Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion

Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry
CDC-RFA-DP18-1806
Application Due Date: 02/27/2018
Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry
CDC-RFA-DP18-1806
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Part I. Overview Information
Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DP18-1806. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:
Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:
Sudden Unexpected Infant Death (SUlD) and Sudden Death in the Young (SDY) Case Registry

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1/sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:
CDC-RFA-DP18-1806

E. Catalog of Federal Domestic Assistance (CFDA) Number:
93.946

F. Dates:

1. Due Date for Letter of Intent (LOI): N/A
   Is a LOI: Not Applicable


3. Date for Informational Conference Call: N/A

G. Executive Summary:

1. Summary Paragraph:
This funding opportunity is to be used by recipients to conduct public health surveillance of Sudden Unexpected Infant Death (SUlD). SUlD surveillance is the core component of this NOFO and has two options for implementation. In addition to the SUlD core component, this funding opportunity includes an optional component for expanding surveillance to include Sudden Death in the Young (SDY). CDC and federal partners at the National Institutes of Health (NIH) developed the SDY Registry to explore and provide greater understanding of SDY. The optional expanded component therefore broadens the case definition and increases the age of death to at least 17. By following the National Center for Fatality Review and Prevention's protocols and by utilizing existing death investigation systems recipients of this funding opportunity will strengthen surveillance of SUlD and, if awarded, SDY. All recipients will be required to complete the following activities: 1) identify all SUlD cases, 2) compile
complete case information, 3) conduct multidisciplinary case reviews for each death, 4) categorize all cases using established criteria and algorithms, 5) improve surveillance data quality and timeliness, 6) disseminate data for prevention, and 7) identify risk factors. If the SDY Expanded Component is chosen additional activities for each case include: 1) following an autopsy guidance, 2) conducting an advanced review, 3) compiling additional SDY related variables, and 4) partnering with a data coordinating center for NIH funded activities. Additional funds will be awarded for these activities.

For the SUID Core Component all applicants **must** choose one of the following (birth to 1 year of age):

- Core Component 1) Statewide SUID surveillance of infants OR
- Core Component 2) SUID surveillance of infants in the forensic jurisdiction of one county (no less than population of about 1 million) or in multiple non continuous forensic jurisdictions or those serving multiple counties

For the SDY Optional Expanded Component applicants **can also choose** one of the following (birth to age 17 or higher if your child death review system allows):

- Optional Expanded Component 1) Statewide SDY surveillance (only if Core Component Option 1 is chosen above) OR
- Optional Expanded Component 2) SDY surveillance in any or in the forensic jurisdiction of one county (no less than population of about 1 million) or in multiple non continuous forensic jurisdictions or those serving multiple counties multiple counties (s) (study area (s) chosen must correspond with the SUID Core Components chosen above)

Applicants of the SDY Optional Expanded Component 1 or 2 must also demonstrate they have the necessary collaborations outlined later in this funding opportunity announcement.

Project period outcomes: All recipients will 1) provide a complete, comprehensive, population-based SUID/SDY surveillance dataset; 2) use an algorithm to establish category-specific SUID/SDY incidence; 3) use their data for the following: inform prevention and health promotion strategies: improve policies and practices of systems serving families; increase community awareness; and increase use of standardized case investigation practices.

**a. Eligible Applicants:** Open Competition

**b. NOFO Type:** Cooperative Agreement

**c. Approximate Number of Awards:** 25

25 SUID Core Component only and 15 awards will also add on the SDY Optional Expanded Component

**d. Total Period of Performance Funding:** $8,995,000

**e. Average One Year Award Amount:** $65,000

SUID Core Component: $65,000

SDY Optional Expanded Component: $65,000

If funded for Core and Optional Expanded Components: $130,000

**f. Number of Years of Award:** 5
Part II. Full Text

Executive Summary

This funding opportunity is to be used by recipients to conduct public health surveillance of Sudden Unexpected Infant Death (SUID). SUID surveillance is the core component of this NOFO and has two options for implementation. In addition to the SUID core component, this funding opportunity includes an optional component for expanding surveillance to include Sudden Death in the Young (SDY). CDC and federal partners at the National Institutes of Health (NIH) developed the SDY Registry to explore and provide greater understanding of SDY. The optional expanded component therefore broadens the case definition and increases the age of death to at least 17. By following the National Center for Fatality Review and Prevention's protocols and by utilizing existing death investigation systems recipients of this funding opportunity will strengthen surveillance of SUID and, if awarded, SDY. All recipients will be required to complete the following activities: 1) identify all SUID cases, 2) compile complete case information, 3) conduct multidisciplinary case reviews for each death, 4) categorize all cases using established criteria and algorithms, 5) improve surveillance data quality and timeliness, 6) disseminate data for prevention, and 7) identify risk factors. If the SDY Expanded Component is chosen additional activities for each case include: 1) following an autopsy guidance, 2) conducting an advanced review, 3) compiling additional SDY related variables, and 4) partnering with a data coordinating center for NIH funded activities. Additional funds will be awarded for these activities.

For the SUID Core Component all applicants must choose one of the following (birth to 1 year of age):

- Core Component 1) Statewide SUID surveillance of infants OR
- Core Component 2) SUID surveillance of infants in the forensic jurisdiction of one county (no less than population of about 1 million) or in multiple non continuous forensic jurisdictions or those serving multiple counties

For the SDY Optional Expanded Component applicants can also choose one of the following (birth to age 17 or higher if your child death review system allows):

- Optional Expanded Component 1) Statewide SDY surveillance (only if Core Component Option 1 is chosen above) OR
- Optional Expanded Component 2) SDY surveillance in any or in the forensic jurisdiction of one county (no less than population of about 1 million) or in multiple non continuous forensic jurisdictions or those serving multiple counties multiple counties (s) (study area (s) chosen must correspond with the SUID Core Components chosen above)
Applicants of the SDY Optional Expanded Component 1 or 2 must also demonstrate they have the necessary collaborations outlined later in this funding opportunity announcement.

Project period outcomes: All recipients will 1) provide a complete, comprehensive, population-based SUID/SDY surveillance dataset; 2) use an algorithm to establish category-specific SUID/SDY incidence; 3) use their data for the following: inform prevention and health promotion strategies: improve policies and practices of systems serving families; increase community awareness; and increase use of standardized case investigation practices.

A. Funding Opportunity Description

1. Background

a. Overview

Sudden unexpected infant, child and adolescent deaths are tragic events affecting families and communities. In the United States, about 3,500 infants die suddenly and unexpectedly yearly from unexplained causes such as sudden infant death syndrome (SIDS) or accidental suffocation. These Sudden Unexpected Infant Death (SUID), a major cause of infant mortality, account for about 16% of all US infant deaths. SUID is a subtype of Sudden Death in the Young (SDY). SDY includes infants as well as children and young adults through 19 years old who die unexpectedly. Although very little is known about the incidence of SDY, it is commonly associated with unexpected death, cardiac conditions such as cardiomyopathy or arrhythmias, and possible genetic forms of epilepsy. Some studies suggest that 10-20% of SUID cases may be attributable to undiagnosed cardiac conditions. About 80% SDY cases are classified as SUID.

Establishing the incidence of SUID and SDY is difficult because arrhythmias, epileptic events, SIDS and infant suffocation cases are often unwitnessed events and leave no markers to be found at autopsy. Death certifiers designate varying causes-of-death given similar cases. Because of inconsistencies in reporting and classification practices, the ability to consistently and accurately monitor national trends or evaluate prevention programs for SUID/SDY is limited. The Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry (SUID/SDY Case Registry) aims to uniformly documents information about the circumstances and factors surrounding these deaths, and uses a validated algorithm to categorize cases based on standardized criteria and levels of evidence available, leading to a better understanding of factors associated with SUID/SDY. Current recipients use case information for program planning and evaluation, modifying public health practice and policy, and reporting Title V Performance Measures. Title V funds are in 59 states and jurisdictions and seek to create federal and state partnerships that support health promotion efforts that seek to reduce infant mortality specifically through safe sleep. In addition to surveillance activities, the SDY Case Registry optional expanded component is funded with support from the National Institutes of Health (NIH) and involves collaboration with a data coordinating center to support more detailed analysis of these cases. This collaboration is detailed in the collaborations section of this NOFO.

The SUID/SDY Case Registry builds upon existing child death review (CDR) programs that follow protocols developed by the National Center for Fatality Review and Prevention (NCFRP). CDR programs are active in all 50 states, the District of Columbia, Guam and the
Navajo Nation totaling 1,350 individual teams. CDR teams compile information from various data sources on unexpected deaths, including birth and death certificates, death scene investigation, law enforcement, and child protective services. Thus, building on the work and data collection activities of these existing programs and teams, SUID/SDY Case Registry has access to the necessary information to characterize and determine the incidence of SUID and SDY.

This NOFO continues the collaboration with the NIH and combines two existing NOFOs (DP14-1403 and DP15-1506) under one funding mechanism and allows applicants to apply for a single county with a population about 1 million or in multiple non continuous forensic jurisdictions or those serving multiple counties or statewide surveillance, choosing the option where they know they can be successful. Recipients are expected to adhere to the child death review multi-disciplinary review model, have access to all records related to an infant/child after death and have productive relationships with the forensic community. Also recipients must disseminate data to inform data driven prevention. It is recommended that recipient disseminated data that should align with the American Academy of Pediatrics (AAP). SUID prevention should align with AAP Safe Sleep Recommendations.

Applicants applying for the SDY Expanded Component in addition to the SUID Core Component:

- Must submit a single application covering both components;
- Each component will be evaluated and scored separately, with one score assigned to each component;
- Must clearly label all SDY Optional Expanded Component activities as such, including in the Work Plan;
- Must provide two separate budgets: one for each component; and
- Must provide additional letters of support as outlined below.

b. Statutory Authorities
Public Health Service Act, as amended, 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12

c. Healthy People 2020
Addresses Injury and Violence Prevention (IVP) ;and Healthy People 2020 objectives for Maternal, Infant, and Child Health (MICH)

- MICH-1.9 Reduce infant deaths from sudden unexpected infant deaths (includes SIDS, unknown cause, accidental suffocation, and strangulation in bed)
- MICH-3 & MICH-4 Reduce rate of child deaths, adolescent and young adult deaths
- IVP-4 & IVP-5 Increase number of States and the District of Columbia where 90% of deaths among children through 17 years old from external causes and sudden and unexpected deaths are reviewed by a child fatality review team
- IVP-24.2 Reduce unintentional suffocation deaths to infants 0-12 months

d. Other National Public Health Priorities and Strategies
National Prevention Strategy: Tobacco-Free Living. Breathing secondhand smoke is a known cause of sudden infant death syndrome (SIDS).

**National Action Partnership to Promote Safe Sleep Improvement and Innovation Network** (NAPPSS-IIN). The goal of this program is to make safe infant sleep and breastfeeding a national norm.

**Collaborative Improvement and Innovation Network to Reduce Infant Mortality (IM CoIIN)**. A multiyear national movement engaging federal, state and local leaders, public and private agencies, professionals, and communities to employ quality improvement, innovation and collaborative learning to reduce infant mortality and improve birth outcomes.

**e. Relevant Work**

CDC currently funds this work under two cooperative agreements: DP14-1403 (SUID Case Registry) and DP15-1506 (SDY Case Registry). This funding opportunity combines these two cooperative agreements into a new NOFO.

**2. CDC Project Description**

**a. Approach**

**Bold** indicates period of performance outcome.

CDC-RFA-DP18-1806 Logic Model: **Bold** indicates project period outcome

<table>
<thead>
<tr>
<th>Strategies &amp; Activities</th>
<th>Short-Term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long-Term Outcomes</th>
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<tbody>
<tr>
<td>Case Ascertainment and Timeliness: Identify all cases for autopsy guidance within 24 hours of death (SDY Optional Expanded Component only) and for child death review (CDR) within 30 days of death.</td>
<td><strong>Increased access to high-quality and complete, surveillance system data for SUID/SDY.</strong> Improved completeness, timeliness, and quality of SUID and SDY surveillance data for program improvement and public health purposes. Established incidence of SUID/SDY, including incidence of categorical types</td>
<td>Improved policies and practices of systems serving families at higher risk for SUID/SDY. Improved policies to standardize investigation practices, including review of medical records, scene investigation and autopsies. Improved policies to standardize death reporting practices</td>
<td>Reduce the incidence of SUID Reduce the incidence of SDY Standardized investigation and reporting</td>
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<tr>
<td>Data Completeness and Timeliness: Review all cases within 90 days of identification by having all data available for review.</td>
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<tr>
<td>Establish Incidence of SUID/SDY: Categorize each SUID case at the CDR meeting according to established algorithms.</td>
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<tr>
<td>Data Completeness and Timeliness: Conduct a multi-disciplinary medical Advanced review for eligible SDY</td>
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cases within 90 days of CDR and categorize every SDY case using an established algorithm (SDY Optional Expanded Component only).

Data Completeness and Timeliness: Enter all case information within 30 days of review.

Data Quality and Completeness: Perform quality assurance checks/protocols on all cases within 90 days of entering case information by applying quality assurance protocols.

Prevention: Analyze and disseminate data to internal and external audiences to inform practice and policy changes

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<th>of SUID/SDY.</th>
<th>Development of data briefs and other products used to inform their programs and other key stakeholders.</th>
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<tbody>
<tr>
<td>Increased community awareness of SUID and SDY associated factors.</td>
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i. Purpose
Establishing surveillance systems is key to monitoring incidence and characteristics of SUID and SDY. Understanding incidence, trends, and characteristics of SUID/SDY informs prevention and health promotion activities aimed at reducing these deaths. Building on existing CDR programs, recipients will identify cases, compile case information, and conduct multidisciplinary reviews. Resulting surveillance data will be high quality, complete, and timely. Stakeholders will use the findings from the surveillance data to improve investigations and to inform policy and prevention strategies aimed at reducing infant death. Additionally, for SDY, the collaboration with NIH's data coordinating center will support more detailed activities.

ii. Outcomes
The following short-term outcomes will be achieved by the end of the project period:

- local and state stakeholders have increased access to high-quality and complete, surveillance system data for SUID/SDY
- improved completeness, timeliness, and quality of SUID and SDY surveillance data for program improvement and public health purposes
- federal and state stakeholders understand incidence of SUID/SDY, including incidence of categorical types of SUID/SDY
- local and state partners create data briefs and other products to inform their programs and other key stakeholders
- increased community awareness of factors associated with SUID and SDY

The short-term outcomes which focus on improved surveillance data and understanding of associated factors will lead to the following intermediate outcomes:
• improved policies and practices of systems serving families at higher risk for
SUID/SDY (e.g. child protective services, health care providers)
• improved policies to standardize investigation practices, including review of medical
records, scene investigation and autopsies
• improved policies to standardize death reporting practices

iii. Strategies and Activities
All recipients are expected to conduct surveillance of SUID cases by implementing the
following strategies and the accompanying activities:

1. Identify all cases for child death review (CDR) within 30 days of death. Accomplished
the surveillance goal of case ascertainment and timeliness
2. Conduct a multidisciplinary child death review of all cases within 90 days of
identification by having all data available for review. Accomplished the surveillance
goal of data completeness and timeliness
3. Categorize each SUID case at the CDR meeting according to established algorithms.
Accomplishes the surveillance goal to establish Incidence of SUID/SDY
4. Enter all case information within 30 days of review. Accomplished the surveillance goal
of data completeness and timeliness
5. Perform quality assurance checks/protocols on all cases within 90 days of entering case
information by applying quality assurance protocols. Accomplished the surveillance
goal of data quality and completeness
6. Analyze and disseminate data to internal and external audiences to inform practice and
policy changes. Accomplishes the surveillance goal of prevention

In addition to the SUID activities, recipients who are funded for the Optional Expanded SDY
component must also complete the activities outlined below for each case

1. Identify all cases for autopsy guidance within 24 hours of death. Accomplishes the
surveillance goal of a comprehensive autopsy
2. Conduct a multi-disciplinary clinical advanced review for eligible SDY cases within 90
days of CDR and categorize every SDY case using an established algorithm.
Accomplishes the surveillance goal of data completeness and timeliness
3. Establish Incidence of SUID/SDY: Categorize each SUID case at the CDR meeting
according to established algorithms. Accomplishes the surveillance goal of
establishing incidence of SUID/SDY
4. Collaborate with CDC and NIH's data coordinating center to ensure all activities
outlined below under CDC funded collaborations are completed. Accomplishes the goal
of coordination of NIH supported activities

In addition to the above activities, all recipients will be expected to participate in the following
activities:

1. Participate in collaborative recipient calls and meetings, recommended trainings, site
visits by CDC staff at recipient location, and yearly reverse site visits in Atlanta.
2. Participate in the evaluation of collaborative surveillance methods and adjust to any new
methodology to improve the quality of data, increase timeliness, and/or respond to changing case registry methodologies.

3. Collaborate with CDC and CDC’s incumbent data coordinating center, the National Center for Fatality Review and Prevention (NCFRP) at the Michigan Public Health Institute, to implement data sharing policies. For CDC's policies on releasing and sharing data see http://www.cdc.gov/od/foia/policies/sharing.htm.

1. Collaborations
As detailed below, collaborations are critical for the success of both surveillance activities. Recipients must collaborate with the organizations outlined below. Letters of support should be saved using the name of the agency providing the letter and uploaded as a PDF to www.grants.gov.

a. With other CDC programs and CDC-funded organizations:
Recipients are expected to collaborate with other CDC-funded projects within their states to achieve the outcomes shown in the logic model.

The CDC funded SUID and SDY Data Coordinating Center The current CDC and NIH funded data coordinating center (DCC) for this project is at the National Center for Fatality Review and Prevention at the Michigan Public Health Institute (MPHI). All successful recipients will collaborate with the DCC at MPHI for support and access to the web-based case reporting system. CDC will receive a quarterly data set from this system.

Applicants applying for the SDY optional expanded component: Must also collaborate for the following NIH funded external activities including: ensuring that every SDY family will be provided the opportunity to consent to NIH approved research, return of clinically actionable results and diagnostic genetic testing. Other activities include collecting and storing and shipping biospecimens to a biorepository. This also includes review and submission of protocols to local or a central Institutional Review Board (IRB) at MPH. Successful applicants will develop a plan for collaborating with the DCC at MPH for use of the web-based Case Reporting system, and NIH funded activities IRB, informed consent, and biospecimen shipping and storage. A plan should be made to accomplish these activities and a letter from MPHI supporting this plan should be part of the application.

CDC's Pregnancy Risk Assessment and Monitoring System (PRAMS)
All recipients shall collaborate with their state PRAMS program to understand more state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy and look at measurements of safe sleep and other associated factors to SIDS such as smoking and preterm birth.

CDC's Infectious Disease Pathology Branch (IDPB)
All recipients will have a subset of cases with histopathologic findings at autopsy or antemortem symptoms suggestive of an infection. These cases shall be considered for infectious disease testing in collaboration with the state public health lab. Per the Med-X model if there are cases that remain unexplained or for which additional testing at CDC might be of interest, IDPB shall be contacted for assistance.
Other CDC programs

Recipients may also collaborate with other CDC-funded surveillance programs to identify strategies to improve surveillance or with CDC-funded public health prevention programs to address prevention of unexpected deaths in infants and children. These collaborations are not required but can greatly increase the strength of SUID/SDY surveillance. Recipients can collaborate with CDC-funded Maternal Child Health (MCH) assignees working in the funded jurisdictions.

b. With organizations not funded by CDC:

All recipients are expected to develop and maintain relationships to collaborate with the following organizations to accomplish the activities and outcomes outlined in this funding announcement. Sharing of resources with these partners is strongly encouraged. Memorandums (MOAs or MOUs) or letters of support from collaborating organizations outlining a commitment to the outlined tasks below are required. Memorandums should demonstrate a commitment to assist the applicant with surveillance activities and explicitly detail the nature of past collaborations, including specific activities and products, and of future collaborations in the proposed activities.

Medical Examiner, Forensic Pathologists, Death Investigators, and/or Coroner Offices

Identify and notify all SUID Case Registry recipients of each death within 30 days.

Applicants applying for the SDY optional expanded component must identify cases within 24 hours and follow the autopsy guidance

This memorandum should detail the relationship between the applicant and the forensic pathologists in each of the jurisdictions the applicant is applying. Additional letters from coroners and death investigators may also be included. Collaboration should include the following:

- Assist with the timely identification of all deaths that meet the case definition
- Provide autopsy and death scene investigation reports to the all Case Registry recipients
- Attend and contribute to all CDR meetings
- Support the recipient in their external partnerships

Applicants applying for the SDY optional expanded component must collaborate in the following ways:

- Follow the standardized autopsy guidance including the collection, and appropriate storage and shipment of blood and tissue samples
- Participate in the SDY Advanced review process
- Support the recipient in obtaining generational family history of cardiac conditions and sudden death for all SDY cases

State Vital Records Birth certificate and death certificates are crucial to compiling data for all recipients SUID/SDY cases.

This memorandum of support should outline the level of access to vital records (i.e., live-time electronic access; weekly data sets, etc.). Collaboration should include the following:
• Preferred: Provide live-time electronic access to death certificates as it allows recipients to identify cases for and abstract critical information
• Provide access to a final death year cohort file which is essential for quality checks of case ascertainment and allows recipients to input International Classification of Death Codes into the surveillance data system

**Partners who Collect Primary Data Sources for and Participate in Child Death Review** All successful recipients will develop and maintain relationships with organizations that hold critical data for SUID/SDY including: pediatric and obstetric health care providers, law enforcement representatives, public health, child protective services, additional social services and emergency medical services.

These memorandums of support should specify contributions, including the nature of past and proposed future involvement with CDR team meetings and granting access to required data sources.

• Provide the SUID/SDY Case Registry recipient access to primary data sources for all SUID/SDY cases
• Attend CDR meetings and share case information
• Participate in the categorization of each SUID case using CDC's SUID Categorization Algorithm

**State/Local Child Death Review Program** All successful recipients should have active membership of a multidisciplinary CDR team. Representation at each meeting should include, but not be limited to: medical examiners/coroners, death scene investigators, pediatricians or other health care providers, and representatives of law enforcement, public health, child protective services, and emergency medical services.

If the applicant is not a CDR program, the applicant *must* include a memorandum of support from their state (and local, if appropriate) CDR teams. This letter should outline the collaboration between the applicant and the appropriate CDR team(s) including the state CDR program coordinator. Collaboration should include the following:

• Host regular and effective meetings to ensure cases are reviewed within 90 days of identification
• Adhere to CDR protocols
• Discuss risk and protective factors and prevention (based on AAP guidelines) for each case. Prevention recommendations should be drafted and communicated to key stakeholders
• Facilitate the categorization of each case during the multidisciplinary CDR meeting using CDC's SUID Categorization Algorithm.

**SDY optional expanded component only**

**Clinical Specialists (Advanced review team members)** Optional Expanded Component successful recipients must form an advanced review team including a pediatric cardiologist, epileptologist, or pediatric neurologist, genetic counselor, and hospital and/or forensic
Opportunity

Individual team members may write letters of support that specify partner contributions including the nature of past and proposed future involvement with the Advanced review process. Collaboration should include the following:

- Regularly attend Advanced review team meetings
- Support the recipient in obtaining access to medical history
- Participate in the categorization of each SDY case using CDC's SDY Categorization Algorithm

Applicants must file the letter, MOU or MOA, as appropriate, name the file MOUs/MOAs, and upload it as a PDF file at www.grants.gov

2. Target Populations

Target population: for the SUID Core Component infant birth - 1 year of age and for the SDY Optional Expanded Component children who die suddenly birth - age 17 or higher.

This NOFO build a Registry of risk and protective factors for these groups that can be analyzed at the local, state, and federal level. Racial and ethnic disparities in infant mortality will be addressed.

a. Health Disparities

The burden of SUID and SDY is typically over-represented by racial and ethnic minority groups, including tribal populations in select jurisdictions. Furthermore, families of lower socioeconomic status typically comprise a significant proportion of cases. Because our surveillance is population-based and representative of all populations within funded jurisdictions, other typically underserved populations, including those with disabilities, non-English speaking, rural areas, sexual and gender minorities and those with limited health literacy are included in our data system.

iv. Funding Strategy (for multi-component NOFOs only)

There are two funding strategies for this funding opportunity. An applicant must apply for 1 of 2 Core Components. Additionally applicants can choose 1 of 2 Optional Expanded Components and receive additional funds for these activities. Applicants score on the Core Component will be the priority in the ranking process. Applicants will be placed in a rank order list based on their score in the Core Component. Of the applicants who are selected to be funded for the Core Component, those scoring highest in the additional, optional component will be selected for the optional component. Note: applicants can be funded out of rank based on criteria outlined later in the NOFO.

SUID Core Component:

All recipients will be funded on a 'base, plus' formula. All recipients will receive a base amount which is calculated to include 50% of a full-time employee to coordinate the all funding opportunity activities. All recipients will also receive additional funds based on the total number
of cases expected to be added to the surveillance program annually. The estimates will be based on *International Statistical Classification of Diseases and Related Health Problems* (ICD) codes for SUID. The per-case funding will provide funds to implement the strategies and activities detailed throughout this NOFO and should include support for medicolegal systems.

**SDY Optional Expanded Component:**

Recipients who are selected to also carry out the Optional Expanded Component 1 or 2 will receive additional funds for the expanded case definition and the additional activities in this Component. Funds will be determined based on the total number of expected cases using the expanded SDY case definition. Due to the wide variation in estimated burden of SDY the per case funding will account for an overestimate. Recipients will also have the opportunity to receive additional funds from NIH through the data coordinating center.

**b. Evaluation and Performance Measurement**

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

Quarterly CDC, through a secure site transfer, will receive a de-identified data set from the National Center for Fatality Reviews and Prevention. CDC will securely store the data set and will use the data for program quality improvement and improved health outcomes.

CDC will use recipient surveillance data to assess progress towards short-term and intermediate outcomes. Using three surveillance constructs outlined throughout this NOFO: Case ascertainment: will reach 100%, Data completeness: Missing or unknown responses to key variables will reach less than 10%, and Timeliness: All SUID cases will be finalized by 240 days after death or by 360 days for all SDY (Optional Expanded Component) cases. CDC will measure recipients progress towards the following project period outcomes:

- Increased access to high-quality and complete, surveillance system data for SUID/SDY.
- Improved completeness, timeliness, and quality of SUID and SDY surveillance data for program improvement and public health purposes.
- CDC will review the bi-annual work plan, meet with the grantee virtually during conference calls every other month, and host an annual reverse site visit in Atlanta to discuss progress towards the additional outcomes.

Additional project period outcomes and their measures include:

- Development of data briefs and other products used to inform their programs and other key stakeholders. (reported in work plan)
- Increased community awareness of SUID and SDY associated factors. (reported on one-on-one calls)
- Improved policies and practices of systems serving families at higher risk for SUID/SDY. (reported annually in person at the reverse site visit in Atlanta)
- Improved policies to standardize investigation practices, including review of medical records, scene investigation and autopsies. (measured annually in the data using the investigation variables)
- Improved policies to standardize death reporting practices (reported annually in person
at the reverse site visit in Atlanta)

CDC will follow recipients' progress towards outcome measures among all recipients to determine success in building a robust surveillance system and using the surveillance data to inform policy and prevention practice changes.

CDC will analyze death year cohorts of surveillance data including categorical incidence of SUID and SDY and disseminate the findings broadly.

CDC will analyze aggregate surveillance data for descriptive understanding of SUID and SDY and to inform others on risk factors for these types of death.

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

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

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

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

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

Using the Logic Model, recipient should develop an evaluation and performance measurement plan to address outcomes related to the goals and activities: Tier 1 core evaluation includes:
• An increase in death scene investigations with doll reenactments performed. Doll reenactments increase data completeness and understanding of risk and protective factors which can then be shared with stakeholders. Recipients should support training of medicolegal investigators and measure the outcomes of these trainings.

• Practices that are implemented by stakeholders in response to awareness of SUID/SDY data. Recipients should share descriptive data including risk and protective factors with stakeholders and measure the impact this data has. (e.g., policy and practice changes, community outreach and presentations)

Recipients should also develop a Data Management Plan. The plan should include a signed and executed Data Use Agreement with the National Center for Fatality Review and Prevention. This agreement covers 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. The plan should also include 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.

c. Organizational Capacity of Recipients to Implement the Approach

Successful applicants will demonstrate the necessary skills and relevant experience and capacity to successfully implement the strategies and activities listed above. Necessary skills include, but are not limited to: public health surveillance, program planning, program evaluation, performance monitoring, financial reporting, and budget management. Additionally applicants must demonstrate relevant experience and capacity to implement the strategies and activities and achieve the project outcomes outlined in the logic model, experience and capacity to implement the evaluation plan.

Required experience includes partnerships with or primary experience with: public health surveillance, child death review, epidemiology, forensics, death investigation, accessing public health records, online platform data entry, and public health prevention.

Ideal applicants will demonstrate experience with the following:

• Surveillance skills which include: identifying, entering, reviewing, and applying quality assurance protocols within the benchmark for ALL cases

• Epidemiological skills to analyze data used to inform data-driven prevention strategies based on best practices and provide key surveillance data to state and local stakeholders

• Networking with key stakeholders that allow the implementation of data-driven prevention activities based on best practices

• Access to and legal authority to enter personally identifying information into the National Child Death Review Case Reporting System (NCDR-CRS) secure web-based case reporting system (CDC receives de-identified data only)

• Ability to train and offer support to local and state level child death review partners and medicolegal investigators (needed to improve the policies and practices of death investigations, including autopsies)

• SDY specific skills (for applicants applying for Optional Expanded Components only)
o Ability to follow the autopsy guidelines for all SDY cases (including in-hospital cases)
o Ability to involve the appropriate expertise and to conduct a comprehensive advanced review with a multidisciplinary team of clinical specialists; including but not limited to pediatric cardiologist, epileptologist or pediatric neurologist, genetic counselor, and hospital and forensic pathologist.
o Ability to obtain a generational family medical history for SDY cases
o Ability to work with the data coordinating center to complete NIH funded activities

d. Work Plan
Below is the SUID and SDY (*optional expanded component) Case Registry Work Plan optional template.
Complete the starred "*" sections only if you are applying for additional funding for SDY. This is an optional template that outlines the minimum information recommended in a work plan.

STRATEGIES AND ACTIVITIES: OUTCOME MEASURES
IDENTIFY: Identify 100% of SUID cases for child death review (CDR) within 30 days of death OR Identify 100% of SDY cases, using Step 1 of the Algorithm, for autopsy guidance within 24 hours *(optional expanded component)

Describe your plan/normal process and responsible person here and outline any progress towards meeting benchmarks below:

- 
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<table>
<thead>
<tr>
<th>Activity</th>
<th>Progress toward meeting benchmarks</th>
<th>Steps to overcome barriers</th>
<th>Status Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find 100% of all resident SUID and/or SDY cases (case ascertainment)</td>
<td></td>
<td></td>
<td>This section will be used during grant cycle to provide updates</td>
</tr>
<tr>
<td>*Identify 100% of SDY cases within 24 hours of death and complete autopsy guidance (timeliness)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify 100% of SUID cases for (CDR) within 30</td>
<td></td>
<td></td>
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</tbody>
</table>
days of death

**IDENTIFY:** Identify 100% of SDY cases, using Step 1 of the Algorithm, for child death review within 30 days of death

Describe your plan/normal process and responsible person here and outline any progress towards meeting benchmarks below:

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<table>
<thead>
<tr>
<th>Activity</th>
<th>Progress towards meeting benchmarks</th>
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<th>Status Update</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Identify 100% of all resident SDY cases (case ascertainment)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Identify 100% of SDY cases within 30 days of death (timeliness)</em></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**REVIEW:** Compile all case information and review 100% SUID and *SDY cases at child death review within 90 days of identification

Describe your plan/normal process and responsible person here and outline any progress towards meeting benchmarks below:

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<table>
<thead>
<tr>
<th>Activity</th>
<th>Progress towards meeting benchmarks</th>
<th>Steps to overcome barriers</th>
<th>Status Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have 100% of data sources available for the review (data completeness)</td>
<td></td>
<td></td>
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<tr>
<td>Have data available for review within 90 days of identification (timeliness)</td>
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</tbody>
</table>

**Categorize:** Categorize 100% of SUID cases at the CDR meeting according to established algor
ithm.

Describe your plan/normal process and responsible person here and outline any progress towards meeting benchmarks below:

-  

<table>
<thead>
<tr>
<th>Activity</th>
<th>Progress towards meeting benchmarks</th>
<th>Steps to overcome barriers</th>
<th>Status Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accurately apply the algorithm to 100% of cases (completeness)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Categorize 100% of cases during the child death review meeting (timeliness)</td>
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</tbody>
</table>

*ADVANCED REVIEW:* Conduct a multi-disciplinary medical Advanced review for select SDY cases within 90 days of CDR and categorize every SDY case using an established algorithm.

Describe your plan/normal process and responsible person here and outline any progress towards meeting benchmarks below:

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<table>
<thead>
<tr>
<th>Activity</th>
<th>Progress towards meeting benchmarks</th>
<th>Steps to overcome barriers</th>
<th>Status Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have 100% of data sources available for the review (data completeness)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have 100% of data available for review within 90 days of identification (timeliness)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Categorize 100% of SDY cases*, using</td>
<td></td>
<td></td>
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</tbody>
</table>
Step 3 of the Algorithm, with the Advanced review team

**ENTER:** Enter 100% of SUID and/or SDY case information within 30 days of review

Describe your plan/normal process and responsible person here and outline any progress towards meeting benchmarks below:

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<table>
<thead>
<tr>
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<th>Progress towards meeting benchmarks</th>
<th>Steps to overcome barriers</th>
<th>Status Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter 100% of case information (data completeness)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter 100% of data within 30 days of review (timeliness)</td>
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</tbody>
</table>

**APPLY DATA QUALITY ASSURANCE PROTOCOLS** to 100% of SUID and SDY cases within 120 days of data entry

Describe your plan/normal process and responsible person here and outline any progress towards meeting benchmarks below:

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<table>
<thead>
<tr>
<th>Activity</th>
<th>Progress towards meeting benchmarks</th>
<th>Steps to overcome barriers</th>
<th>Status Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply data quality assurance protocols to 100% of SDY cases (data completeness)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apply data quality assurance protocols to 100% of cases within 120 days of data entry (timeliness)</td>
<td></td>
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</tr>
</tbody>
</table>
PROJECT PERIOD OUTCOMES: OUTCOME MEASURES

Tier 1: Core Goals

- Increase data completeness, timeliness and case ascertainment resulting in a robust SUID and SDY surveillance system.
- Increase policies and practices that are informed by SUID and SDY Case Registry data among agencies serving families and working to prevent sudden and unexpected infant and child deaths.

ANALYZE: Analyze SUID and SDY data to identify interventions and increase utilization of surveillance data.

Describe your plan/normal process and responsible person here and outline any progress towards meeting benchmarks below:

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<table>
<thead>
<tr>
<th>Activity</th>
<th>Progress towards meeting benchmarks</th>
<th>Steps to overcome barriers</th>
<th>Status Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish incidence of SUID by category using the validated algorithm to categorize SUID cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish incidence of SDY by category using the validated algorithm to categorize SDY cases</td>
<td></td>
<td></td>
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<tr>
<td>Analyze components of a death investigation and risk and protective factors for SUID and SDY</td>
<td></td>
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</tbody>
</table>

DISSEMINATE: Disseminate data to establish incidence, increase community awareness of protective factors, and to inform policy and practice changes.

Describe your plan/normal process and responsible person here and outline any progress
towards meeting benchmarks below:

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<table>
<thead>
<tr>
<th>Activity</th>
<th>Progress towards meeting benchmarks</th>
<th>Steps to overcome barriers</th>
<th>Status Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase policies and practices that are informed by SUID and SDY Case Registry data among agencies serving families and working to prevent sudden and unexpected infant and child deaths.</td>
<td></td>
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</tr>
</tbody>
</table>

**PREVENT**: Prevent SUID and SDY by improving the policies and practices of death investigations, including autopsies (standardization) and informing the policies and practices of systems serving families, including those families at risk for SUID and SDY.

Describe your plan/normal process and responsible person here and outline any progress towards meeting benchmarks below:

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<table>
<thead>
<tr>
<th>Activity</th>
<th>Progress towards goal</th>
<th>Barriers</th>
<th>Status</th>
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</table>

**e. CDC Monitoring and Accountability Approach**

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

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

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

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

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

CDC will use the data and work plan to track recipient progress, provide feedback to individual recipients, evaluate the SUID/SDY surveillance system, and to assist with achievement of outcomes within stated timeframes. CDC will use the Case Registry surveillance NCDR-CRS data they receive quarterly to produce a Data Quality Summary that will be shared with each respective recipient. The data quality summary will assess: case ascertainment, timeliness, and data completeness. Findings from this assessment will demonstrate the value of the NOFO to build recipients capacity for surveillance and be used by CDC for continuous program quality improvement. Data Quality Summaries will be discussed on one-on-one calls.

• Case ascertainment will address the representativeness of the surveillance system and will be measured by comparing the total number of cases a recipient identified compared expected case counts. Expected counts for recipient jurisdictions will be based on the most recent 3-year rolling average number of cases calculated using National Center for Health Statistics Compressed Mortality Data.
• Timeliness reflects the speed between steps in a public health surveillance system. Timeliness will be measured using the time points outlined in the activities section of this document. Recipients will be assessed on the time between the 5 intervals (6 intervals for SDY) of the surveillance system process outlined in the strategies and activities section. Benchmarks for each interval and the entire surveillance process are described in detail later.
• Data completeness will be examined by calculating the percentage of missing and unknown responses to specific variables. The variables chosen represent various data sources that are critical to ensuring a true multidisciplinary approach to the review of cases. The goal is for grantees to achieve less than 10% unknown for each priority variable. Unknown is selected in the Case Reporting system when the information being ascertained is truly unknown to all parties (e.g., it cannot be recalled by witnesses). The goal is 0% missing for each priority variable. A variable is left blank in the Case Reporting system to indication the information being ascertained is missing. Data are missing when the information is known but not compiled into the Case Reporting
System (e.g., the witness remembers what happened but information from the witness interview was not ascertained).

CDC will use the work plan to track progress towards the short-term and intermediate outcomes (outcome evaluation). Each recipient will be required to develop a work plan that outlines how and by when they will achieve the SUID/SDY Case Registry strategies and activities and outcomes outlined in this NOFO. Recipients will update their work plans every 6 months and provide an accurate and detailed assessment of progress. CDC will review the work plan to track implementation of their surveillance system as outlined in recipient strategies and activities (process evaluation) and determine progress on achieving the project period outcomes (outcome evaluation). Work plans will be discussed on one-on-one calls. The work plan will also include reporting on Tier 1 and 2 evaluation and performance measures.

CDC will provide routine feedback to recipients throughout the project period using bimonthly calls, emails, weekly email communication, and the data quality summaries referenced above.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)
To ensure the success of the cooperative agreement CDC program will provide:

- Technical Assistance: CDC technical assistance will include a resource program manual, a data coordinating center, subject matter expertise in SUID and epidemiology, and expertise in working with medicolegal death investigators, managing child death review programs, evaluation, performance measurement, work plan development, program planning, communications, and capacity building.
- Information Sharing between Recipients: CDC will host a SharePoint website where recipients can share information, practices, lessons learned, and evaluation results. CDC will disseminate a monthly email communication sent to all recipients that will include information about conferences, abstracts, current literature, and other technical assistance articles. CDC will host topic-driven learning collaborative webinars or conference calls to assist recipients with brainstorming and problem solving around areas of concern that arise during performance of program activities. Recipients can host/attend peer-to-peer site visits where they work one-on-one with another child death review program or recipient sharing skills in a particular program area. Numerous networking opportunities are available at annual the in-person reverse site visits in Atlanta.

B. Award Information
1. Funding Instrument Type: Cooperative Agreement
   CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.
2. Award Mechanism: cooperative agr
   U58
3. Fiscal Year: 2018
   Estimated Total Funding: $1,799,000
4. Approximate Total Fiscal Year Funding: $1,799,000

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding: $8,995,000

6. Total Period of Performance Length: 5

7. Expected Number of Awards: 25
   25 SUID Core Component only and 15 awards will also add on the SDY Optional Expanded Component

8. Approximate Average Award: $65,000 Per Project Period
   SUID Core Component: $65,000
   SDY Optional Expanded Component: $65,000
   If funded for Core and Optional Expanded Components: $130,000

This amount is subject to the availability of funds.

9. Award Ceiling: $475,000 Per Project Period
   SUID Core Component: $300,000
   SDY Optional Expanded Component: $175,000
   Total Award Ceiling: If funded for Core and Optional Expanded Components: $475,000

10. Award Floor: $30,000 Per Project Period
    SUID Core Component: $30,000
    SDY Optional Expanded Component: $10,000
    If funded for Core and Optional Expanded Components: $40,000

11. Estimated Award Date: 09/30/2018

Throughout the period of performance, 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 (period of performance) will be shown in the “Notice of Award.” This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length: 12 month(s)
13. Direct Assistance
Direct Assistance (DA) is not available through this FOA.

C. Eligibility Information

1. Eligible Applicants

<table>
<thead>
<tr>
<th>Eligibility Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled &quot;Additional Information on Eligibility&quot;</td>
</tr>
</tbody>
</table>

Additional Eligibility Category:

2. Additional Information on Eligibility

The award ceiling for each component under Section B. Award Information is $475,000. CDC will not consider any application requesting an award higher than the specified amount. If a pre-application is required, then specify here and include it in the special eligibility requirements section. ([https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/gpd2-04.pdf](https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/gpd2-04.pdf))

3. Justification for Less than Maximum Competition

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. Required Registrations


1. Required Registrations

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

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

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

<table>
<thead>
<tr>
<th>Step</th>
<th>System</th>
<th>Requirements</th>
<th>Duration</th>
<th>Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Data Universal Numbering System (DUNS)</td>
<td>1. Click on <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a> 2. Select Begin DUNS search/request process 3. Select your country or territory and follow instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify &amp; update information under DUNS number</td>
<td>1-2 Business Days</td>
<td>To confirm that you have been issued a new DUNS number check online at <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a> or call 1-866-705-5711</td>
</tr>
<tr>
<td>2</td>
<td>System for Award Management (SAM) formerly</td>
<td>1. Retrieve organizations DUNS number 2. Go to <a href="http://www.sam.gov">www.sam.gov</a> and designate an E-Biz POC (note)</td>
<td>3-5 Business Days but up to 2 weeks and must be renewed once a year</td>
<td>For SAM Customer Service Contact <a href="https://fsd.gov/fsd-gov/home.do">https://fsd.gov/fsd-gov/home.do</a> Calls: 866-606-</td>
</tr>
<tr>
<td>Central Contractor Registration (CCR)</td>
<td>CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov</td>
<td>8220</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **Grants.gov**

1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR)
2. Once the Account is set up the E_BIZ POC will be notified via email
3. Log into grants.gov using the password the E_BIZ POC received and create new password
4. This authorizes the AOR to submit the applications on behalf of the organization

Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying to grants.gov)

Register early! Log into Grants.gov and check AOR status until it shows you have been approved.

### 2. Request Application Package

Applicants may access the application package at [www.grants.gov](http://www.grants.gov).

### 3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at [www.grants.gov](http://www.grants.gov). If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

### 4. Submission Dates and Times

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

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

Due Date for Letter of Intent: N/A
b. Application Deadline

Due Date for Applications: **02/27/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

5. CDC Assurances and Certifications

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at http://wwwn.cdc.gov/grantassurances/ (S(mj444mxct51lnrv1hlijjimaa)) / Homepage.aspx.

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file “Assurances and Certifications” and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/grantassurances/ (S(mj444mxct51lnrv1hlijjimaa)) / Homepage.aspx

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

**Duplication of Efforts**

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

6. Content and Form of Application Submission

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

7. Letter of Intent
Is a LOI: Not Applicable
LOI is not requested or required as part of the application for this NOFO

8. Table of Contents
(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

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

10. Project Narrative
Multi-component NOFOs may have a maximum of 15 pages for the “base” (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages.

Page limits include work plan; content beyond specified limits may not be reviewed.
Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

Applicants must clearly delineate the SUID Core Component (1 or 2) they are applying for and if they are applying for SDY Optional Component (1 or 2) must clearly explain this in their project narrative.

a. Background
Applicants must provide a description of relevant background information that includes the
b. Approach

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

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

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

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

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

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

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

Applicants applying for the Optional Expanded Component must complete the SDY specific sections of the work plan including strategies and activities for identifying cases within 24 hours of death, following the autopsy guidelines including NIH funded activities with the data coordinating center, and completing and advanced review on every case.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:
• Salaries and wages
• Fringe benefits
• Consultant costs
• Equipment
• Supplies
• Travel
• Other categories
• Contractual costs
• Total Direct costs
• Total Indirect costs

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

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

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.

Applicants applying for the Optional Expanded Component must clearly label the different budget needs for this component and describe them in their budget narrative.
13. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: http://www.whitehouse.gov/omb/grants_spoc/.

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.

14a. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

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

14b. 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.

14c. 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.

14d. Data Management Plan
As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant’s assurance of the quality of the public health data through the data’s lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information: https://www.cdc.gov/grants/additionalrequirements/ar-25.html

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

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

Any funds used for SUID surveillance activities must follow American Academy of Pediatrics Safe Sleep Guidelines. Additionally, funds can only be used for the activities outlined in the NOFO and cannot be used for the purchase of baby-size cardboard boxes or other portable sleep areas that are not safety-approved by the Consumer Product Safety Commission. Current safety-approved sleep areas include cribs, portable play yards (e.g., playpens), and bassinets.

16. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at www.grants.gov.

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

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

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

If you do not receive a “validation” e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide. https://www.grants.gov/ help/html/help/ index.htm? callingApp=custom#t= Get_Started%2FGGet_Started. htm

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

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

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

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

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

E. Review and Selection Process

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

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

b. Phase II Review
A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach ii. Evaluation and Performance Measurement iii. Applicant’s Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

Core Component 1 or 2  Maximum Points: 100

Although only one application will be submitted the SUID Core Component and Optional Expanded Component will be scored individually. All grantees will submit an application for the SUID Core Component (1 or 2) detailing their study population. Applicants score on the Core Component will be the priority in the ranking process. Applicants also applying for the SDY Optional Expanded Component (1 or 2) will be scored for the additional activities necessary for this component.

All applicants are applying for the SUID Core Component and will be score based on the below matrix.

Approach maximum 50 Points. Evaluate the extent to which the applicant:

1. Clearly explains current and proposed efforts to complete strategies and accompanying activities outlined in the logic model. The plan should be clear in the narrative approach and reinforced in the work plan and addresses each of the strategies and activities in the logic model and details current activity and planned efforts to achieve the surveillance benchmarks (10 points)
2. Has at least one detailed letter of support or MOUs/MOAs from the following collaborators needed for success (25 points)
   o The CDC funded data coordinating center, the forensic pathology office(s) that service the study area, vital statistics, and child death review
   o Additional letters/MOUs/MOAs are encouraged
3. Drafts a work plan that demonstrates: (15 points)
   o The ability to acknowledge and address barriers and challenges
   o A plan to achieve short term and intermediate outcomes from the logic model

Evaluation and Performance Measures maximum 25 points. Evaluate the extent to which the applicant:

1. Describes their ability to implement a plan for the evaluation of the Tier 1 process measures (10 points)
   o Plan should map out how the applicant will measure impact of their work as it relates to the two Tier 1 measures
Plan should be outlined in the process measures section and detailed in the work plan
2. Describes their ability to use the Case Registry surveillance data to measure the outcome measure benchmarks (10 points)
   - Demonstrate how the applicant plans to engage the SUID and death investigation stakeholders and share Case Registry data with them
   - Plan should be outlined in the process measures section and addressed in the work plan
3. Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base. (5 points)

Organizational Capacity to Implement the Approach 25 Maximum Points. Evaluate the extent to which the applicant has the organizational capacity for:

1. Surveillance skills which include: identifying, entering, reviewing, and applying quality assurance protocols within the benchmark for ALL cases (5 points)
2. Epidemiological skills to analyze data used to inform data-driven prevention strategies based on AAP guidelines and provide key surveillance data to state and local stakeholders (5 points)
3. Ability to networking with key stakeholders that allow the implementation of data-driven prevention activities based on AAP guidelines (5 points)
4. Ability to access to and legal authority to enter personally identifying information into a secure web-based case reporting system (CDC receives de-identified data only) (5 points)
5. Ability to train and offer support to local and state level child death review partners and medicolegal investigators (needed to improve the policies and practices of death investigations, including autopsies) (5 points)

Budget (not scored)
Note whether the budget is appropriate for the duties assigned.

## Optional Expanded Component 1 or 2

Maximum Points: 100

Although only one application will be submitted the SUID Core Component and Optional Expanded Component will be scored individually. Applicants score on the Core Component will be the priority in the ranking process. Applicants also applying for the SDY Optional Expanded Component (1 or 2) will be scored for the additional activities necessary for this component.

**The SDY Optional Expanded Component will be scored according to the matrix below:**

Approach maximum 50 Points. Evaluate the extent to which the applicant:

1. Clearly explains current and proposed efforts to complete the additional strategies and accompanying activities outlined in the logic model (10 points)
   - The plan should be clear in the narrative approach and reinforced in the work plan
   - Addresses each of the strategies and activities in the logic model and details current activity and planned efforts to achieve the surveillance benchmarks
2. Has a detailed letter of support or MOUs/OAs from the Data Coordinating Center explaining how the applicant plans to collaborate for the following NIH funded external activities: ensuring every SDY family will be provided the opportunity to consent to NIH approved research, return of clinically actionable results and diagnostic genetic testing, collecting and storing and shipping biospecimens to a biorepository and review and submission of protocols to local or a central Institutional Review Board (IRB) at MPHPI. (15 points)

3. Has multiple letters of interest (minimum of 3) from clinicians interested in participating in the advanced review including a pediatric cardiologist, epileptologist, or pediatric neurologist, genetic counselor, and hospital and/or forensic pathologists (10 points)

4. Drafts a work plan that demonstrates (15 points):
   - The ability to acknowledge and address barriers and challenges
   - A plan to achieve short term and intermediate outcomes from the logic model

Evaluation and Performance Measures maximum 25 points. Evaluate the extent to which the applicant:

1. Describes their ability to implement a plan for the evaluation of the Tier 1 process measures specifically addressing SDY stakeholders (10 points)
   - Plan should map out how the applicant will measure impact of their work as it relates to the two Tier 1 measures
   - Plan should be outlined in the process measures section and detailed in the work plan

2. Describes their ability to use the SDY specific Case Registry surveillance data to measure the outcome measure benchmarks (10 points)
   - Demonstrate how the applicant plans to engage the SDY stakeholders and share Case Registry data with them
   - Plan should be outlined in the process measures section and addressed in the work plan

3. Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base. (5 points)

Applicant’s Organizational Capacity to Implement the Approach Maximum 25 Points. Evaluate the extent to which the applicant has the organizational capacity to:

1. Expand the number of cases by expanding the case definition to include SDY (5 points)
2. Follow autopsy guidelines for all SDY cases (including in-hospital cases) (5 points)
3. Convene a meeting and conduct a comprehensive advanced review with a multidisciplinary team meeting (5 points)
4. Obtain a generational family medical history for SDY cases (10 points)

Budget (not scored). Note whether the budget is appropriate for the additional duties necessary for the Optional Expanded Component.

c. Phase III Review
There are two funding strategies for this funding opportunity. An applicant must apply for 1 of 2 Core Components. Additionally applicants can choose 1 of 2 Optional Expanded Components and receive additional funds for these activities. Applicants score on the Core Component will be the priority in the ranking process. Applicants will be placed in a rank order list based on their score in the Core Component. Of the applicants who are selected to be funded for the Core Component, those scoring highest in the additional, optional component will be selected for the optional component.

The following additional factors also may also affect the funding rank order and decision. CDC will provide justification for any decision to fund out of rank order.

- Number of annual SUID/SDY cases in the study area - larger study areas may take priority
- Geographic and racial/ethnic diversity in the area for which the applicant is applying
- Experience with the NCFRP web-based Case Reporting System

**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

On 8/22/2018 all funded recipients will receive a call and enter into budget negotiations with the CDC. All approved but unfunded applicants will receive an email notifying them of the determination.

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 NOFO will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

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

2. Administrative and National Policy Requirements

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

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


3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges
that recipients encounter throughout the period of performance. 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 NOFO 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.

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

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:
Performance Measurement
- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

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

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via [URL] 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 weblinks are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
  - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
  - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
  - Recipients must describe success stories.
- **Challenges**
  - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
  - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.

- **CDC Program Support to Recipients**
  - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost Rate Agreement.

The recipient must submit the Annual Performance Report via [URL] 120 days prior to the end of the budget period.
The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signal, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances);
- and Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

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. 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, awardees are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

Recipient work plan can serve as the project narrative for this reporting requirement.

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

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

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:


G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For **programmatic technical assistance**, contact:

Carri Cottengim, Project Officer  
Department of Health and Human Services  
Centers for Disease Control and Prevention  
Telephone: (770) 488-4290  
Email: wsh2@cdc.gov

Grants Management Office Information

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

Ebony Holt, Grants Management Specialist  
Department of Health and Human Services  
Office of Grants Services  
Telephone: (770) 488-5872  
Email: eholt@cdc.gov

For assistance with **submission difficulties related to** [www.grants.gov](http://www.grants.gov), contact the Contact Center by phone at 1-800-518-4726.  
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.
For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: ogstims@cdc.gov

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

**H. Other Information**

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)

For additional information about previous work in this areas see the following websites:
1. Glossary

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

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

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

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

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

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

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

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

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

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

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

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

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency
federal involvement or assistance money recipient. Grant:

Fiscal information implemented is done, used, an Evaluation and/or activities, Evaluation know a Federal DUNS:/additionalrequirements/index.html.

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

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

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

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

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

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

Grants 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 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

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

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

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State’s process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/grants_sproc/.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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