



**CENTERS FOR DISEASE™
CONTROL AND PREVENTION**

Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH
PROMOTION

Tribal Practices for Wellness in Indian Country

CDC-RFA-DP22-2201

03/16/2022

Table of Contents

A. Funding Opportunity Description	3
B. Award Information	13
C. Eligibility Information	15
D. Application and Submission Information	17
E. Review and Selection Process	29
F. Award Administration Information	32
G. Agency Contacts	39
H. Other Information	40
I. Glossary	41

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-DP22-2201. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Tribal Practices for Wellness in Indian Country

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-DP22-2201

E. Assistance Listings Number:

93.762

F. Dates:

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

N/A

2. Due Date for Applications:

03/16/2022

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

3. Due Date for Informational Conference Call:

Information Call

January 11, 2022

2:30 p.m. - 4:00 p.m. EST

1-888-390-3412

Passcode: 9195563

If you have questions about this funding opportunity, you can submit them to TPWIC2201@cdc.gov. All questions must be submitted no later than Friday, March 11, 2022. Our goal is to respond to questions within 2 working days and we will post them on the [TPWIC DP22-2201 FAQ page](#). CDC cannot answer questions about eligibility other than refer you to the Additional Information on Eligibility page of the NOFO. CDC cannot discuss your proposed activities with you or answer questions about your proposed activities other than refer you to the Strategies and Activities section of the NOFO.

You can find the NOFO, the script from the information call, and links to the FAQs on the [NOFO webpage](#).

G. Executive Summary:

1. Summary Paragraph

This funding opportunity supports tribal practices that build resiliency and connections to community, family, and culture among American Indians/Alaska Natives (AI/AN). Social connectedness is a social determinant of health (SDoH) and is a significant factor in mental, emotional, and physical health. Cultural connectedness is a critical element in overall wellness, identity, and sense of belonging, particularly in Native communities. A high degree of social and cultural connectedness can increase the likelihood of individuals engaging in positive health behaviors that ultimately improve health outcomes for chronic diseases. Recipients will implement tribal wellness practices that were identified by tribal health leaders who were convened by CDC in 2016 and from lessons learned from the previous Tribal Practices for Wellness in Indian Country cooperative agreement, CDC-RFA-DP18-1812PPHF18. Up to 18 federally recognized AI/AN tribes, villages, or tribal organizations serving a *single* tribe or native village will be funded, with no more than 2 awards to tribes/villages and tribal organizations within a single Indian Health Service (IHS) Area. In addition, up to 12 Urban Indian Organizations will be funded to address the same strategies for that portion of their population that is AI/AN.

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

30

d. Total Period of Performance Funding:

\$22,183,200

e. Average One Year Award Amount:

\$150,000

Subject to availability of funding, including both direct and indirect costs.

f. Total Period of Performance Length:

5

g. Estimated Award Date:

June 29, 2022

h. Cost Sharing and / or Matching Requirements:

No

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has prioritized five key [social determinants of health \(SDoH\)](#) for the next 3 – 5 years. This NOFO is intended to address one of those five SDoH, social connectedness, as it focuses on tribal practices that build resiliency and connections to community, family, and culture among American Indians/Alaska Natives (AI/AN). This NOFO will focus on cultural connectedness as a component of social connectedness. Cultural connectedness and cultural practices are essential determinants of health that impact wellbeing and healthy living in AI/AN communities. Social connectedness is a significant determinant of mental, emotional, and physical health and serves as a key factor in protecting, improving, and maintaining individual and community well-being.

Many American Indian and Alaska Native (AI/AN) communities (including those in urban settings) maintain strong traditions to sustain, enhance, or reintroduce cultural wellness practices specific to the location, history, and traditions of their people. Practicing traditional ways, speaking one's native language, having connections to family and community, and fostering intergenerational relationships have been associated with healthy living (DeCou, 2013). Similar findings have been shown in Native adults; feeling connected to community and culture and speaking a traditional language can positively impact wellbeing (Hodge, 2012). These cultural practices may also strengthen cultural identity; studies have shown those associated with a stronger sense of identify have a more balanced and positive mental health (Hodge, 2012).

Efforts to keep community members engaged in these traditional practices are critical to address the higher rates of chronic disease among AI/AN populations compared with other racial and ethnic groups in the United States. Based on tribal leader input, it is anticipated that lifestyle interventions that incorporate native history and culture will be effective in reducing chronic disease risk factors, and over time, reduce morbidity and mortality due to heart disease, stroke, cancer, and diabetes.

Recipients will implement tribal wellness practices that were identified by tribal health leaders and from lessons learned from the previous cooperative agreement, Tribal Practices for Wellness in Indian Country (CDC-RFA-DP18-1812PPHF18). Evaluation for this NOFO will focus on how program strategies lead to increased sense of cultural connectedness among participants, increased physical activity, and increased healthy traditional foods in diets.

This NOFO complements the Good Health and Wellness in Indian Country (CDC-RFA-DP19-1903) program, which focuses on obesity prevention, commercial tobacco use prevention, and prevention and control of diabetes, high blood pressure, and high blood cholesterol.

References:

Christopher R. **DeCou**, Monica C. Skewes & Ellen D. S. López (2013) Traditional living and cultural ways as protective factors against suicide: perceptions of Alaska Native university students, International Journal of Circumpolar Health, 72:1, DOI: [10.3402/ijch.v72i0.20968](https://doi.org/10.3402/ijch.v72i0.20968)

Hodge, FS, Nandy K. Predictors of wellness in American Indians. J Health Care for Poor and Underserved, 2011: 22(3), DOI: 10.1353/hpu.2011.0093.IDS: 787B1
[Predictors of wellness and American Indians - PubMed \(nih.gov\)](#)

b. Statutory Authorities

Section 301(a) of the Public Health Service Act, 42 U.S.C. 241(a).

c. Healthy People 2030

[Diabetes - Healthy People 2030 | health.gov](#); [Heart Disease and Stroke - Healthy People 2030 | health.gov](#); [Cancer - Healthy People 2030 | health.gov](#); [Overweight and Obesity - Healthy People 2030 | health.gov](#); [Oral Conditions - Healthy People 2030 | health.gov](#); [Nutrition and Healthy Eating - Healthy People 2030 | health.gov](#); [Physical Activity - Healthy People 2030 | health.gov](#); [Tobacco Use - Healthy People 2030 | health.gov](#); [Health Care Access and Quality - Healthy People 2030 | health.gov](#); [Social and Community Context - Healthy People 2030 | health.gov](#)

d. Other National Public Health Priorities and Strategies

- [The Surgeon General's Call to Action to Support Breastfeeding](#)
- [Best Practices for Comprehensive Tobacco Control Programs – 2014](#)
- [Native Diabetes Wellness Program](#)
- [Dietary Guidelines for Americans, 2020-2025](#)
- [Active People, Healthy Nation](#)

e. Relevant Work

[Good Health and Wellness in Indian Country](#) (CDC-RFA-DP19-1903)
[Tribal Practices for Wellness in Indian Country](#) (CDC-RFA-DP18-1812PPHF18)
[Using Traditional Foods and Sustainable Ecological Approaches to Promote Health and Prevent Diabetes in American Indian and Alaska Native Communities](#)
[Social Determinants of Health | CDC](#)

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Logic Model: Tribal Practices for Wellness in Indian Country, CDC-RFA-DP22-2201

Strategies	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<p>Strategy 1: Family and community activities that connect cultural teachings to health and wellness</p> <p>Strategy 2: Seasonal cultural and traditional practices that support health and wellness</p> <p>Strategy 3: Social and cultural activities that promote community wellness</p> <p>Strategy 4: Intergenerational learning opportunities that support wellness and resilience</p> <p>Strategy 5: Cultural teachings and practices about traditional healthy foods to promote health, sustenance, and sustainability</p> <p>Strategy 6: Traditional and contemporary physical activities that strengthen wellbeing</p>	<p>Increased number of people participating in opportunities for cultural teachings and practices that promote health and wellness</p>	<p>Increased sense of cultural connectedness (All Strategies)</p> <p>Increased sense of social connectedness (All strategies)</p> <p>Increased consumption of healthy traditional foods and/or increased physical activity (traditional or contemporary) (Strategies 5 and/or 6)</p>	<p>Increased resilience and use of cultural practices to reduce diabetes, heart disease, stroke, and cancer</p> <p>Reduced morbidity/mortality due to diabetes, heart disease, stroke, and cancer</p> <p>Increased sense of mental and emotional wellbeing among community members</p>

The Tribal Practices for Wellness in Indian Country Logic Model (see above) provides a framework to use throughout program planning, implementation, and evaluation. Tribal health leaders identified the 6 strategies in the Logic Model based on tribal practices that connect community members to culture and keep them well. The short-term outcome applies to all strategies and activities and should connect and contribute to achieving the intermediate

outcomes in the Logic Model. Applicants are required to report on the **bolded** outcomes for each of their 3 proposed strategies and activities. All recipients will report on the first two bolded intermediate outcomes (cultural connectedness and social connectedness). Recipients who choose Strategy 5 or 6 will be required to report on the third bolded intermediate outcome (healthy foods/physical activity). The **bolded** intermediate outcomes are expected to be achieved by the end of the 5-year period of performance.

i. Purpose

American Indians and Alaska Natives have higher rates of chronic disease than other racial and ethnic groups in the United States. This NOFO supports the implementation of tribal practices to build resiliency and connections to community, family, and culture, which over time, can reduce risk factors for chronic disease. The long-term goals are to increase resilience and use of cultural practices to reduce morbidity/mortality due to diabetes, heart disease, stroke, and cancer, and increase mental and emotional wellbeing among community members.

ii. Outcomes

Intermediate Outcomes

- Increased sense of cultural connectedness (All Strategies)
- Increased sense of social connectedness (All Strategies)
- Increased consumption of healthy traditional foods and/or increased physical activity (traditional or contemporary) (Strategy 5 and/or 6)

iii. Strategies and Activities

Applicants are required to select 3 strategies from the strategies listed below and in the Logic Model, and propose at least 1 activity for each selected strategy. The applicant should also describe their “community served,” which could be a tribe, a community primarily comprised of AI/ANs, or the specific AI/AN population served. All strategies and activities are to be implemented with and within the community served. All outcomes listed in the Outcomes section above and in the Logic Model are expected to be achieved within the community served over the course of the 5-year period of performance.

Strategy 1: Family and community activities that connect cultural teachings to health and wellness

Activities:

- Implement family-centered community activities and events working with community members and partners that teach, build upon, celebrate, and strengthen cultural and traditional practices and teachings.
- Establish or develop health education Native language activities that promote and connect community health and Native language.
- Implement a culturally based, community-chosen activity that supports Strategy 1.

Strategy 2: Seasonal cultural and traditional practices that support health and wellness

Activities:

- Establish an annual community calendar of seasonal cultural and traditional events, celebrations and activities that support and reinforce healthy practices.

- Support implementation of one or more seasonal and traditional cultural events, celebrations, traditional harvest, or activities and engage community members and partners to make the event even healthier.
- Implement a culturally based, community-chosen activity that supports Strategy 2.

Strategy 3: Social and cultural activities that promote community wellness

Activities:

- Establish and/or strengthen community social and cultural activities focused on sharing cultural knowledge and practices, honoring the future through our people and youth especially teachings of historical events for mental and emotional wellbeing.
- Implement social and/or Tribal cultural activities incorporating opportunities to learn about traditional healthy food, physical activities, and lifestyle practices to enhance mental and emotional wellbeing.
- Implement a culturally based, community-chosen activity that supports Strategy 3.

Strategy 4: Intergenerational learning opportunities that support wellbeing and resilience

Activities:

- Establish or strengthen opportunities to encourage two way sharing and connect youth, adults, and elders to share knowledge about food, language, ceremonies, stories, places, technology, crafts, and play.
- Establish or strengthen opportunities for adults and elders to pass on Tribal, cultural, and other knowledge to children and young people, and to other adults and elders.
- Establish and strengthen intergenerational programs that address historical trauma and that promote and enhance healing and resilience.
- Implement a culturally based, community-chosen activity that supports Strategy 4.

Strategy 5: Cultural teachings and practices about traditional healthy foods to promote health, sustenance, and sustainability

Activities:

- Establish or strengthen sustainable programs to gather, raise, harvest, produce or preserve traditional healthy foods, and provide those foods and beverages to individuals, families, schools, institutions, and others.
- Partner with Tribal, Inter-Tribal, governmental, and non-governmental entities to produce and promote traditional diets, including foods and drinks to sustain health.
- Implement a culturally based, community-chosen activity that supports Strategy 5.

Strategy 6: Traditional and contemporary physical activities that strengthen wellbeing

Activities:

- Enhance, strengthen, or increase opportunities and supports for traditional and contemporary physical activity at schools, work sites, cultural and community events, and other venues.

- Enhance, strengthen, or increase traditional knowledge and history that supports traditional and contemporary physical activities at home, in school, worksites, cultural, and community events.
- Build traditional or contemporary physical activity into Strategies 1 to 5, above.
- Implement a culturally based, community-chosen activity that supports Strategy 6.

In addition to the strategies and activities listed above and in the Logic Model, recipients must also:

- Develop a **Partnership Plan** by the end of year one that proposes at least one external partner to help achieve at least one of the chosen intermediate outcomes. External partners could include other departments within the Tribe or Urban Indian Organization; other tribal programs operating within the community, such as the Federally Recognized Tribal Extension Program, Tribal school or college, or other partners that share a desire to achieve a similar outcome as the program. CDC will work with recipients in Year 1 to help identify partners, if needed, and develop the Partnership Plan. Recipients will work to develop and strengthen this partnership throughout the period of performance.
- Develop a **Program Advisory Group** by the end of year 1 that will provide guidance on program implementation and continual feedback on activities, success, and challenges. Recipients will identify members of the Advisory Group, which could include Tribal leaders, elders, youth, persons impacted by the program, other partners interested in the outcomes of the program, and subject matter experts. CDC will work with recipients in year 1 to help identify processes for developing and sustaining a Program Advisory Group. The Program Advisory Group should be active by the beginning of year 2.
- Participate in the **TPWIC Community of Practice (CoP)** facilitated by CDC and Evaluation/Technical Assistance (TA) partners. The CoP will consist of monthly virtual meetings and trainings facilitated by Indigenous Evaluation/TA partners to convene recipients to share ideas, successes, and challenges, exchange lessons learned, and establish best practices.
- Participate in important meetings related to the cooperative agreement. Applicant budgets should include travel funds sufficient for the Project Director or designee to attend one recipient kick-off meeting in the first year.

1. Collaborations

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

Collaboration with programs funded by CDC is encouraged, particularly those that are working to reduce risk factors associated with diabetes, heart disease, stroke, cancer, and obesity, including recipients of CDC-RFA-DP19-1903 [Good Health and Wellness in Indian Country](#). National initiatives, guidelines, and policies have been identified from The Community Guide; CDC's Division of Nutrition, Physical Activity, and Obesity; Division of Diabetes Translation; Division for Heart Disease and Stroke Prevention; Division of Cancer Prevention and Control, and the Office on Smoking and Health that may complement and build upon effective, culturally based strategies and activities. Examples of other CDC programs that may provide collaboration opportunities to support achievement of NOFO outcomes include the [National Native Network for Tobacco Control](#), the [WISEWOMAN](#) (Well-Integrated Screening and Evaluation for

WOMen Across the Nation) program, Racial and Ethnic Approaches to Community Health ([REACH](#)), and the [High Obesity Program](#).

Recipients will be required to collaborate with relevant programs based on community needs.

b. With organizations not funded by CDC:

Applicants should describe their plans to collaborate with the following entities, as appropriate based on strategies selected, to address the requirements of this NOFO:

- Tribal departments of health
- Tribal culture departments and language programs
- Tribal behavioral health departments
- Tribal schools and/or local school systems
- Other federally funded tribal programs, such as USDA [Federally-Recognized Tribal Extension Programs](#), [Food Distribution on Indian Reservations](#), and [Supplemental Nutrition Assistance \(SNAP Ed\) Programs](#), SAMHSA [Native Connections Programs](#), and Administration for [Native Americans Language Preservation Programs](#).

2. Target Populations

American Indians and Alaska Natives

a. Health Disparities

American Indians and Alaska Natives (AI/ANs) have higher rates of chronic disease than other racial and ethnic groups in the United States. Tribal Practices for Wellness in Indian Country supports the implementation of tribal practices to build resiliency and connections to community, family, and culture, which over time, can reduce risk factors for chronic disease among AI/ANs. The long-term goals of this NOFO are to increase resiliency and cultural connectedness to reduce morbidity and mortality due to heart disease, stroke, cancer, and diabetes within AI/AN communities.

iv. Funding Strategy

Up to 18 federally recognized AI/AN tribes/villages or tribal organizations serving a **single** tribe/village will be funded under this NOFO to address the identified strategies. No more than 2 awards to tribes/villages/tribal organizations will be made within a single I.H.S. Area. In addition, up to 12 [Urban Indian Organizations](#) will also be funded under this NOFO to address the same strategies for that portion of their population that is American Indian and Alaska Native.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and Performance Measurement help demonstrate achievement of program outcomes and build a stronger evidence base for specific program interventions. Evaluation and performance measurement can also determine whether program strategies are scalable and effective at reaching the target or intended populations.

Throughout the five-year project period, CDC, with the assistance of Indigenous Evaluation/ Technical Assistance (TA) partners, will work individually and collectively with recipients to

answer the following evaluation questions based on the program Logic Model and activities. Both process and outcome evaluation will seek to answer the following questions:

1. To what extent did recipient communities demonstrate an increased sense of cultural connectedness?
2. To what extent did recipient communities demonstrate an increased sense of social connectedness?
3. To what extent did recipient communities demonstrate increased consumption of healthy traditional foods?
4. To what extent did recipient communities demonstrate increased physical activity (traditional or contemporary)?

To answer these questions, a two-pronged evaluation approach will be used. Recipients will be required to: 1) report yearly on performance measures using the [Performance Progress and Monitoring \(PPMR\) report, https://www.cdc.gov/grants/documents/Performance-Progress-and-Monitoring-Report-PPMR.pdf](https://www.cdc.gov/grants/documents/Performance-Progress-and-Monitoring-Report-PPMR.pdf)); and 2) develop and implement recipient-led evaluations with support from CDC and Indigenous Evaluation/TA partners as appropriate. Performance measure reporting must be limited to data collection.

Recipients will be responsible for gathering data for their chosen short-term measures and the intermediate measures that correspond to their chosen strategies. With these measures, the recipients will track the implementation and the achievement of the intended short-term outcomes and intermediate outcomes. For recipient-led evaluations, CDC and Indigenous Evaluation/TA partners will be available to provide technical assistance, where appropriate.

Applicants should consider their selected or proposed short-term outcomes (from the logic model), and for each, develop a short-term measure that will show whether the anticipated change took place. CDC will work with recipients to finalize short-term (1 year) performance measures in the first year of the program.

Applicants should consider their selected strategies, activities, and short-term outcomes, and include the corresponding intermediate measures to examine over the course of their 5-year project. CDC, in collaboration with Indigenous Evaluation/TA partners, will work with recipients to finalize performance measures within the first 12 months after award.

Intermediate measures:

- **Number of people reporting an increased sense of cultural connectedness**
- **Number of people reporting an increased sense of social connectedness**
- For Strategies 1, 2, and/or 3: Number of people participating in opportunities for cultural teachings and practices that promote health and wellness
- For Strategy 4: Number of people participating in programs that provide intergenerational opportunities that focus on health and wellbeing
- **For Strategy 5 and/or 6: Number of people including healthy traditional foods in their diets and/or number of people reporting an increase in physical activity (traditional or contemporary)**

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must describe their organizational capacity to carry out the activities, strategies, and evaluation requirements as outlined in the NOFO. CDC anticipates that all applicants will demonstrate capacity to carry out the activities and evaluation over the five-year period of performance. Specifically, applicants should provide a description of the following:

- Experience working directly with the proposed community served, which could be a tribe, community primarily comprised of AI/ANs, or the specific AI/AN population served) in activities that relate to the logic model strategies.
- Experience implementing the selected strategies or similar strategies and describe previous success in collaborating with the community served.
- Adequate staffing plan to carry out the project (including a project management structure, defined staff roles and responsibilities, position descriptions for vacant positions, CVs/resumes for current staff assigned to the project, and an organizational

chart). Position descriptions, CVs/Resumes, and an organizational chart should be included in your application. Name the files, Position Descriptions, CVs/Resumes, and Organizational Chart and upload them as PDF documents under other attachments/mandatory other attachments.

- Applicants must identify a Program Director for the project; however, this person does not have to be dedicated to this position for 100% time.
- Though a trained evaluator contributing to the program is an asset, applicants do not need to identify and provide funding for a trained evaluator. However, applicants must identify a staff person or contractor as having the responsibility to work with CDC and the Indigenous Evaluation/TA providers.
- Capability to manage required procurement efforts, including the ability to write and award subcontracts in accordance with 45 C.F.R. 75, as applicable.

Applicants must also:

- Demonstrate the capacity to complete all activities proposed.
- Demonstrate the ability to engage with community members to implement cultural teachings that promote health and wellness.

d. Work Plan

The following template is provided as an example work plan. If the applicant chooses another format, all information in the template must be provided.

Applicants should provide a detailed work plan for the first year of the project and a high-level description of the proposed activities for years 2 – 5 in the project narrative. Reminder: Applicants should also include the following in their work plan, as described in the Strategies and Activities section of this NOFO:

- Partnership Plan
- Program Advisory Group
- TPWIC Community of Practice

Strategy:					
Intermediate (5-year) Outcome:					
Activity	Person(s) Responsible	Timeline/Due Date	Short-term (1-year) Outcome	Short-term Performance Measure	Partners (if applicable)
1.					
Briefly describe how the activity will lead to the intermediate (5-year) outcome:					

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

f. CDC Program Support to Recipients

In a cooperative agreement, CDC and recipients share responsibility for successfully implementing the award and meeting identified outcomes. The following are potential areas of substantial involvement. Beyond monthly calls, site visits, and regular performance and financial monitoring during the period of performance, CDC will provide the following additional activities to support recipients:

1. Facilitating sharing and lessons learned through an ongoing TPWIC Community of Practice in collaboration with Evaluation/Technical Assistance partners;
2. Providing technical assistance to understand and implement the cooperative agreement requirements and meet program outcomes;
3. Providing guidance to improve the work plans and evaluation strategies;
4. Documenting progress, including doing so in a culturally appropriate way;
5. Providing technical assistance for evaluation and performance measures through collaboration with Evaluation/Technical Assistance partners;
6. Supporting opportunities to network, improve communication and coordination; and
7. Participating in important meetings related to the cooperative agreement.

Throughout the five-year period of performance, technical assistance may be provided to recipients individually or collectively.

B. Award Information

1. Funding Instrument Type:

CA (Cooperative Agreement)

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

2. Award Mechanism:

U58

3. Fiscal Year:

2022

4. Approximate Total Fiscal Year Funding:

\$4,436,640

5. Total Period of Performance Funding:

\$22,183,200

This amount is subject to the availability of funds.

Estimated Total Funding:

\$22,183,200

6. Total Period of Performance Length:

5

year(s)

7. Expected Number of Awards:

30

8. Approximate Average Award:

\$150,000

Per Budget Period

Subject to availability of funding, including both direct and indirect costs.

9. Award Ceiling:

\$150,000

Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:

\$100,000

Per Budget Period

Subject to availability of funding, including both direct and indirect costs.

11. Estimated Award Date:

June 29, 2022

12. Budget Period Length:

12 month(s)

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

13. Direct Assistance

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

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)

06 (Public and State controlled institutions of higher education)

05 (Independent school districts)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

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

Additional Eligibility Category:

Government Organizations:

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

This Notice of Funding Opportunity Announcement will support any of the 574 [Federally recognized American Indian Tribes/Alaska Native \(AI/AN\) Villages](#), any of the 41 [Urban Indian Organizations \(UIO\)](#) that have a current Title V Indian Health Care Improvement Act contract with the Indian Health Service, or any Tribal Organization, as defined in this NOFO, that is applying on behalf of a **single** American Indian tribe/Alaska Native village. Recipients must have the critical understanding or experience of working in AI/AN communities and sovereign tribal governments where cultural sensitivity, an awareness of history, and establishing trust are critical for success.

Tribal Organizations applying on behalf of a **single** tribe/village must submit with their application a letter of support signed by the tribe/village leadership, which may vary by tribe/village, and may include the Tribal/Village Council, President, or other designated executive leader. The signed letter of support from the tribe/village leadership **must**:

1. Be on the Tribal/Village letterhead,
2. Specifically mention the name of the applicant (Tribal Organization) applying on behalf of the Tribe/Village,
3. Specifically state that the Tribe/Village approves of the applicant (Tribal Organization) applying on their behalf,
4. Specifically indicate that the Tribe/Village intends to fully participate in the CDC-RFA-DP22-2201, Tribal Practices for Wellness in Indian Country funding opportunity with the applicant (Tribal Organization), and
5. Include the name, title, and signature of the tribal leader.

This letter of support should be titled "Tribal Support Letter" and uploaded as a "other attachments/mandatory other attachments" with the application at www.grants.gov. Failure to provide this letter of support will deem the application as nonresponsive and it will receive no further review.

CDC will consider any application requesting to serve multiple tribes as nonresponsive and it will receive no further review.

CDC would not meet the intent of the original establishment of the program budget line and the direction given in House Report 114-699 in FY17, and subsequently reaffirmed and funded in the FY18, FY19, FY20, and FY21 Appropriation bills for CDC to fund "Good Health and Wellness in Indian Country" programs. Most recently, the committee was clear in FY19 (House Report 115-862) that the program funds are to be awarded to Tribes and Tribal organizations,

also referred to as AI/AN communities (which is clearly understood by the committee and tribal communities to be only Tribes and Tribal organizations): “The Good Health initiative supports efforts by American Indian and Alaska Native communities to implement holistic and culturally-adapted approaches to reduce tobacco use, improve physical activity and nutrition, and increase health literacy.” The language in FY20 (House Report 116-62) and continued level funding for this budget line and recommended an increase in FY21 (House Report 116-450): “The Committee’s recommended level includes an increase of \$2,000,000 for Good Health and Wellness in Indian Country.”

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.

In preparation for the federal government’s April 4, 2022 transition to the Unique Entity Identifier (UEI) from the Data Universal Numbering System (DUNS), **applicants must include a UEI in applications (SF-424, field 8c) due on or after January 25, 2022.** The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and grants.gov. Entities registering in SAM.gov prior to April 4, 2022 must still obtain a DUNS number before registering in SAM.gov registration. Additional information is available at: <https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-identifier-update>, SAM.gov, <https://www.grants.gov/forms/sf-424-family.html> and <https://grantsgovprod.wordpress.com/2021/09/14/how-to-find-an-applicants-uei-within-grants-gov/>.

a. Data Universal Numbering System:

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll

free) or internet at [http:// fedgov.dnb. com/ webform/ displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do). The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

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

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) (Required until April 4, 2022)	1. Click on http:// fedgov.dnb. com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb. com/ webform) or call 1-866-705-5711
2	System for Award	1. Retrieve organizations DUNS number (required until April 4, 2022)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fs

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

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this 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)

b. Application Deadline

Due Date for Applications 03/16/2022

03/16/2022

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

Due Date for Information Conference Call

Information Call
January 11, 2022
2:30 p.m. - 4:00 p.m. EST
1-888-390-3412
Passcode: 9195563

If you have questions about this funding opportunity, you can submit them to TPWIC2201@cdc.gov. All questions must be submitted no later than Friday, March 11, 2022. Our goal is to respond to questions within 2 working days and we will post them on the [TPWIC DP22-2201 FAQ page](#). CDC cannot answer questions about eligibility other than refer you to the Additional Information on Eligibility page of the NOFO. CDC cannot discuss your proposed activities with you or answer questions about your proposed activities other than refer you to the Strategies and Activities section of the NOFO.

You can find the NOFO, the script from the information call, and links to the FAQs on the [NOFO webpage](#).

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

A letter of intent 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.

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.

Applicant budgets should include travel funds sufficient for the Project Director or designee to attend one recipient kick-off meeting in the first year.

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/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.

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.
- Recipients may not use funds to purchase giveaway items for the purpose of promoting their program, e.g., pens, bags, clothing.
- Recipients may not use funds to purchase guns, hunting knives, or other weapons.
- Recipients may not use funds to purchase live animals.
- Recipients may not use funds to purchase any type of automobile.
- Recipients may not use funds to purchase food and beverages, except when directly linked to activities in their work plan that support traditional food and diet.

17. Data Management Plan

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

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

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: 32

- The extent to which the project narrative and work plan:
 - Identifies a minimum of three (3) strategies and at least one (1) activity per strategy to address cultural connectedness and wellbeing that are consistent with the CDC project description, logic model, and short-term outcomes (5 points).
 - Proposes how the applicant will participate in the TPWIC Community of Practice (CoP) (3 points).
 - Includes a proposal to develop a Partnership Plan and Program Advisory Committee (5 points).
- The extent to which the applicant clearly defines their “community served” (which could be a tribe, a community primarily comprised of AI/ANs, or a specific population within a service catchment area) and their relationship with this defined population (5 points).
- The extent to which the proposal clearly describes the applicant’s understanding of the needs of the community served and how the proposed plan will address the identified needs, in accordance with the CDC project description (5 points).
- The extent to how the proposal clearly describes how the activities will lead to the intended outcomes (6 points).
- The extent to which the project narrative and work plan align with the strategies, outcomes, and performance measures from the logic model (3 points).

ii. Evaluation and Performance Measurement

Maximum Points: 25

- The extent to which the evaluation and performance measurement plan:
 - Includes the required intermediate measures and proposes three (3) short-term measures (7 points).
 - Describes how applicant will collect the performance measures and use evaluation findings to improve program implementation (e.g., continuous program improvement) (6 points).
 - Describes how key program partners (e.g., entities that are involved with implementing activities, including community members) will participate in the evaluation (8 points).
- The extent to which the applicant identifies a staff member or contractor with responsibility for collaborating with CDC and Indigenous Evaluation/TA partners on evaluation of this program (4 points).

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 43

- The extent to which the applicant documents experience working directly with the community served for this NOFO in activities that relate to the logic model strategies (9 points).
- The extent to which the applicant describes experience implementing the selected strategies or similar strategies collaborating with the community served (9 points).
- The extent to which the applicant demonstrates the ability to engage with community members to implement cultural teachings that promote health and wellness (10 points).
- The extent to which the applicant demonstrates the capacity to implement all activities proposed (5 points).
- The extent to which the applicant provides an adequate staffing plan to carry out the project, including project management structure led by an identified Project Director, defined staff roles and responsibilities, position descriptions, CVs/resumes, and organizational chart (5 points).
- The extent to which the applicant demonstrates the capability to manage required procurement efforts, including the ability to write and award subcontracts in accordance with 45 C.F.R. 75, as applicable (5 points).

Budget

Maximum Points: 0

The extent to which the applicant provides a detailed budget and narrative justification consistent with planned activities, proposes a reasonable budget for planned activities and considering available resources, and provides justification for how proposed items will support the intended outcomes. The applicant should include funding in the budget for the Project Director or designee to attend one recipient kick-off meeting in the first year (unscored).

c. Phase III Review

Two separate rank order lists will be developed, based on type of recipient (one for AI/AN tribes/villages and tribal organizations, and one for UIOs), and the top-ranking applicants will be funded, with the following factors affecting the funding decision:

1. CDC will fund **no more than one** award intended for a single tribe/village.
2. CDC will fund **no more than two** awards to tribes/villages/tribal organizations in a single I.H.S. Area.
3. CDC may fund out of rank order to achieve geographic diversity.

Review of risk posed by applicants.

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

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

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

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

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions

restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

June 29, 2022

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

[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-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-31: Research Definition](#)

[AR-32: Appropriations Act, General Provisions](#)

[AR-34: Accessibility Provisions and Non-Discrimination Requirements](#)

[AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020](#)

Organization-specific ARs:

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

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

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

discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	Yearly, 90 days after the end of the budget period	Yes
Interim Federal Financial Reporting Form	With Annual Performance Report (APR)	Yes
Annual Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

This report must include the following:

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

The 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.

Performance measures will be due yearly, 90 days after the end of the budget 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.

An Interim Federal Financial Report, SF-425, must be submitted with the Annual Performance Report.

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.fsr.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:

Shannon

Last Name:

Saltclah

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

Healthy Tribes Program

Telephone:

Email:

oqk8@cdc.gov

Grants Staff Contact

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

First Name:

Stephanie

Last Name:

Latham

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

Telephone:

Email:

fzv6@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

Resumes / CVs

Position descriptions

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Organization Charts

Other attachments/mandatory other attachments:

Tribal Support Letter -- Tribal Organization applicants only

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements

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

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

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

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

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

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

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

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

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

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

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

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

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be

money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

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

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

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

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

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

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

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

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

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

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

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

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

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

Memorandum of Understanding (MOU) or Memorandum of Agreement

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

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

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

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

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

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program

(outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

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

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

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

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

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

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

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

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

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

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

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

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The

work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Alaska Native Village: Indian reservation or Alaska Native village includes the reservation of any federally or State recognized Indian tribe, including any band, nation, pueblo, or rancheria, any former reservation in Oklahoma, any community under the jurisdiction of an Indian tribe, including a band, nation, pueblo, or rancheria, with allotted lands or lands subject to a restriction against alienation imposed by the United States or a State, and any lands of or under the jurisdiction of an Alaska Native village or group, including any lands selected by Alaska

Federally Recognized Tribal Governments: Indian tribes with whom the federal government maintains an official government-to-government relationship; usually established by a federal treaty, statute, executive order, court order, or a Federal Administrative Action. The Bureau of Indian Affairs (BIA) maintains and regularly publishes the list of federally recognized Indian tribes (Ref. HHS Tribal Consultation Policy, section 17).

Tribal Organization: The recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body, or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities.

Urban Indian Organizations: Organizations that have current Title V Indian Health Care Improvement Act contracts with the Indian Health Service and serve Urban AI/AN populations. Indian Health Service maintains and publishes the list of Urban Indian Organizations (https://www.ihs.gov/sites/urban/themes/responsive2017/display_objects/documents/staff/IHS_UIO_ED-CEO_Directory.pdf)