance	<p>The amount of the funds authorized by the federal agency that the recipient has not obligated.</p> <p>45 CFR § 75.2 Unobligated balance</p>
vertebrate animal	Any live animal having a backbone or spinal column used or intended for use in research, research training, experimentation, biological testing, or related purposes.
withholding cash payment	The awarding agency, after following necessary steps, limits a recipient's access to funds until they make the needed corrections.

Appendix C: Post-Award Considerations by Type of Program, Activity, or Recipient

Services Provided by Affiliated Organizations

Universities and other organizations (parent organizations) sometimes create affiliated organizations.

The parent organization often provides considerable support services. These include administration, facilities, equipment, accounting, and other services. The affiliated organization includes the costs of these services in its indirect cost proposal.

In some cases, the awarding agency may reimburse these costs. This happens only when the affiliated organization satisfies any of the following:

- It is charged for, and must legally pay for, the costs.
- It is subject to state or local law that sets out how to spend the federal reimbursement and a state or local official approves the expenditures.
- A formal agreement allows the affiliated organization to keep the related federal reimbursement. The parent organization may direct the expenditure of the funds or allow the affiliated organization to decide.

If these conditions don't apply, the awarding agency cannot reimburse the costs. However, the services may be acceptable for cost-sharing purposes.

Data Sharing for Research and Demonstration Projects Considerations

Expectations

Sharing data and research tools is important to quickly turn research into useful products and knowledge to improve human health. This includes things like cell lines and software. Also sharing information about demonstration projects helps others use and duplicate projects. If you are an NIH recipient, reminder to please go to the NIH GPS at:

<https://grants.nih.gov/grants/policy/nihgps/nihgps.pdf>

HHS encourages researchers to share their findings promptly.

If you enter into subawards, including consortium agreements, and you want access to third-party data or research tools, include a provision in the third-party agreement. There may be times the HHS awarding agency requires you to do so. They can also access third-party data or tools. Please check the NoA.

You must also share copies or samples of materials developed under the award. You can charge a small fee for shipping and handling these items. Any income earned from this is considered program income.

If you think you can't meet these expectations, talk to the GMS before getting an award.

Timely Release of Research Data and Tools

Investigators should share their final research data and tools either when their main findings are accepted for publication or when they submit findings to the awarding agency. This ensures timely sharing.

Protection of Certain Data

HHS knows data sharing can be complicated due to various rules and laws, including the [HIPAA Privacy Rule](#), [Human Research Protections](#), and others. We must always protect the privacy of project participants and their data.

For wider use, data must not include any indicators that could reveal the identity of individual participants. Researchers need to ensure that data from human cells or tissues also can't reveal the identity of the original donors.

Researchers can share materials through their lab or organization or submit them to a repository. They should send unique biological data, like DNA sequences, to the appropriate data banks. When sharing unique resources, investigators must provide details about the nature, quality, or characterization of the materials.

Conference Awards

If you have questions about conference awards or what's allowed under your award, ask your GMS.

Here are definitions and details about costs related to conference awards:

- Conference: Events like meetings, retreats, or seminars that share technical information. They must be necessary and reasonable for the award's success.
- International conference: A meeting open to attendees from at least two countries other than the U.S. or Canada. It can be anywhere, even in the U.S. But, if it's outside the U.S. or Canada, award funds can't cover general support. They can cover specific parts, like a workshop or panel.
- Domestic conference: A meeting in the U.S. or Canada mainly for attendees from these two countries. Award funds can support these conferences, whether they're domestic or international.

Equity in Representation

For HHS-supported meetings, ensure diverse participation. Recipients of HHS financial assistance awards must make sure all those eligible for the HHS funded project are able to participate and receive the benefits from the project. When administering HHS-funded meetings, programs, activities, projects, assistance, and services, the recipient must make sure no one able to participate is discriminated against, to the extent doing so is prohibited by Federal statute. Please see [45 CFR § 75.300](#) and [Advancing Equity at HHS](#) for more information.

Funding Requirements

The NoA will include any specific requirements. A change in conference focus is a change in scope and needs prior approval.

Acknowledgment of Support and Disclaimer

All conference materials, like agendas or media promotions, must mention HHS support, whether in whole or in part. Refer to Appendix D for the exact wording of this acknowledgment.

If you're releasing a press statement about activities supported by an HHS award, inform the awarding agency beforehand to coordinate, which may include a review of mate

Allowable and Unallowable Costs and Activities

Please refer to [45 CFR part 75, subpart E](#), your NOFO/NoA, and the HHS awarding agency.

Other Cost Considerations

If you don't have a written travel policy, follow the [Federal Travel Regulation](#). Always adhere to the U.S. foreign travel restrictions in place at the time, which may include restrictions on countries or limits on funds for travel.

When attending a conference:

- Only claim per diem for days you attend and the actual travel time, taking the most direct route.
- Local travel costs can be covered for local attendees only.
- If meals or lodging cost are nominal or free, like within a registration fee, adjust your per diem accordingly.
- Travel costs shouldn't exceed coach fares. Always choose U.S. carriers when possible.

Intellectual Property: Publications, Copyright, and Public Disclosure

If you publish something using HHS funds, you can distribute it for free. If you sell it, the money earned is considered program income and should be reported as directed in your NoA and on the FFR. More details can be found in the Program Income section of the GPS Program section After the Award.

You can seek copyright for publications from an HHS-supported conference unless your award says otherwise. However, HHS still has rights to the materials, as mentioned in the Irrevocable and the Royalty-Free License GPS section After the Award.

Construction and Modernization of Facilities Awards

Applicability and Definitions

Note that construction and modernization activities must be allowed by law; that law may provide more specifics about allowable construction and modernization activities. However, as a general matter, this section applies to the following HHS award-supported activities:

- Construction: constructing a new building, structure, or facility that provides new space. It also includes installing fixed equipment in such space. It excludes purchasing land and ancillary improvements like parking lots, roads, or fencing. Constructing shell space is not allowed as a construction activity as it does not provide usable space.
- Modernization: altering, renovating, remodeling, improving, expanding, or repairing an existing building. Also includes completing existing shell space. Activities must make the building suitable for the purposes of a particular program. This can include space used for storage or by people. It can range from updating flooring to replacing everything except for the existing frame and foundations. If the main award purpose is modernizing a biomedical research facility, the award can't also support research.
- Alteration and renovation (A&R) activities: These are modernization activities and can be under research awards where the primary purpose of the award is other than construction or modernization.

Refer to the NoA for additional related requirements.

Allowable and Unallowable Costs and Activities

This section outlines costs and activities generally allowable and unallowable under construction awards. (The final decision is based on the decision of the HHS awarding agency and the program.)

These policies apply to the use of federal funds and cost sharing or matching funds. The lists are not all-inclusive. Consult program guidelines and award terms and conditions for specific costs allowable under a program or award.

Allowable Costs and Activities

- Acquisition and installation of fixed equipment.
- Architectural and engineering services.
- Bid advertising.
- Bid guarantees and performance and payment bonds as provided in [45 CFR § 75.334](#).
- Contingency funds for unanticipated charges included in the initial cost estimates for construction contracts. Before you receive bids, the budgeted amount can't exceed five percent of expected construction costs. You must reduce it to not more than two percent after you award a construction contract.
- Filing fees for recording the Notice of Federal Interest (NFI).
- Force accounts to provide funding for your own construction and maintenance staff used in carrying out modernization activities. These are allowable if you can document that a force account is less expensive than if you were to competitively bid the work. You must substantiate costs with receipts for the materials and certified labor pay records. Use of a force account requires awarding agency prior approval.

- Compliance with the National Historic Preservation Act. This can include:
- hiring special consultants to research and document the historic value of proposed performance sites
- costs to prepare and present required materials to inform the public and others.
- Incentive costs for contractors consistent with contract type as specified in the solicitation of bids or proposals and in the contract. Incentive costs must be reasonable and documented, including that conditions to earn the incentive were met. Incentive-type contracts may also contain a penalty provision. Other types of bonus payments are not allowable.
- Inspection fees.
- Insurance costs of title insurance, physical-destruction insurance, and liability insurance are generally allowable. Physical destruction and liability insurance are usually treated as F&A costs. However, you can treat it as a direct cost if your established policy does so and you consistently do so. You may charge title insurance, if required, to the award in proportion to the amount of awarding agency participation in the property. See Real Property —Insurance.
- Legal fees related to obtaining a legal opinion about title to a site.
- Relocation expenses.
- Sidewalks necessary for use of facility.
- Site clearance costs are allowable if reflected in the bid.
- Site survey and soil investigation costs.
- NEPA analysis costs to evaluate the environmental effects and produce the Environmental Impact Statement (EIS).
- Pre-award costs for architect and consultant fees needed for planning and design are allowable if the project is later approved and funded.
- Project management costs.
- Threat-risk assessment costs for a site-specific or project-specific assessment of security risk by a qualified professional. The threat-risk assessment identifies and quantifies potential threats, both internal and external to the building, its contents, the personnel working in it, and the general public. The analysis also includes examination and evaluation of the physical aspects of the proposed facility, along with operational issues.

Unallowable Costs and Activities

- Bonus payments other than earned incentive payments to contractors under formal incentive arrangements.
- Construction of shell space designed for completion at a future date.
- Consultant fees not related to actual construction.
- Damage judgment suits.
- Equipment purchased through a conditional sales contract.

- Indirect/F&A costs.
- Fund-raising expenses.
- Land acquisition.
- Legal services not related to site acquisition.
- Movable equipment.
- Off-site improvements such as parking lots.

Prior-Approval Requirements

You must get awarding agency prior approval for the following types of project or budget changes:

- Any applicable changes as specified in the Prior Approvals section of the GPS.
- Change in the use of the facility. See Use of Facility and Disposition in this section.

You must provide enough details in your approval request to explain why you need the change. Once approved, you can make the changes. For smaller changes to construction contracts, you don't need prior approval. But keep copies of all changes as part of your award records.

Procurement Requirements

Construction activity usually is conducted through one or more contracts. All such procurement must use the methods described in [45 CFR §§ 75.327](#) through [75.335](#), as applicable.

Equal Employment Opportunity, Labor Standards, and Other Contract Requirements

You must provide equal employment opportunity and labor standards requirements for federally assisted construction and modernization to potential bidders/offerors and include them in the resulting contract. See [45 CFR part 75, Appendix II \(C\)](#) and [41 CFR chapter 60](#). The Davis-Bacon Act or the Copeland “Anti- Kickback” Act apply only if specifically required by the program’s authorizing statute. The NoA will show if they apply.

Equal Employment Opportunity Requirements

Construction contracts (and subcontracts) awarded under HHS awards must follow the requirements of [EO 11246](#) and implemented in [41 CFR § 60-1](#). Recipients must:

- Include the “Equal Opportunity Clause” at [41 CFR § 60-1.4\(b\)](#) in any construction contract under the award. You must direct the contractor to include this clause in any applicable subcontracts.
- Follow solicitation and contract requirements for affirmative action specified in [41 CFR § 60-4](#) for contracts in specified geographical areas that will exceed \$10,000. These requirements are specified in [EO 11246](#).
- Notify the Office of Federal Contract Compliance Programs regional, area, or field office when you expect to award a construction contract over \$10,000.

Labor Standards Requirements

- Under [EO 13202](#), as amended by [EO 13208](#), you must ensure that bid specifications, project agreements, or other controlling documents for construction services contracts:
- Ensure that bidders, offerors, contractors, or subcontractors are able and willing to enter into or adhere to agreements with one or more labor organizations on the same or other related construction projects.
- Refrain from discrimination against bidders, offerors, contractors, or subcontractors for initiating, refusing to initiate, or adhering to agreements with one or more labor organizations, on the same or other related construction projects.

Under [41 CFR § 60-1.8](#), segregated facilities are not permitted for any contract for construction services that will exceed \$10,000. The recipient must require each prospective contractor to submit a certification that the contractor:

- Maintains all facilities provided to employees in a non-segregated manner
- Prohibits its employees to perform services at any location, under the contractor's control, that maintains segregated facilities
- Obtains a similar certification before awarding any covered subcontract

Awards, contractors, and subcontractors with construction contracts or subcontracts over \$100,000 must follow the Contract Work Hours and Safety Standards Act, [40 USC 3701–3708](#). Among other provisions, the statute covers standards listed below. Consult the statute for proper interpretation and guidance.

- Work hours
- Report of violations and withholding of amounts for unpaid wages and liquidated damages
- Health and safety standards in building trades and construction industry
- Safety programs
- Limitations, variations, tolerances, and exemptions
- Contractor certification or contract clause in acquisition of commercial items not required
- Criminal penalties

Other Requirements

Liquidated Damages

Invitations for bids must supply a date or timeframe to complete the project for each prime contract. You may include a liquidated damages provision in the contract. It allows you to assess damages when the contractor does not complete the construction or modernization by the specified date. Liquidated damages must be real, justified, and approved by the awarding agency before solicitation. Where damages are assessed, any amounts paid belong to the recipient.

Disposition of Unclaimed Wages

If an employee doesn't claim wages from an HHS-supported construction contract, the recipient might need to pay HHS back. Here's the process:

- Check that the contractor tried to find the employee. This might include forwarding mail or contacting their union.
- If the contractor's search fails but seems incomplete, try to find the employee.
- Open an escrow account in the employee's name. Keep it for two years after the contract ends, or longer if local laws say so. Tell the GMS about this account.
- If you pay wages from the account to the employee or their representative, report to the GMS when you close the account.
- If money is still unclaimed after two years, refund the awarding agency based on the award's contribution to those wages.

Use of Facility and Disposition

Unless a statute or instructions from your awarding agency say otherwise, here's how to manage real property:

- Keep using the property for its intended purpose. Don't sell or encumber the title without approval.
- If you don't need it for the initial purpose, get written approval from the awarding agency to use it for a similar federally funded project.
- If you no longer need the property, follow the rules in [45 CFR 75.318](#). Your options include:
 - Keep it and pay the awarding agency their fair share based on their contribution and the property's market value.
 - Replace it. If buying new property under the same award, use any sales money to reduce the new property's cost.
 - Sell it and pay the awarding agency based on a formula in [45 CFR 75.318\(c\)\(2\)](#).
 - Transfer it to the awarding agency or their approved third party. They'll pay you your fair share based on your contribution and the property's current market value.

Foreign Organizations, International Organizations, and Domestic Recipients with Foreign Components

The GPS generally applies to awards to foreign organizations and international organizations. You can find the definitions of these terms in Appendix B of the GPS. In this section, we refer to them as foreign awards.

The AOR must contact the GMS if their organization can't follow these requirements. This section includes:

- Exceptions and modifications to GPS requirements for foreign awards
- Highlights of other related policies
- Policies that apply to awards with a foreign component

Public Policy Requirements and Objectives

Requirements in Appendix D apply to foreign awards, unless otherwise noted here, the NoA, or in awarding agency policies. Exceptions include:

- Civil rights: The civil rights requirements do not apply to foreign awards.
- Debarment and suspension: These rules and the certification requirement do not apply to:
 - foreign governments and foreign recipients
 - public international organizations
 - entities that are foreign-government-owned or controlled, in whole or in part

All other foreign organizations and international organizations are subject to these rules.

- Drug-Free workplace: The awarding agency may exempt foreign awards from these requirements. To do so, they must find that the requirements are not consistent with U.S. international obligations or the laws and regulations of a foreign government.
- Environmental requirements: A foreign award isn't subject to environmental requirements that would not otherwise apply to it.

Funding and Payment

These policies apply:

- All application budgets, fund requests, and financial reports must be in U.S. dollars.
- If exchange rates change, extra costs might be covered, depending on the awarding agency's available funds.
- You only need prior approval for rate changes if they lead to needing more federal funds or if they will reduce project scope significantly.
- Review local currency gains to determine if you will need additional federal funding before the award ends.
- Adjustments for currency increases may be allowable only when you provide the awarding agency with adequate source documentation from a commonly used source in effect at the time you made the expense.

Allowable and Unallowable Costs

The cost principles that apply to foreign organizations depend on the type of organization. See [Cost Principles](#). There are some exceptions:

- Major A&R are unallowable under foreign awards and domestic awards with foreign components, except where allowed by the governing statute and as indicated in the NoA.
- Minor A&R are generally allowable on awards made to foreign organizations or to a foreign component of a domestic award, unless prohibited by the governing statute or implementing program regulations. You may include and justify minor A&R costs in the detailed application budget. Rebudgeting to accommodate minor A&R requires prior approval.
- F&A Costs under foreign awards, including foreign recipients with a domestic component, are at a fixed rate of eight percent of modified total direct costs. These are direct costs minus tuition and related fees, equipment, and subawards in excess of \$25,000. See [45 CFR 75.414\(c\)\(1\)\(ii\)](#). These funds are to support the costs of compliance with federal requirements.
- Capital expenses (facilities) are not allowable, except where allowed by the governing statute and as indicated in the NoA. The awarding agency will not support the acquisition cost or provide for depreciation.
- Equipment is an allowable direct cost.
- Patient care costs are provided only in exceptional circumstances or where allowed by the statute setting up the award program.
- Travel Visas (including short-term) are generally allowable:
 - As a direct cost as part of recruiting costs if the institution has an employee-employer relationship with the individual
 - When identified in specific NOFOs
 - If within the scope of an approved research project

Administrative Requirements

Expanded authorities generally apply to foreign awards. Review the NoA to determine the specific award requirements. See the Prior Approvals and Expanded Authority sections of the GPS. These requirements also apply to subawards to foreign entities under financial assistance arrangements, rather than acquisition of goods or services.

If you make a subaward to a foreign entity, to comply with audit requirements, you must include oversight methods. These may include reviewing reports, on-site reviews, or alternatives to a single audit, if one will not be available during the period of the subaward.

Federal Institutions and Payments to or on Behalf of Federal Employees Under Awards

Most policies contained in the GPS apply to awards made to federal institutions. This section includes specific exceptions and modifications of general GPS requirements for federal recipients. It also highlights other related policies.

Eligibility

Specific eligibility is in each NOFO. An awarding agency may not issue an award to any component of its own organization.

PHS organizational segments, other than IHS hospitals, may receive award support under exceptional circumstances only. Such circumstances may include when the work cannot be supported within the mission of the PHS agency and cannot be performed elsewhere.

The federal agency or department is the official applicant, regardless of where within it the work is to be performed. A federal institution must ensure that its own authorizing legislation allows it to receive awards and to be able to comply with the award terms and conditions.

A document that assures both the assumption of responsibility and authority to receive an award must accompany each new and competing continuation application. The assurance must be signed by the head of the responsible federal department or independent agency or a designee who reports directly to the department or agency head. This assurance is in addition to those made by the AOR's signature on the face page of the application. The assurance requirement does not apply to VAMCs, Bureau of Prisons' (Department of Justice) hospitals, IHS hospitals, or other PHS organizational segments.

For-Profit Organizations

General

Terms and conditions for for-profit organizations vary from standard ones. Also, terms and conditions for SBIR and STTR programs vary from those usually applied to for-profit organizations.

Cost Principles

Usual cost principles do not specifically apply to for-profit organizations. As a result, use:

- For for-profit organizations: FAR, [48 CFR § 31.2](#).
- For private hospitals: [45 CFR part 75, appendix IX](#).

Allowable and Unallowable Costs

Allowable Costs

- Indirect costs
- Travel that does not exceed costs established by the [Federal Travel Regulation](#) (FTR).

Unallowable Costs

- Independent research and development costs, as provided in [45 CFR § 75.476](#).
- Profits or fees, except for awards under the SBIR and STTR programs and funds paid to a contractor for routine goods or services.

Consult the GMS for questions on costs.

Administrative Requirements

For-profit organizations generally are subject to the same administrative requirements as non-profit organizations, including those relating to personal property title and management.

- Equipment: For-profit groups must track equipment. You can't use award-funded equipment to compete unfairly by offering paid services. Any fees charged for using the equipment count as program income and you must report it on the FFR.
- Intellectual property: All for-profit groups, regardless of size, follow the intellectual property rules in [37 CFR § 401](#). For-profit organizations have different invention reporting rules than non-profits. For-profit organizations can assign invention rights to others without agency approval, but they must still report each invention. The federal government will keep information about federally supported inventions confidential, as allowed by law.
- Program income: See [Program Income](#).
- Operating authorities: Standard award terms apply to for-profit organizations. However, some policies do not allow automatic carryover of unobligated fund balances. The NoA specifies the disposition of the reported unobligated balance.
- Audit: Requirements for non-federal audits of for-profit organizations are in [45 CFR § 75.501](#). For-profit organizations are subject to requirements for non-federal audits. See Audit Requirements.
- Labor distribution requirements: Salary and wage amounts charged to awards for personal services must:
 - Be based on an adequate labor distribution system that distributes payroll costs in line with generally accepted practices of like organizations.
 - Align to industry standards.
 - Track time spent on award activities. The time and-effort reporting system used must:
 - Be for both professional and other staff
 - Reflect daily reporting
 - Track time by individual projects and indirect activities
 - Record both hours worked, and hours absent
 - Enable the AOR to meet the requirement to certify time entries at least every pay period.
 - The GMS must approve any alternative system.

Small Business Innovation Research and Small Business Technology Transfer Programs

The Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs have three stages. Some projects might not be eligible for all three.

Phase I

Before providing Phase II support, this phase assesses:

- The technical merit and feasibility of proposed research or R&D
- The quality of the applicant's performance

Phase II

This phase advances efforts started in Phase I. These policies apply:

- Funding is based on the results of Phase I and the scientific and technical merit and commercial potential of the Phase II application.
- Only Phase I recipients can apply for Phase II funding.
- You can only submit Phase II applications before a Phase I award if using the Fast-Track application process (see below).
- You must submit non-Fast-Track Phase II applications within the first six receipt dates after the end of your Phase I budget period. This is typically two years.

Phase III

The SBIR and STTR programs do not fund Phase III. This phase is for the SBC to work to commercialize the results of the research or R&D done in Phases I and II. In some cases, a federal agency may:

- Use non-SBIR and STTR funds to continue the work.
- Contract for items for federal use.

SBIR and STTR**STTR**

The STTR program focuses on teaming a Small Business Concern (SBC) with a non-profit research body for a project that might be turned into a product.

The program requires:

- The SBC collaborates with a single non-profit research institution.
- The SBC must do at least 40% of the research. A domestic non-profit organization does at least 30%. This rule is the same for both Phase I and Phase II.
- Eligible research partners include universities, non-profit hospitals, other non-profits research organizations, and federally funded Research and Development Centers.
- The award goes to the SBC. It disperses funds to the research institution.
- The PI must spend at least 10% of their time on the STTR project.

SBIR

The SBIR program requires that SBC employ the PI at least half-time at the time of award and during the project.

Fast-Track Process

The Fast-Track process speeds up decisions and funding for SBIR and STTR Phase II applications. Policies include:

- To be eligible, the project must be scientifically meritorious with a high potential for commercialization.
- Not every agency lets SBCs use Fast-Track. Talk to the agency first before applying.
- If you aren't approved for Fast-Track, your application might go through the regular review.
- With Fast-Track, Phase I and Phase II applications are handled together and usually get one overall score.

For more details, check the SBIR and STTR NOFOs.

Place of Performance and Sources of Materials

All project activities for Phase I and Phase II of SBIR and STTR must be done in the United States. Using a foreign site for research is rare and needs a solid scientific reason. An example includes testing specific patient groups only available abroad. You must attempt to get alternate funding for the part of the work to be done abroad.

If you must buy materials from another country, you must have a good reason and clearly explain it. Approval of such a waiver is rare. The awarding agency reviews each request individually. If you'll need to do this, talk to the GMS before you apply.

GMSs decide waiver requests. The NoA will clearly state if it is approved.

Change in Organization Status & Change of Recipient Institution Actions

The awarding agency makes eligibility decisions at the initial award time.

A later event like a merger or successor-in-interest could alter the organization's status. If the change makes the organization ineligible for the SBIR or STTR program:

- Any current awards can still proceed unless the small business concern makes a material misstatement that the agency decides poses a risk to national security; or there is a change in ownership, change to entity structure, or other substantial change in circumstances of the small business concern that the Federal agency decides poses a risk to national security
- After that, the organization will not qualify for new SBIR or STTR awards

If an SBIR or STTR award needs to be transferred to a different institution or organization, this new entity must also fulfill the eligibility requirements of the SBIR or STTR program.

Contact the awarding agency to discuss options when considering a move to a new organization.

Minimum Level of Effort

Congress requires minimum levels of effort for these programs.

SBIR required levels of effort:

Program and Phase:	SBC level of effort:	Aggregate payments to others may not exceed:
SBIR Phase I	67%	33%
SBIR Phase II	50%	50%

STTR minimum levels of effort:

Program and Phase:	SBC minimum level of effort:	Single, non-profit research institution minimum LOE:
STTR Phase I	40%	30%
STTR Phase II	40%	30%

Policies include:

- Waivers are not allowed.
- The basis for establishing the percentage of work to be done by each participant is the entire cost (including direct, indirect costs, and fee) related to each party. However, if described and justified under the “Consortium/Contractual Arrangements” section of the application, a different basis might be used.

Multiple Program Director or Principal Investigator Applications and Awards

Team science efforts may use a multiple program director or principal investigator (Multi PD/PI) option. The following policies apply:

- The SBC is always the applicant or recipient organization. Other participants are subcontractors.
- Each PD or PI must commit at least 1.2 calendar months (10% effort) to the project.
- SBIR Phase I and II projects: The contact PD or PI must meet the primary employment requirement. Other PDs or PIs do not have to meet the requirement.
- STTR Phase I and II projects: The PI listed must have a formal appointment with, or commitment to, the SBC. This must be an official relationship but does not require pay.
- Phase IIB Multi PD/PI competing renewal applications: If previously supported through a single PD/PI award, the new application must state the changes in the project’s management that led to the proposed Multi PD/PI model.

Public Policy Requirements

Requirements in Appendix D: Administrative and National Policy Requirements apply, unless otherwise noted here or in awarding agency policies.

- Disclosure of financial conflicts of interest does not apply to Phase I of the SBIR and STTR programs.
- Under an SBIR or STTR award, the SBC should purchase only American-made equipment or products when possible.

Allowable Costs and Fees

Program Levels (Total Costs)

The [SBA SBIR and STTR Policy Directive](#) provides program levels for SBIR and STTR programs based on statutory guidelines. The directives allow awarding agencies to exceed these levels up to 50% over the guideline when the proposed budget and requested period of support are justified and scientifically appropriate for the proposed research.

In some cases, Phase II SBIR or STTR recipients may apply for Phase IIB competing renewal awards. These are available for projects that require extraordinary time and effort for R&D. Only those SBCs awarded a Phase II may apply for the Phase IIB award.

Applicants must request an appropriate level in the competing application. The awarding agency will not adjust it after submission.

Profit or Fee

SBCs can earn a reasonable profit or fee under Phase I and II of the SBIR and STTR programs.

- This profit or fee must be in the application budget.
- The profit or fee isn't considered a cost for determining allowable use, program income accountability, or setting audit thresholds.
- The SBC can use the profit or fee for any purpose, including investment into the awarded project.
- The intent is to provide a reasonable profit consistent with normal profit margins for for-profit organizations for R&D work. Typically, the profit or fee will not surpass seven percent of the total project costs for each phase.
- The profit or fee should be drawn from PMS in proportion to the drawdown of funds for direct and indirect costs.
- The profit or fee is exclusively for the SBC that receives the award. However, in line with regular commercial practices, the SBC can pay a profit or fee to a contractor that provides routine goods or services under the award.

Indirect Costs

If the applicant SBC has a currently effective indirect cost rate with a federal agency, the rate should be used when calculating proposed indirect costs for an application. The rates must be adjusted for IR&D expenses, which are not allowable under HHS awards.

If that applicant does not have an approved indirect cost rate, one can be proposed in the application. See below for specific requirements for each phase. If awarded at a rate, indirect costs cannot exceed the awarded rate unless the SBC negotiates an indirect cost rate with a federal agency. The awarding agency will not negotiate indirect cost rates for Phase I awards.

If you do not have an effective negotiated indirect cost rate, you may propose estimated indirect costs at a rate not to exceed 40 percent of the total direct costs. You can charge only actual indirect costs to projects.

Phase II

If you do not have an effective negotiated indirect cost rate, you may propose an estimated indirect rate in the application.

If the requested rate is 40 percent of total direct costs or less, you do not need to provide further justification. You can charge only actual indirect costs to projects.

If you choose to negotiate an indirect cost rate greater than 40%, DFAS is the appropriate agency. Upon request, provide DFAS with an indirect cost proposal and supporting financial data for your most recently completed fiscal year. If you do not have financial data for the most recently completed fiscal year, submit a proposal showing estimated rates with supporting documentation.

Administrative Requirements

Market Research

HHS will not support market research, including studies of the literature that lead to a new or expanded statement of work.

No SBIR or STTR funds, direct or indirect, can be used to support commercialization.

For SBIR and STTR programs, market research is the systematic gathering, editing, recording, computing, and analyzing of data relating to the sale and distribution of the research subject. It includes research on:

- The size of potential markets and potential sales volume
- Identifying consumers most apt to purchase the products
- The advertising media most likely to stimulate their purchases

Market research does not include activities that include a public survey to determine the research subject's impact on the behavior of individuals.

Intellectual Property

The recipient keeps rights to data and software created with award funding. However, the federal government has a royalty-free, nonexclusive, and irrevocable license to reproduce, publish or otherwise use the material and to authorize others to do so for Federal purposes.

For SBIR and STTR awards, unlike other commercial awards, such data cannot be released outside the Federal government without the recipient's permission for a period of 20 years from completion of the project.

Data Rights

Section 9 of the Small Business Act, as amended ([15 USC 638](#)), allows SBC's under an SBIR or STTR award to retain their data rights for at least four years. The SBIR/STTR Policy Directive applies the following data rights:

- The Act allows small business concerns (SBCs) to keep the rights to data they create while working on an SBIR/STTR award. This helps encourage SBCs to participate in Federally funded research and supports them in commercializing their technology. The Federal Government will have access to this data to assess the projects and use the results, but it cannot use the data in ways that would hurt the SBC's rights or economic opportunities. The SBIR/STTR data rights provisions and definitions ensure that the Federal Government effectively protects properly marked SBIR/STTR data during the SBIR/STTR protection period just as well as it protects data developed at private expense.
- Federal agencies that participate in SBIR/STTR awards must make sure that SBC recipients keep appropriate proprietary rights to data generated while working on an award. In general, this means the Federal Government will have rights to that data during the protection period, except for certain types of data that are not subject to such data rights restrictions.
- SBIR/STTR data rights apply to all SBIR/STTR awards, including subcontracts, for all phases of the program (I, II, or III) as defined by the SBA Policy Directive from May 2, 2019. The rights for Phase III awards are the same as those for Phases I and II.
- SBIR/STTR data rights restrict the Federal Government's use and release of properly marked SBIR/STTR data only during the SBIR/STTR protection period. After the protection period, the Federal Government has a royalty-free license to use, and to authorize others to use on its behalf, these data for government purposes. At this time, the Federal Government is relieved of disclosure prohibitions related to such government purposes and assumes no liability for unauthorized use of these data by third parties. The Federal Government receives unlimited rights in Form, Fit, and Function Data, OMIT Data, and all unmarked SBIR/STTR data.

SBIR/STTR Data Rights - Main Elements:

- An SBC retains title and ownership of all SBIR/STTR data it develops or generates in the performance of an SBIR/STTR award. The SBC retains all rights in SBIR/STTR data that are not granted to the Government in accordance with the SBA Policy Directive. These rights of the SBC do not expire.
- The Government receives SBIR/STTR data rights during the SBIR/STTR protection period on all appropriately marked SBIR/STTR data. These rights enable the Federal Government to use SBIR/STTR data in limited ways within the Government, such as for project evaluation purposes. These rights are intended to prohibit use and disclosure of SBIR/STTR data that may undermine the SBC's future commercialization of the associated technology. The Government receives unlimited rights in Form, Fit, and Function Data, OMIT Data, and all unmarked SBIR/STTR data.
- After the SBIR/STTR protection period has expired, the Federal Government may use, and authorize others to use on its behalf, for government purposes, SBIR/STTR data that was subject to SBIR/STTR data rights during the SBIR/STTR protection period.
- The SBIR/STTR protection period begins with award of an SBIR/STTR funding agreement. It ends twenty years, or longer at the discretion of the participating agency, from the date of award of an SBIR/STTR award (either Phase I, Phase II, or Federally-funded SBIR/STTR Phase III) unless the agency and the SBC negotiate for some other protection period for the SBIR/STTR data subsequent to the award.
- Any SBIR/STTR data that is delivered must be marked with the appropriate SBIR/STTR data rights legend or notice to receive the protections given to SBIR/STTR data pursuant to SBIR/STTR data rights. The Government is not liable for the access, use, modification, reproduction, release, performance, display, disclosure, or distribution of SBIR/STTR data that is not appropriately marked in line with agency procedures. If SBIR/STTR data is delivered without the required legend or notice, the SBIR/STTR recipient may, within 6 months of such delivery (or a longer period approved by the agency for good cause shown), request to have an omitted SBIR/STTR data legend or notice, as applicable, placed on qualifying data. If SBIR/STTR data is delivered with an incorrect or nonconforming legend or notice, the agency may correct or permit correction at the recipient's expense.

Negotiated Rights:

- An agency must not, in any way, make issuance of an SBIR/STTR award conditional on the SBC negotiating or consenting to negotiate a special license or other agreement regarding SBIR/STTR data. The negotiation of any such specially negotiated license agreements shall be permitted only after award.
- After issuance of an SBIR/STTR award, the SBC may enter into a written agreement with the agency to modify the license rights that would otherwise be granted to the agency during the SBIR/STTR protection period. However, the agreement must be

entered into voluntarily, by mutual agreement of the SBC and agency. The agreement cannot be a condition for additional work under the funding agreement or the exercise of options. The agreement must be entered into only after the SBIR/STTR award, which must include an appropriate SBIR/STTR data rights clause, has been signed. Any such specially negotiated license must be in writing under a separate agreement after the SBIR/STTR funding agreement is signed. A decision by the recipient to relinquish, transfer, or modify in any way its rights in SBIR/STTR data must be made without pressure or coercion by the agency or any other party. Any provision in a competitive non-SBIR or SBIR solicitation that would have the effect of diminishing SBIR/STTR data rights shall have no effect on the provision of SBIR/STTR data rights in a resulting Phase I, Phase II, or Phase III award.

- To ensure that SBIR/STTR recipients receive the applicable data rights, all SBIR and STTR NOFOs and resulting funding agreements must fully implement all of the policies, procedures, and requirements set forth in the SBA Policy Directive in appropriate provisions and clauses incorporated into the SBIR/STTR NOFOs and awards. The SBA Policy Directive provides a sample SBIR/STTR data rights clause containing the key elements that must be reflected in the clause used in Federal Agency solicitations. SBA will report to the Congress any attempt or action by an agency, that it is aware of, to condition an SBIR or STTR award on the negotiation of lesser data rights or to exclude the appropriate data rights clause from the award.
- The STTR program requires that the SBC and the single, non-profit research institution execute an agreement allocating between the parties intellectual property rights and rights, if any, to carry out follow-on research, development, or commercialization of the subject research.

SBIR and STTR recipients are covered by [35 USC 200-212](#) and [37 CFR § 401](#) with respect to inventions and patents.

Data Sharing

For SBIR Phase II funding over \$500,000 in a year in direct costs, applicants must follow the GPS on data sharing, unless the Small Business Act conflicts. If the data is proprietary or sensitive, the SBC should explain it in the application. Whether or not the award meets the threshold for data sharing under [Intellectual Property](#), HHS won't share data outside the federal government without recipient approval for a period of 20 years from completion of the project.

For more information, please see [NIH's SBIR/STTR information page](#).

Research Awards

Human Subjects in Research

The regulation for all HHS awards involving human subjects research is [45 CFR part 46](#), Basic HHS Policy for Protection of Human Subjects. Subpart A is also known as the Common Rule. These regulations

implement Section 491(a) of the Public Health Service (PHS) Act. These regulations apply to both domestic and foreign organizations.

The Office for Human Research Protections (OHRP), Office of the Assistant Secretary for Health, is the office with HHS-wide responsibility for research involving human subjects under this policy.

All NOFOs will clearly state:

- The parameters of human subject use
- The information and assurances required from you prior award

There is a single version of the Federal-wide Assurance (FWA) form and Terms of Assurance for domestic and international institutions.

Recipients, whether domestic or international, must safeguard the rights and welfare of human subjects in HHS-conducted or -supported activities ([45 CFR § 46.101\(a\)](#) and [45 CFR § 46.103\(a\)](#)).

Recipients must ensure that subrecipients follow these requirements, as applicable. Recipients must facilitate the process for obtaining prior approval for subrecipients if not approved in the award.

Exemptions

Some human subject research is exempt from the requirements of the HHS regulations.

The categories of research that qualify for exemption are found at [45 CFR § 46.104\(d\)\(1\)-\(8\)](#). HHS has final authority to decide if a particular research study supported by HHS is exempt from the HHS regulations. OHRP is the only component of HHS with the delegated authority to interpret and enforce the regulatory requirements in [45 CFR § 46.101\(c\)](#) regarding whether a particular activity is regulated by [45 CFR part 46](#). Contact OHRP for questions.

Policies for Non-Exempt Human Subjects Research

The recipient, including any collaborating organization under a subaward, must:

- Hold or obtain an OHRP-approved FWA ([45 CFR § 46.103\(a\)](#)).
- Certify to the awarding agency, within the time frame specified, that the research has been reviewed and approved by an Institutional Review Board (IRB) designated in the FWA ([45 CFR § 46.103\(d\)](#)).

The [OHRP website](#) contains a listing of those organizations [with OHRP-approved assurances](#).

The awarding agency must make sure an applicant and any collaborating organizations have the required assurance and certification in place, before:

- Making an award unless there is a specific condition in the NoA restricting expenditures for this purpose.
- You initiate human subjects research, and the awarding agency removes any related NoA specific condition.
- Approving a post-award change in scope that will result in human subjects research.

The specific award condition must indicate that:

- You may not draw down funds, obligate or expend federal funds, or claim required cost sharing or matching costs for research involving human subjects at any site engaged in research until you meet all requirements.
- Failure to comply within the stated time may result in full or partial termination of the award.

The prohibition on expenditures may extend to the whole project if that activity can't be isolated.

Research Involving Animals and Their Welfare

Requirements for using live, vertebrate animals apply to all PHS agencies and other research-related awards. PHS agencies include AHRQ, CDC, FDA, HRSA, IHS, NIH, OASH, and SAMHSA. These requirements apply to recipients, subrecipients, and contractors, whether foreign or domestic.

The requirements:

- Are included in the [Public Health Service Policy on Humane Care and Use of Laboratory Animals](#) (PHS Policy).
- Incorporate the [U.S. Government Principles for the Utilization and Care of Vertebrate Animals used in Testing, Research, and Training](#).
- Require the recipient to maintain an animal care and use program based on the [Guide for the Care and Use of Laboratory Animals](#).
- Require compliance, as applicable, with the [Animal Welfare Act](#) and other federal statutes and regulations relating to animals.

You must establish appropriate policies and procedures to ensure the humane care and use of animals, and you are ultimately responsible for compliance with the PHS Policy.

You can get information about animal welfare topics from the [Office of Laboratory Animal Welfare](#) (OLAW), Office of Extramural Research, National Institutes of Health.

Before engaging in any HHS award-supported research using animals, applicants must:

- Have a current Animal Welfare Assurance approved by OLAW. The list of organizations with approved assurances is on the OLAW website for both [domestic institutions](#) and [foreign institutions](#).
- Verify, as part of the application or before award, current Institutional Animal Care and Use Committee (IACUC) approval of the animal activities. PHS Policy requires that IACUC approval must have happened within three years of the period of performance start date for new or renewal awards and at least every three years after that.
- Comply with the awarding agency's internal IACUC requirements if a cooperative agreement.

If you do not have a current Animal Welfare Assurance (or made alternative arrangements, like an inter-institutional assurance acceptable to OLAW) or has not provided the required verification by the

time an award is to be made, the awarding agency will notify the PO and the applicant. The awarding agency may:

- Delay the award until the recipient and all performance sites are operating in accordance with approved Animal Welfare Assurances and the organization has provided verification of IACUC approval of those sections of the application that involve use of animals.
- Include a specific condition in the NoA restricting expenditures.

The award condition must state that:

- You may not draw down funds, obligate or expend federal funds, or claim required cost sharing or matching costs for research involving animals at any site engaged in research until you meet all requirements.
- Failure to comply within the stated time may result in full or partial termination of the award.
- The prohibition on expenditures may extend to the whole project if that activity can't be isolated.

Before approving changes involving animal research after award, the awarding agency needs to confirm that there's a proper Animal Welfare Assurance with OLAW. They also need verification from the IACUC.

Reporting

Reporting requirements under the PHS Policy include an annual report to OLAW describing:

- Any updates in your animal care program as mentioned in the Assurance.
- Changes in IACUC membership
- The dates when the IACUC reviewed your program and facilities.

Lastly, the IACUC must quickly report any serious issues or breaches in policies, guidelines, or any suspensions through the official who signed the Assurance.

Foreign Applicants

Foreign applicant organizations applying for awards for activities involving animals are required to comply with PHS Policy or provide evidence that acceptable standards for the humane care and use of animals will be met.

This includes providing OLAW with an Animal Welfare Assurance for Foreign Institutions, which includes:

- Institutional assurance and certification of compliance with the applicable laws, regulations, and policies of the jurisdiction in which the research will be conducted
- A commitment to follow the [International Guiding Principles for Biomedical Research Involving Animals](#).

Awards to Individuals

No award to an individual will be made unless that individual is affiliated with an assured organization that accepts responsibility for compliance with the PHS Policy.

Appendix D: HHS Administrative and National Policy Requirements

Please go to the following page to see updated HHS requirements:

<https://www.hhs.gov/sites/default/files/hhs-administrative-national-policy-requirements.pdf>

Additional Information on Uniform Administrative Requirements

As stated in the information linked above, the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards ([45 CFR § 75](#)) apply to all HHS awards, unless specifically exempted by [45 CFR § 75.101\(d\) or \(e\)](#).

As of October 1, 2024, the following provisions from 2 CFR part 200 are effective for all new HHS awards or monetary actions (new, continuation, and supplements):

2 CFR § 200.1 Definitions: Modified Total Direct Cost (MTDC), which increases the exclusion threshold of subawards from \$25,000 to \$50,000 for modified total direct costs, definition of Equipment, which increases the threshold for determining equipment from \$5,000 to \$10,000, definition of Supplies, which increases the threshold for determining supplies from \$5,000 to \$10,000;

2 CFR § 200.313 (e) Equipment: Increases from \$5,000 to \$10,000 the value of equipment that at the end of the grant period “may be retained, sold, or otherwise disposed of with no further responsibility to the Federal agency” (*see 2 CFR section 200.313(e)(1)*). The provision also clarifies that Indian Tribes may use their own procedures for use, management, and disposal of equipment. If they do not have procedures, then they must follow the ordinary guidance.

2 CFR § 200.314(a) Unused Supplies: Increases from \$5,000 to \$10,000 the value of unused supplies that recipients of Federal funds are required to sell at the end of the grant award period as well as clarifying that this amount is the total amount of remaining unused supplies, not just like items (*see 2 CFR section 200.314*).

2 CFR § 200.320 Micro-purchase Threshold: Increases the micro-purchase threshold to \$50,000 (*see 2 CFR 200.320*).¹

2 CFR § 200.333 Fixed Amount Awards Subawards: Increases from \$250,000 to \$500,000 the amount of fixed amount subawards that a recipient may provide with prior written approval from the Federal agency (*see 2 CFR section 200.333*).

2 CFR § 200.344 Closeout: Increases the time period for recipients to submit final reports in support of closeout of the award from 90 to 120 days (*see 2 CFR 200.344*).²

2 CFR § 200.414(f) De Minimis Indirect Rate: Increases from 10% to 15% the rate that recipients of Federal funds may use for indirect costs without negotiating an alternative rate with the relevant

¹ This provision has already been adopted by HHS by operation of law, Pub. L. No. 115-91, and OMB Memorandum 18-18. It is included to be clear that this regulation is in force for HHS.

² This provision has already been adopted by HHS. See 88 FR 63591 (Sept. 15, 2023). It is included to be clear that this regulation is in force for HHS.

Federal agency (*see 2 CFR section 200.414*). Note that this does not apply to HHS Training or Foreign awards, for which HHS proposes to maintain a modification that caps the de minimis at 8%.

2 CFR § 200.501 **Single Audit:** Increase from \$750,000 to \$1,000,000 the level at which a recipient of Federal funds is required to conduct a single audit or a program specific audit (*see 2 CFR section 200.501*).

Appendix E: Financial Assistance General Certifications and Representations

In almost all instances, applicants must have a SAM.gov registration. Agreement to a list of general certifications and representations is required for registration.

Please go to the following page to see updated Certifications and Representations:

<https://www.hhs.gov/sites/default/files/financial-assistance-general-certification-representations.pdf>