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Rape Prevention and Education: Assessing Coalition Capacity to Advance Primary Prevention

CDC-RFA-CE-23-0006

03/14/2023

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-CE-23-0006. 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:

Rape Prevention and Education: Assessing Coalition Capacity to Advance Primary Prevention

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)).

New-Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CE-23-0006

E. Assistance Listings Number:

93.136

F. Dates:

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

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

2. Due Date for Applications:

03/14/2023

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

3. Due Date for Informational Conference Call:

Information will be provided for potential applicants on one conference call/webinar. This call will be for eligible applicants (see Eligibility Section) on **January 27th, 2023, 2:00pm-3:30pm EST.**

Join ZoomGov Meeting

<https://cdc.zoomgov.com/j/1607352164?pwd=OWFKTDlQYXQ3d1hKemN1ZkxGYWFtUT09>

Meeting ID: 160 735 2164

Passcode: Y\$C=hWe6

One tap mobile

+16692545252,,1607352164#,,,,*66620632# US (San Jose)

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Dial by your location

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+1 669 216 1590 US (San Jose)

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Meeting ID: 160 735 2164

Passcode: 66620632

Find your local number: <https://cdc.zoomgov.com/u/adCgaeUGU5>

Join by SIP

1607352164@sip.zoomgov.com

Join by H.323

161.199.138.10 (US West)

161.199.136.10 (US East)

Meeting ID: 160 735 2164

Passcode: 66620632

G. Executive Summary:

1. Summary Paragraph

The purpose of this NOFO is to build and enhance the primary prevention capacity of State, Territorial, and Tribal Sexual Assault Coalitions ("Coalition(s)") in preparation for sexual violence prevention strategy implementation focused on advancing health equity. This one-year funding opportunity requires recipients to conduct a Primary Prevention Capacity Assessment of readiness to plan and implement equity-focused strategies, develop recommendations based on assessment findings to promote health equity, and advance primary prevention in future work. Recipients of this NOFO should use a data-driven approach to address primary prevention capacity to identify population(s) and communities with a high burden of sexual violence (SV), assess existing partnerships to determine gaps, and identify collaboratives to advance health

equity and align Coalition and State Rape Prevention and Education (RPE) program primary prevention efforts. Completing the activities should lead to recipients' increased ability to understand and address the inequities that create a disproportionate burden of SV. This work helps build the foundation for Coalitions to enhance, expand, and strengthen primary sexual violence prevention efforts, address health inequities, increase the use of data to inform programmatic decisions and create meaningful engagement with state health departments, state sexual assault coalitions, culturally specific organizations, and underserved communities in the RPE program.

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

G (Grant)

c. Approximate Number of Awards

63

Up to 53 state and territorial Sexual Assault Coalitions

Up to 10 Tribal Sexual Assault Coalitions.

d. Total Period of Performance Funding:

\$6,810,000

e. Average One Year Award Amount:

\$91,870

- \$115,641 for State and Territorial Sexual Violence Coalitions
- \$68,100 for Tribal Sexual Violence Coalitions

f. Total Period of Performance Length:

1 year(s)

g. Estimated Award Date:

May 31, 2023

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

Sexual violence (S.V.) is a significant public health problem affecting millions of people in the United States. More than 1 in 3 women and 1 in 4 men experienced sexual violence involving physical contact during their lifetimes. S.V. can lead to serious short- and long-term health consequences, including physical injury, poor mental health, and chronic physical health problems, which contribute to a substantial public health burden (Smith et al., 2018). Notably, some individuals and communities experience a disproportionate burden of S.V., including but

not limited to racial and ethnic minority groups, sexual and gender minorities, and individuals with disabilities (Smith et al., 2017; Walters et al., 2013; Basile et al., 2016). The Violence Against Women Act (VAWA) Reauthorization Act of 2022 authorizes C.D.C. to fund sexual assault coalitions to coordinate and provide prevention activities, assisting prevention programs, and collaborating and coordinating with applicable Federal, State, Tribal, and local entities engaged in S.V. prevention. This NOFO aims to build the capacity of State, Territorial, and Tribal Sexual Assault Coalitions ("Coalition(s)") in preparation for the implementation of S.V. prevention strategies that focus on primary prevention and address health inequities.

As authorized by the VAWA (2022) and 34 U.S.C. 12291. , only designated State sexual assault coalitions, territorial, and Tribal sexual assault coalitions are eligible to apply for this NOFO. **State Sexual Assault Coalitions** are 50 states and territories. **Territorial domestic violence or sexual assault coalitions** are nonprofit, nongovernmental territorial Coalitions or organizations with a history of addressing domestic violence or sexual assault. **Tribal Coalition(s)** are established nonprofits, nongovernmental Indian organizations, Alaska Native organizations, or Native Hawaiian organization that provides education, support, and technical assistance to member Indian service providers. A link to the list of CDC Designated State Sexual Assault Coalitions and complete definitions of State, Territorial, and Tribal Sexual Assault Coalitions ("Coalition(s)") are located in the glossary.

Health equity is when everyone can be as healthy as possible. For this NOFO, health equity is defined as attaining the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities and historical and contemporary injustices and eliminate health and healthcare disparities. S.V. affects populations and occurs in some communities more than others because of social and structural determinants that drive economic and other inequities. Social determinants of health (SDOH) are the conditions in which people are born, live, learn, work, play, worship, and age.

This funding opportunity allows recipients to conduct a Primary Prevention Capacity Assessment of the Coalition's readiness to plan and implement equity-focused S.V. prevention strategies and develop recommendations based on assessment findings to promote health equity and advance primary prevention. This NOFO will lead to enhanced expertise in primary prevention, health inequities focused, increased use of data to inform programmatic decisions, established partnerships that increase coalition ability to address the needs of populations, improved health outcomes for individuals, communities, and communities in the population(s) and communities of greatest need most affected by S.V.

b. Statutory Authorities

This award is authorized under the Violence Against Women Act Reauthorization Act of 2022, Section 393A of the Public Health Service Act [42 U.S.C. 280b-1b] and (d)(4)).

c. Healthy People 2030

This funding opportunity addresses the Healthy People 2030 focus area of Injury and Violence Prevention. The Healthy People 2030 includes developmental goals of reducing sexual violence <https://health.gov/healthypeople/objectives-and-data/browse-objectives/violence-prevention>.

- Reduce intimate partner violence — IVP-D04 (Developmental)

- Reduce contact sexual violence — IVP-D05 (Developmental)
- Reduce adolescent sexual violence by anyone — IVP-17
- Reduce sexual or physical adolescent dating violence — IVP-18

d. Other National Public Health Priorities and Strategies

This Notice of Funding Opportunity (NOFO) aligns with the following National Public Health Priorities and strategies:

- [The Community Guide: Violence Prevention](#)
- [COVID-19 Health Equity Strategy](#)
- [The Surgeon General Connects Community Health and Economic Prosperity - Community Commons](#)
- [The Guide to Community Preventive Services](#)
- [National Stakeholder Strategy for Achieving Health Equity](#)
- [Thriving Together: A Springboard for Equitable Recovery and Resilience in Communities Across America](#)

e. Relevant Work

This NOFO builds upon the work of several CDC efforts (e.g., previous NOFOs and Supplement Funding Opportunities) and their lessons learned:

- [CE19-1902 Rape Prevention and Education: Using the Best Available Evidence for Sexual Violence Prevention](#)
- Program Administrative Supplement (CDC-RFA-CE19-1902BY03AdminSupplement)
- [CDC/Division of Violence Prevention’s STOP SV: A Technical Package to Prevent Sexual Violence](#)

For more information, visit <https://www.cdc.gov/violenceprevention/index.html>

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA- CE23-0006 Logic Model: Rape Prevention and Education: Building Coalition Capacity to Advance Primary Prevention and Health Equity

Bold indicates period of performance outcome

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Conduct a Primary Prevention Capacity Assessment Develop	Increased understanding of staff expertise and available resources	Increased capacity to implement SV prevention strategies that incorporate health equity	Improved health outcomes for people experiencing

<p>recommendations and action steps to advance sexual violence (SV) primary prevention activities that also address health inequities</p>	<p>Increased understanding of available data sources used to identify population(s) and communities of focus</p> <p>Increased understanding of current partnerships, and how these partnerships are/are not meeting the current and future primary prevention and health equity work needs</p> <p>Increased understanding of current technical assistance provision and how well it incorporates health equity</p>	<p>Increased data-driven decision making to inform programmatic activities related to health equity in SV prevention programming</p> <p>Strengthened and/or newly established partnerships supporting the expansion of health equity work</p> <p>Strengthened availability and quality of technical assistance provision regarding health equity</p>	<p>disparities and inequities related to SV</p>
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i. Purpose

Exposure to violence is associated with poor physical and mental health outcomes, exacerbated by systemic inequities that create communities' disproportionate burden of SV. This NOFO aims to enhance and strengthen the Coalition's primary prevention of sexual violence, including addressing the health inequities that create a disproportionate burden on SV, to bring awareness and help prevent sexual assault, especially in communities historically oppressed by higher rates of sexual violence.

ii. Outcomes

Recipients are expected to achieve the following short-term outcomes within the period of performance:

- Increased understanding of staff expertise and available resources
- Increased understanding of available data sources used to identify population(s) and communities of focus
- Increased understanding of current partnerships, and how these partnerships are/are not meeting the current and future primary prevention and health equity work needs
- Increased understanding of current technical assistance provision and how well it incorporates health equity

iii. Strategies and Activities

As depicted in the logic model, this NOFO will primarily focus on **Conducting a Primary Prevention Capacity Assessment of Coalition’s readiness to plan and implement equity-focused strategies (“capacity assessment”), which will include recommendations to include and advance primary prevention and promote health equity in future work plans.**

Primary Prevention Capacity Assessment

Conduct a capacity assessment to determine current capacity to enhance and expand primary prevention and health equity work. Tools and resources for conducting a capacity assessment are available on [VetoViolence http://vetoviolence.cdc.gov/apps/main/home](http://vetoviolence.cdc.gov/apps/main/home) . Elements of the assessment should include, but are not limited to the following:

Staffing & Resources

- Does your organization have at least one staff position devoted to SV prevention efforts?
- What is the current rate of turnover within your organization?
- Does your organization’s annual budget include funding for SV prevention?

Skills & Expertise

- Does your organization have staff that have expertise in primary prevention?
- Does your organization have staff that have expertise in health equity?
- Do staff within your organization have skills in selecting and adapting prevention strategies that reflect the needs of the population?
- Does your organization provide primary prevention training and technical assistance (T/TA)? If so, does T/TA provided incorporate health equity?
- Are staff knowledgeable about evidence-based prevention programs?
- Are staff knowledgeable about when, why, and how to develop partnerships?

Collaboration & Partnerships

- Does your organization have an existing partnership with your state health department? If so, provide examples of previous collaboration activities.
- Does your organization have strong relationships with community leaders?
- Does your organization have community groups in the area with a history of successful collaboration to address sexual violence prevention and/or advance health equity?

Data & Evaluation

- Does your organization have access to data about violence outcomes and related risk and protective factors in the community? If so, describe existing data sources and how they are being used.
- Does your organization use data to drive decision about priorities, resources, and staffing?
- Does your organization have sufficient data on the needs and resources of the populations being served?
- Does your organization have processes in place to monitor implementation to ensure SV prevention activities are being carried out as intended?

- Does your organization use data, evaluation results, and feedback to make adjustments when implementation challenges are identified or when intended effects are not obtained?
- Does your organization support using staff time to evaluate the effectiveness of SV prevention strategies?

Recommendations

- Based on the capacity assessment findings, develop recommendations and action steps to lay the groundwork and further advance SV primary prevention activities that also address health inequities.
- Recommendations and action steps should include steps toward meaningful engagement with other stakeholders, which may include state or territorial health departments on SV primary prevention activities and the strategies and activities outlined in this NOFO.

1. Collaborations

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

In completing the Capacity Assessment and developing recommendations, it will be important for recipients to gain a solid understanding of their existing partnerships in SV prevention/ health equity, where gaps exist, and identify where additional collaboration is needed.

Recipients are *strongly encouraged* to work with a variety of partners with expertise in SV prevention and health equity. Where applicable, funded recipients are *strongly encouraged* to coordinate (e.g., meetings, trainings, conference calls) with the RPE-funded health department when appropriate in their state or territory. In addition, recipients are *required* to collaborate with other RPE-funded entities (e.g., State Health Departments, CDC-funded technical assistance providers) to develop their recommendations resulting from the capacity assessment.

Recipients are *strongly encouraged* to collaborate with CDC-funded technical assistance providers on capacity building technical assistance and training needs.

Applicants should describe how they intend to collaborate with other RPE-funded entities (e.g., State Health Department, CDC-funded technical assistance providers).

Recipients are encouraged to plan their activities in a manner that is complementary with other CDC-funded programs operating in the community. Applicants are encouraged to align, but not duplicate, proposed activities with other NOFOs and funding from CDC's Injury Center as appropriate. A list of CDC-funded violence programs is available at <http://www.cdc.gov/violenceprevention/fundedprograms/index.html>.

A few of those and other CDC-funded programs are highlighted below:

- [DELTA Impact](#)
- [Preventing Adverse Childhood Experiences: Data to Action \(PACE D2A\)](#)
- [Preventing Violence Affecting Young Lives \(PREVAYL\)](#)
- [National Centers of Excellence in Youth Violence Prevention \(YVPC\)](#)
- [National Violent Death Reporting System \(NVDRS\)](#)

- [Core State Injury Prevention Program \(Core SIPP\)](#)
- [Injury Control Research Centers \(ICRCs\)](#)

Additional resources and technical assistance information:

- [Violence Prevention Technical Assistance Center | American Institutes for Research \(air.org\)](#)
- [The Guide to Community Preventative Services \(The Community Guide\)](#)

b. With organizations not funded by CDC:

Recipients should engage in partnerships with multi-sectoral agencies and organizations to ensure a comprehensive capacity assessment of SV prevention and health equity efforts.

Recipients are *encouraged* to foster and sustain partnerships at the national, state, and local level, including but not limited to organizations in the business community, universities, emergency management, hospitals, media, non-government organizations, nonprofit agencies, other federal, state, or local government agencies, the public health community and tribes or tribal organizations. Partners who have experience with health equity work and/or with the population of focus may be especially beneficial.

Applicants should describe any existing partners who will participate in the development of recommendations.

2. Target Populations

Sexual violence affects millions of women and men every year, yet some populations are disproportionately affected by sexual violence victimization. As part of this NOFO, recipients should work to understand health inequities and how to improve health equity among populations disproportionately affected by SV, including, but not limited to: racial/ethnic minorities, people with disabilities, non-English speaking populations, tribal populations, rural communities and other geographically underserved areas, sexual and gender minorities, and people with limited health literacy.

CDC does not define specific target populations, or communities of focus (POFs). However, funded recipients are expected to use data to identify populations and environments that experience inequities and are at risk for violence due to inequitable access to the conditions needed for health and safety. Recipients should consider the following:

- How they intend to identify target populations and communities and provide relevant data sources that will be used for this process
- How they will address health disparities, including, but not limited to, race, ethnicity, gender identity, sex, sexual orientation, geography, socioeconomic status, disability status, primary language, and health literacy
- How they plan to address issues of health equity facing their selected population(s) and communities of focus

- Describe how they will make their programs accessible and available to participants regardless of age, race/ethnicity, sexual orientation, gender identity, sex, or socio-economic status.

a. Health Disparities

CDC recognizes that the circumstances into which people are born, grow, live, work and age are shaped by a wider set of forces (economics, social policies, and politics), which greatly impact health outcomes. Health inequities are differences in burden of disease, disability, injury, or violence between more socially advantaged and less socially advantaged groups, caused by systemic differences in social conditions and processes that effectively determine health.

Recipients should work to reduce sexual violence perpetration and victimization risk factors across the entire population but should place special emphasis on reducing the health disparities that contribute to higher rates of violence and victimization.

For this NOFO, funded recipients are expected to identify populations and environments that experience inequities in risk for SV due to inequitable access to the conditions needed for health and safety. By reducing inequities in access to SDOH, funded recipients directly reduce risk factors and/or increase protective factors for SV. In addition, funded recipients are expected to advance health equity by addressing health disparities and removing social (e.g., policy, norms, etc.) and economic barriers that lead to poor outcomes. CDC takes a comprehensive approach to reducing and preventing violence. This means addressing multiple factors that influence violence and engaging in multiple sectors to implement evidence-informed approaches that increase equitable access to SDOH and create healthier, safer communities.

iv. Funding Strategy

As outlined in the 2022 Violence Against Women Act:

- All designated state and territorial sexual assault coalitions will receive the same funding amount based on the legislative appropriated amount (\$115, 641).
- CDC will fund up to 10 Tribal applications. Funded applications will receive the same amount of funding based on the legislative appropriated amount (\$68,100).

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help demonstrate program accomplishments.

Recipients are required to conduct a process evaluation. A process evaluation determines whether program activities have been implemented and accomplished as intended for this NOFO. CDC will work collaboratively with recipients to track recipient activities and assess progress towards achieving NOFO outcomes during the period of performance. This effort will seek to answer the following questions:

- To what extent was the recipient successful in assessing internal capacity of the Coalition for primary prevention and advancing health equity?
- To what extent was the recipient successful in developing recommendations and action steps for implementing primary prevention strategies and activities to advance health equity?

Recipients are encouraged to conduct an ongoing process evaluation to ensure progress toward the short-term outcomes. Performance measures developed for this NOFO correspond to the outcomes described in the logic model. Example process performance measures should include but are not limited to:

Strategies/Activities	Short-term Outcome	Example Performance Measures
<p>Conduct a Primary Prevention Capacity Assessment</p> <p>Develop recommendations and action steps to advance sexual violence (SV) primary prevention activities that also address health inequities</p>	<p>Increased understanding of staff expertise and available resources</p>	<p><i>Number of staff with expertise in primary prevention work</i></p>
	<p>Increased understanding of available data sources used to identify populations and communities of focus</p>	<p><i>Number/types of data sources that identify populations of focus and/or include indicators to inform programmatic decisions</i></p>
	<p>Increased understanding of current partnerships, including with state health department and how these partnerships are/are not meeting the current and future primary prevention and health equity work needs</p>	<p><i>Number/type of data sources used to select populations of focus</i></p> <p><i>Number/types of ongoing trainings, peer-learning, meaningful engagement, and coaching sessions conducted</i></p>
	<p>Increased understanding of training and technical assistance (T/TA) provision and how well it incorporates health equity</p>	<p><i>Number of individuals with expertise in primary prevention and health equity available to provide T/TA</i></p>
	<p>Increased understanding of Coalition and partner engagement</p>	<p><i>Number/types of partners/partnerships engaged in primary prevention efforts</i></p> <p><i>Number/type of established partnerships developed/leveraged to increase Coalition capacity</i></p> <p><i>Number of shared goals between coalition and</i></p>

		<i>identified partners</i> <i>Number of meetings held with staff from both Coalition and state health department RPE program</i>
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As a result of the nature of this grant, applicants are not required to provide an Evaluation and Performance Measurement plan with their application. However, in their project narrative and work plan, applicants must describe their approach toward the process evaluation. The process evaluation should address the following:

- How did the recipient use the results of their capacity assessment to inform their recommendations and action steps for planning and implementing primary prevention strategies that advance health equity?
- How is health equity incorporated into the recipient’s NOFO activities?

Recipients are strongly encouraged to use evaluation and performance measurement data to monitor, evaluate, and continuously improve program performance. Recipients will be required to report CDC defined performance measures annually.

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

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

A Data Management Plan is not required for this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must demonstrate that they have the capacity to complete all activities proposed. Organizational capacity demonstrates the applicant's ability to successfully execute the funding opportunity activities and meet project outcomes. Applicants should provide a staffing plan, including an organizational chart, CVs/resumes, and project management structure that will be sufficient to meet the goals of the proposed project.

State and Territorial Sexual Assault Coalition applicants must name the files "Organizational_Chart.name of state," "Resumes, name of state," and "Project_Management_Structure.name of state" and upload them to www.grants.gov.

Tribal Sexual Assault Coalition applicants must name the files "Organizational_Chart.name of tribal coalition," "Resumes, name of tribal coalition," and "Project_Management_Structure.name of tribal coalition" and upload them to www.grants.gov.

To ensure that recipients can execute CDC program requirements and meet period of performance outcomes, applicants should describe the following:

- Experience engaging communities in public health planning and implementation processes
- Readiness and ability to conduct a capacity assessment and develop recommendations to advance primary prevention and health equity.
- Experience developing and maintaining multisectoral partnerships, including approaches for engagement.
- Experience using data to identify populations of focus, particularly those at disproportionate risk for sexual violence and health inequities.
- Experience using data to select strategies for implementation.
- Experience implementing sexual violence prevention strategies and activities in collaboration with multisectoral partners to reduce health disparities and improve health equity.
- Experience with budget management and administration capacity to establish financial procedures and track, monitor, and report expenditures.

- Ability to virtually attend CDC-sponsored trainings, meetings and events and other training opportunities recommended by CDC.

In the event that your coalition is not currently engaged in any of the activities listed above, please indicate plans to incorporate these elements into your work.

d. Work Plan

Applicants must provide a detailed work plan for one year. Applicants must name this file “Work_Plan” and upload to www.grants.gov. A work plan example is provided below.

The work Plan should include the following components

- Period of Performance Outcome
- Strategies and Activities
- Performance Measure
- Responsible Party
- Completion Date

<u>Period of Performance Outcome:</u> <i>[[from Outcomes section and/or logic model]]</i>			
<u>Strategies and Activities</u>	<u>Performance Measure</u> <i>[[from Evaluation and Performance Measurement section]]</i>	<u>Responsible Position/Party</u>	<u>Completion Date</u>
1.			
2.			
3			
4.			

CDC will provide feedback and technical assistance to recipients to finalize the work plan post award.

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.

State, Territorial, and Tribal Sexual Assault Coalitions are required to participate in the following activities that support the completion of strategies and activities outlined in this NOFO:

- Attendance at RPE annual recipients’ meeting
- Participation in CDC-provided regularly scheduled technical assistance and training, including but not limited to, monthly Project Officer calls, webinars, and routine site visits.
- Recipients are expected to participate in the following training and technical support activities
 - RPE Leadership and/or regional trainings for technical assistance, community of practice, and sharing lesson learned
 - Participation in e-learning collaboratives on sexual violence prevention and evaluation, facilitated by a CDC-funded Technical Assistance Provider(s)
 - Participation in sexual violence prevention and evaluation training, technical assistance, and resources provided in-person or virtually by the CDC-funded National Technical Assistance Resource Center for the Prevention of Sexual Violence.

B. Award Information

1. Funding Instrument Type:

G (Grant)

2. Award Mechanism:

UF2

3. Fiscal Year:

2023

4. Approximate Total Fiscal Year Funding:

\$6,810,000

5. Total Period of Performance Funding:

\$6,810,000

This amount is subject to the availability of funds.

Estimated Total Funding:

\$6,810,000

6. Total Period of Performance Length:

1 year(s)

year(s)

7. Expected Number of Awards:

63

Up to 53 state and territorial Sexual Assault Coalitions

Up to 10 Tribal Sexual Assault Coalitions.

8. Approximate Average Award:

\$91,870

Per Budget Period

- \$115, 641 for State and Territorial Sexual Violence Coalitions
- \$68,100 for Tribal Sexual Violence Coalitions

9. Award Ceiling:

\$115,641

Per Budget Period

This amount is subject to the availability of funds.

- \$115, 641 for State and Territorial Sexual Violence Coalitions
- \$68,100 for Tribal Sexual Violence Coalitions

10. Award Floor:

\$68,100

Per Budget Period

- \$115, 641 for State and Territorial Sexual Violence Coalitions
- \$68,100 for Tribal Sexual Violence Coalitions

11. Estimated Award Date:

May 31, 2023

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:

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

2. Additional Information on Eligibility

As authorized by the Violence Against Women Act (2022) and 34 U.S.C. 12291. , only designated State sexual assault coalitions, territorial, and Tribal sexual assault coalitions are eligible to apply, as defined in the Overview section of this NOFO and in the Glossary.

Applications submitted will be considered non-responsive and will not receive further review if the following criteria are not met:

- **State Sexual Assault Coalitions applicants:** Must be named on the CDC approved state sexual assault coalitions list available at [Rape Prevention and Education \(RPE\) Program|Funded Programs|Violence Prevention|Injury Center|CDC](#) **and** include their *State Sexual Assault Coalitions* name in the project abstract. If not named on the list and the name is not included in the project abstract the application will be deemed non-responsive and will not receive further review.
- **Territorial Sexual Assault Coalition applicants:** Must state that they are a *Territorial Sexual Assault Coalition* and include their coalition's name in the project abstract. If not stated and included in the project abstract the application will be deemed non-responsive and will not receive further review.
- **Tribal Sexual Assault Coalition applicants:** Must state that they are a *Tribal Sexual Assault Coalition* and include their coalition's name in the project abstract. If not stated and included in the project abstract the application will be deemed non-responsive and will not receive further review.

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.

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). 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. Additional information is available on the [GSA website](#), [SAM.gov](#), and [Grants.gov- Finding the UEI](#).

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their UEI 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](#).

c. [Grants.gov](#):

The first step in submitting an application online is registering your organization

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

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

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. 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.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI number to become an Authorized Organization Representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	It takes one day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

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)

Due Date for Letter Of Intent 02/01/2023

02/01/2023

b. Application Deadline

Due Date for Applications 03/14/2023

03/14/2023

11:59 pm U.S. Eastern 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 will be provided for potential applicants on one conference call/webinar. This call will be for eligible applicants (see Eligibility Section) on **January 27th, 2023, 2:00pm-3:30pm EST.**

Join ZoomGov Meeting

<https://cdc.zoomgov.com/j/1607352164?pwd=OWFKTDlQYXQ3d1hKemN1ZkxGYWFtUT09>

Meeting ID: 160 735 2164

Passcode: Y\$C=hWe6

One tap mobile

+16692545252,,1607352164#,,,,*66620632# US (San Jose)

+16692161590,,1607352164#,,,,*66620632# US (San Jose)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

+1 646 828 7666 US (New York)

Meeting ID: 160 735 2164

Passcode: 66620632

Find your local number: <https://cdc.zoomgov.com/u/adCgaeUGU5>

Join by SIP

1607352164@sip.zoomgov.com

Join by H.323

161.199.138.10 (US West)

161.199.136.10 (US East)

Meeting ID: 160 735 2164

Passcode: 66620632

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 UEI.

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. The LOI is requested but not required.

The LOI must include the organization and indication of which category the applicant is intending to apply (i.e. State, Territorial, or Tribal Sexual Assault Coalition).

The LOI must be sent via email to:
Ramika Archibald
CDC, NCIPC
Telephone number: (404) 498-5617
Email address: RArchibald@cdc.gov

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients

should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative’s page limit)

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

12. Budget Narrative

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

- Salaries and wages
- Fringe benefits

- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

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

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

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

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

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate

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

13. Funds Tracking

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

Applicants must adhere to Congressional legislation (Section 393B of the Public Health Service Act [42 U.S.C. 280b-1c]). The legislation stipulates the following:

- Applicants may not use more than five percent of the amount received for each fiscal year for administrative expenses. This five percent limitation is in lieu of, and replaces, the indirect cost rate.
- An applicant may not use more than two percent of the amount received for each fiscal year for surveillance studies or prevalence studies.
- Amounts provided to applicants must be used to supplement, and not supplant Preventive Health and Health Services Block grant, other Federal, State, and local public funds expended to provide the activities described above.
- Funds may not be used to provide direct counseling, treatment, or advocacy services to victims or perpetrators of sexual violence (with the exception of hotlines).
- Funds may not be used for media or awareness campaigns that exclusively promote awareness of where to receive victim services.

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 via email.

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

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

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

i. Approach

Maximum Points: 40

Background/Purpose (5 points)

- The extent to which the applicant provides a description of relevant background information that includes the context of the problem, including issues with health disparities or inequities, particularly in the applicant's jurisdiction.
- The extent to which the applicant describes specifically how their application will address the public health problem as described in the CDC background section.

Outcomes (3 points)

- The extent to which the applicant clearly identifies the outcomes they expect to achieve by the end of the period of performance.

Strategies and Activities (15 points)

- The extent to which the applicant provides a clear and concise description of the activities they plan to incorporate to successfully conduct a Primary Prevention Capacity Assessment (as detailed in the Strategies and Activities section).

Collaborations (12 points)

- The extent to which the applicant demonstrates how their organization has established, or will establish, strategic broad-based, multi-sectoral partnerships related to sexual violence prevention and health equity?
- The extent to which the applicant describes how they intend to collaborate with other RPE- funded entities (e.g., State Health Department, CDC-funded technical assistance providers) to develop recommendations and action steps.

Work Plan (5 points)

- The extent to which the applicant provides a detailed work plan for the project.

ii. Evaluation and Performance Measurement

Maximum Points: 20

Applicants will be scored on the extent to which their project narrative:

- Describes how they will monitor and evaluate the success of the goals and objectives of the work plan. (20 points)

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 40

Applicants will be scored on the extent to which their project narrative:

- Describes experience engaging communities in public health planning and implementation processes. (5 points)
- Describes readiness and ability to conduct a Primary Prevention Capacity Assessment (5 points)
- Describes previous experience developing and maintaining multisectoral partnerships, including approaches for engagement. (3 points)
- Describes experience using data to identify populations of focus, particularly those at disproportionate risk for sexual violence and health inequities. (5 points)
- Describes experience using data to select strategies for implementation. (5 points)
- Describes experience implementing sexual violence prevention strategies and activities in collaboration with multisectoral partners to reduce health disparities and improve health equity. (5 points)
- Describes experience with budget management and administration capacity to establish financial procedures and track, monitor, and report expenditures. (5 points)
- Describes ability to virtually attend CDC-sponsored trainings, meetings and events and other training opportunities recommended by CDC. (2 points)
- In addition to the project narrative, provides a staffing plan, including an organizational chart, CVs/resumes, and project management structure that will be sufficient to meet the goals of the proposed project. (5 points)

Budget

Maximum Points: 0

The budget will be reviewed but not scored.

- Did the applicant provide a detailed budget and narrative justification consistent with stated objectives and planned activities?

c. Phase III Review

Applications will be reviewed and scored using the following criteria:

- **State Sexual Assault Coalitions applicants** - A technical review will be conducted for all eligible designated state sexual assault coalition applicants.
- **Territorial sexual assault coalition applicants** – Applications will be reviewed and scored in accordance with the Phase II review criteria. Applications will be funded in order by score and rank. Only 1 application will be funded per state. The highest-scoring applicant from that territory will be funded.

- **Tribal sexual assault coalition applicants** – Applications will be reviewed and scored in accordance with the Phase II review criteria. CDC will fund up to 10 Tribal Sexual Assault Coalition. Applications may be funded out of rank order to ensure geographic representation across the nation and at least one application per Tribal Nation.

Review of risk posed by applicants.

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

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

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

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

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

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

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

2. Announcement and Anticipated Award Dates

Announcement for this award is planned for May 30, 2023 with an expected start date of June 30th, 2023.

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 annual SAM Registration and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

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

2. Administrative and National Policy Requirements

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

Brief descriptions of relevant provisions are available at <https://www.cdc.gov/grants/additional-requirements/index.html>.

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

[AR-1: Human Subjects Requirements](#)

[AR-2: Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research](#)

[AR-3: Animal Subjects Requirements](#)

[AR-9: Paperwork Reduction Act Requirements](#)

[AR-10: Smoke-Free Workplace Requirements](#)

[AR-11: Healthy People 2030](#)

[AR-12: Lobbying Restrictions](#)

[AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities](#)

[AR-14: Accounting System Requirements](#)

[AR-16: Security Clearance Requirement](#)

[AR-17: Peer and Technical Reviews of Final Reports of Health Studies – ATSDR](#)

[AR-21: Small, Minority, And Women-owned Business](#)

[AR-22: Research Integrity](#)

[AR-24: Health Insurance Portability and Accountability Act Requirements](#)

[AR-25: Data Management and Access](#)

[AR-26: National Historic Preservation Act of 1966](#)

[AR-28: Inclusion of Persons Under the Age of 21 in Research](#)

[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-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern](#)

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

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 will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. 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>.

- 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 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?
<i>Annual Performance Report (APR)</i>	<i>No later than 120 days before end of budget period.</i>	Yes
<i>Federal Financial Reporting Forms</i>	<i>90 days after the end of the budget period.</i>	yes
<i>Final Performance and Financial Report</i>	<i>90 days after end of project period.</i>	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 publicly available website.
- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)

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

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
 - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.

- Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
- Recipients must describe success stories.
- **Challenges**
 - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
 - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
 - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
 - SF-424A Budget Information-Non-Construction Programs.
 - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
 - Indirect Cost Rate Agreement.

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

c. Performance Measure Reporting (optional)

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

d. Federal Financial Reporting (FFR) (required)

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

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report

should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>.

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

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

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.frs.gov/documents/ffata_legislation_110_252.pdf
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

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

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

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

assistance funds”). Outlined below are the specifics of this requirement:

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

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

3) Terms: For purposes of this clause:

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

“Foreign government” includes any foreign government entity;

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

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

5) Contents of Reports: The reports must contain:

a. recipient name;

b. contact name with phone, fax, and e-mail;

c. agreement number(s) if reporting by agreement(s);

d. reporting period;

e. amount of foreign taxes assessed by each foreign government;

f. amount of any foreign taxes reimbursed by each foreign government;

g. amount of foreign taxes unreimbursed by each foreign government.

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

6. Termination

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

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

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

(2) By the HHS awarding agency or pass-through entity for cause;

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:

Phillip

Last Name:

Williams

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

4770 Buford Highway NE Atlanta, GA 30341

Telephone:

770-488-0548

Email:

DPZ4@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:

2939 Bldg. Room 2109
Atlanta, GA. 30341

Telephone:
770-488-2917

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

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

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 collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

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>.

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.

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

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

For purposes of this NOFO:

- **Capacity Assessment** - a Primary Prevention Capacity Assessment of Coalition's readiness to plan and implement equity-focused strategies
- **Health Equity** - health equity is defined as attaining the highest level of health for all people
- **Primary Prevention** - preventing sexual violence before it occurs

- **Rape Prevention and Education (RPE) Program:** The [RPE program](#) works to prevent sexual violence by [providing funding to state and territorial health departments](#) in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.
- **Sexual Violence (SV)** - sexual activity when consent is not obtained or freely give
- **State Sexual Assault Coalitions-** The term "State sexual assault coalition" means a program determined by the Center for Injury Prevention and Control of the Centers for Disease Control and Prevention under the Public Health Service Act (42 U.S.C. 280b et seq.) For a list of CDC Designated State Sexual Assault Coalitions, see: [Rape Prevention and Education \(RPE\) Program|Funded Programs|Violence Prevention|Injury Center|CDC](#). The term 'State' means each of the 50 States, the District of Columbia and the Commonwealth of Puerto Rico.
- **Territorial domestic violence or sexual assault coalition** -The term "[territorial domestic violence or sexual assault coalition](#)" means a program addressing domestic or sexual violence (from the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), that is
 - (A) an established nonprofit, nongovernmental territorial coalition addressing [domestic violence](#) or [sexual assault](#) within the territory; or
 - (B) a nongovernmental organization with a demonstrated history of addressing [domestic violence](#) or [sexual assault](#) within the territory that proposes to incorporate as a nonprofit, nongovernmental territorial coalition.
- **Tribal coalition**
 - The term "[tribal coalition](#)" means an established nonprofit, nongovernmental [Indian](#) organization, Alaska Native organization, or a Native Hawaiian organization that
 - (A) provides education, support, and technical assistance to member [Indian](#) service providers in a manner that enables those member providers to establish and maintain culturally appropriate [services](#), including shelter and rape crisis [services](#), designed to assist [Indian](#) women and the dependents of those women who are victims of [domestic violence, dating violence, sexual assault, and stalking](#); and
 - (B) is comprised of board and general members that are representative of
 - (i) the member service providers described in subparagraph (A); and
 - (ii) the tribal communities in which the [services](#) are being provided.
- **Violence Against Women Act (VAWA):** U.S. federal legislation that expanded the juridical tools to combat violence against women and provide protection to women who had suffered violent abuses.