



**CENTERS FOR DISEASE™  
CONTROL AND PREVENTION**

**Centers for Disease Control and Prevention**

**NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES**

**Partnering with Professional and Medical Associations to Increase Vaccination Coverage Across  
Different Racial and Ethnic Adult Populations Experiencing Disparities**

**CDC-RFA-IP21-2107**

**01/19/2021**

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### Part I. Overview

#### A. Federal Agency Name:

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

#### B. Notice of Funding Opportunity (NOFO) Title:

Partnering with Professional and Medical Associations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Experiencing Disparities

#### 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-IP21-2107

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

93.185

#### F. Dates:

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

N/A

##### 2. Due Date for Applications:

01/19/2021

11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov).

##### 3. Due Date for Informational Conference Call:

Potential applicants may participate in a conference call for information on this NOFO. The conference call will be conducted by the Immunization Services Division. The call will be held: January 11, 2021, 2:00-3:00. Please use this link to access the call:

**Meeting URL:** <https://cdc.zoomgov.com/j/1604676742?pwd=SWpsYTIRV2ZqM0dnbGI0dnRNSkJhdz09&from=addon>

**Meeting ID:** 160 467 6742

**ID:**

**Passcode:** 98d8V!\$w

**e:**

### Join by Telephone

Phone US: [+16692545252](tel:+16692545252), [1604676742](tel:+1604676742)#, [0#](tel:+186465031), [86465031](tel:+186465031)# or one-tap: [+16468287666](tel:+16468287666), [1604676742](tel:+1604676742)#, [0#](tel:+186465031), [86465031](tel:+186465031)#

For higher quality, dial a number based on your current location.

**Dial:**

US: +1 669 254 5252 or +1 646 828 7666 or +1 551 285 1373 or +1 669 216 1590

**Meeting ID:** 160 467 6742

**ID:**

**Passcode:** 86465031

**e (dial-in):**

## G. Executive Summary:

### 1. Summary Paragraph

CDC seeks to build the evidence base for improving vaccination coverage and to implement strategies to reduce racial and/or ethnic disparities in adult vaccination coverage. This award would fund organizations to implement activities focused on reducing disparities in vaccination for flu (and COVID-19, when appropriate) vaccines among racial and/or ethnic adult populations experiencing disparities throughout the performance period. Applicant is expected to identify individual(s) within the organization to implement activities in the following focus areas:

- **Develop strategies and resources for individual clinicians providing health care:** Develop, implement, and disseminate strategies and resources to address clinicians' roles in reducing racial and/or ethnic disparities in adult vaccination coverage (e.g., messaging, trainings, and materials with a racial/ethnic equity or health equity perspective)
- **Develop strategies and resources for health care organizations:** Develop, implement, and disseminate strategies and resources to address the health care organizations' role in reducing racial and/or ethnic disparities in adult vaccination coverage (e.g., recommended processes or practical guidance to members for improving equity in

vaccine administration; engagement of community health workers in trainings and creation of materials)

- **Enhance the resource and evidence base:** Collaborate with the Learning Hub, Data-Informed Technical Assistance Hub, and Media Center to review, modify, and improve resources

**a. Eligible Applicants:**

Limited

**b. Funding Instrument Type:**

CA (Cooperative Agreement)

**c. Approximate Number of Awards**

3

**d. Total Period of Performance Funding:**

\$ 5,000,000

**e. Average One Year Award Amount:**

\$ 333,333

**f. Total Period of Performance Length:**

5

**g. Estimated Award Date:**

February 01, 2021

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

No

## Part II. Full Text

### A. Funding Opportunity Description

#### 1. Background

**a. Overview**

Vaccination is considered one of the most important public health achievements of the twentieth century and continues to offer great promise. Vaccines save lives and improve the quality of life by preventing serious infectious diseases and their consequences. However, the benefits of vaccination are not realized equally across the population of the United States. Adult vaccination coverage remains low nationally and significant racial and ethnic disparities exist. The groups experiencing disparities are also disproportionately affected by COVID-19, at risk for serious illness from COVID-19, and/or at high risk for complications from influenza infection. Given the expected co-circulation of SARS-CoV-2 and influenza, this 2020–2021 influenza season is a critical opportunity to ensure equal uptake of the flu and COVID-19 vaccines, when COVID-19 vaccines become available.

A strong recommendation from a healthcare provider is the single most important factor in vaccine acceptance as they are seen as trusted agents on vaccine-related issues for patients, especially if the provider is of the same racial or ethnic minority group as the patient. To improve vaccine confidence and coverage among certain racial and ethnic groups, CDC aims to increase

the likelihood that providers, particularly providers of color, will recommend vaccination to patients from these racial and ethnic groups.

#### **b. Statutory Authorities**

This program is authorized under section 317(k)(1) of the Public Health Service Act (42 U.S.C. Sections 247b(k)(1) , as amended

#### **c. Healthy People 2030**

This NOFO relates to two Healthy People 2030 topic areas: social determinants of health (<https://health.gov/healthypeople/objectives-and-data/social-determinants-health>) and infectious disease

(<https://health.gov/healthypeople/objective-and-data/browse-objectives/infectious-disease>).

A goal of Healthy People 2030 is to eliminate health disparities and achieve health equity.

( <https://health.gov/healthypeople/about/healthy-people-2030-framework>).

This NOFO addresses the following vaccination objectives:

- Increase the proportion of persons who are vaccinated annually against seasonal influenza
- Increase the proportion of adults age 19 years or older who get recommended vaccines — IID-D03

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

This program advances CDC’s National Stakeholder Strategy for Achieving Health Equity:

- Goal 3: Improving Health and Healthcare Outcomes
- Goal 4: Improving Cultural and Linguistic Competency and Diversity

This program also advances the CDC COVID-19 Response Health Equity Strategy:

- Reduced COVID-19-related health disparities;
- Implemented evidence-based policies, systems, and environmental strategies to mitigate social and health inequities related to COVID-19;
- Reduced COVID-19-associated stigma and implicit bias; and
- Expanded cultural responsiveness and application of health equity principles among an increasingly diverse COVID-19 responder workforce.

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

This award builds on the work done through a supplement to CDC’s Racial and Ethnic Approaches to Community Health (REACH) program. Currently, CDC’s National Center for Immunization and Respiratory Diseases (NCIRD) is deploying funding to REACH recipients to implement focus areas aiming to increase flu vaccination coverage (and COVID-19, when appropriate) among racial and ethnic groups experiencing disparities. As a complement to the REACH work, CDC is also funding two supportive resources: The Learning Hub and Data Informed Technical Assistance. The Learning Hub offers technical assistance, coaching, learning opportunities, and synthesized, organized resources. Data-Informed Technical Assistance allows CDC and other partners to synthesize multiple data sources to inform decisions on identifying

focus areas, segmenting populations, and tracking interventions and community-level progress. This work may also incorporate lessons learned from other NCIRD partnerships with medical and professional associations focused on adult vaccination coverage.

## 2. CDC Project Description

### a. Approach

**Bold** indicates period of performance outcome.

CDC-RFA-IP21-2107 Logic Model: *Partnering with Professional and Medical Associations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Experiencing Disparities*

**Bold** indicates period of performance outcome

Strategy and Activities	Outputs	Short Term Outcomes	Long-Term Outcomes
1) Develop strategies and resources for individual clinicians providing health care.	<ul style="list-style-type: none"> <li>Strategies and resources for individual clinicians providing health care.</li> <li>Strategies and resources for health care organizations.</li> <li>Messaging and communications strategies.</li> <li>Identification of evidence-based practices or resources.</li> </ul>	<ul style="list-style-type: none"> <li><b>Increased number and range of health care providers recommending flu vaccines (and COVID-19 vaccines, when appropriate) to patients.</b></li> <li><b>Increased number and range of health care organizations implementing accountability processes and/or practical guidance to improve equity in vaccine administration.</b></li> </ul>	<ul style="list-style-type: none"> <li>Increased confidence in the flu vaccines (and COVID-19 vaccines, when appropriate) populations disproportionately affected by flu and COVID-19 and/or at greater risk for lower vaccination coverage populations (i.e., persons who are African American, American Indian/Alaska Native, Asian American, Hispanic or Latinx American, Native Hawaiian/Other Pacific Islander).</li> <li>Increased access to immunization services among populations and/or communities experiencing disparities.</li> </ul>

<p>2) Develop strategies and resources for health care organizations.</p> <p>3) Enhance the resource and evidence base.</p>			<ul style="list-style-type: none"> <li>• Increased flu and COVID-19 (when appropriate) vaccination coverage among populations and/or communities experiencing disparities.</li> </ul>
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**i. Purpose**

CDC seeks to build the evidence base of effective interventions to improve vaccination coverage and to identify and implement strategies to reduce racial and/or ethnic disparities in adult vaccination coverage.

**ii. Outcomes**

Short-term outcomes include the following:

- Increased number and range of health care providers recommending flu vaccine (and COVID-19 vaccine, when appropriate) to patients; and
- Increased number and range of health care organizations implementing accountability processes and/or practical guidance to improve equity in vaccine administration.

**iii. Strategies and Activities**

**Focus Areas**

During the performance period, applicant(s) is expected to engage in activities to help reduce disparities in vaccine uptake and increase vaccination coverage for recommended vaccines among racial and/or ethnic adult populations experiencing disparities. Applicant is expected to identify individual(s) within the organization to implement the following focus areas:

- **Develop strategies and resources for individual clinics providing health care:**  
Develop, implement, and disseminate strategies and resources to address clinicians' roles

in reducing racial and/or ethnic disparities in adult vaccination coverage (messaging, trainings, and materials with a racial/ethnic equity or health equity perspective)

- **Develop strategies and resources for health care organizations:** Develop, implement, and disseminate strategies and resources to address the health care organizations’ role in reducing racial and/or ethnic disparities in adult vaccination coverage (e.g., recommended processes or practical guidance to members for improving equity in vaccine administration engagement of community health workers in trainings and creation of materials )
- **Enhance the resource and evidence:** Collaborate with the Learning Hub, Data Informed Technical Assistance and Media Center to review, modify, and improve resources.

**Focus Area Activities**

**Implementation:** Implementation will focus on improving COVID-19 (when appropriate) and flu vaccination coverage among adults in racial and ethnic groups experiencing vaccination disparities. Recipients are expected to execute work in the focus areas described in this section, using and/or enhancing a subset of the accompanying activities listed below. They may also add relevant activities to focus areas, as appropriate.

**Applicant organizations need to undertake activities in each of the three focus areas.** The following list includes examples of possible activities but is not an exhaustive list of all permissible activities.

Focus Area	Potential Activities
<p><b>Develop strategies and resources for individual clinics providing health care:</b> Develop, implement, and disseminate strategies and resources to address clinicians’ roles in reducing racial and/or ethnic disparities in adult vaccination coverage (e.g., messaging, trainings, and materials with a racial/ethnic equity or health equity perspective).</p>	<ul style="list-style-type: none"> <li>• Develop strategies and resources for individual clinicians providing health care.</li> <li>• Identify challenges in reaching ethnic and racial communities of interest for flu and COVID-19 (when appropriate) vaccination and develop strategies to address these challenges.</li> <li>• Identify and highlight practices associated with flu (and COVID-19, when appropriate) vaccination implementation that have been or are likely to be successful in increasing vaccine coverage.</li> <li>• Facilitate regular information updates (situational awareness) with, or on behalf of, CDC.</li> <li>• Integrate flu and COVID-19 vaccine messaging into holistic (as opposed to disease-focused) efforts and approaches to communicating with patients.</li> <li>• Offer guidance and prompts for supplementary vaccination protocols (i.e., the addition or integration of vaccination</li> </ul>



Focus Area	Potential Activities
	<p>protocols into existing health care workflows).</p> <ul style="list-style-type: none"> <li>• Develop pamphlets, webinars, trainings, or other resources to inform providers about disparities in vaccination rates and ways to address those disparities.</li> <li>• Facilitate information sharing among providers: emails, conference calls, webinars, small group discussions, etc., to share learnings and ways to address common challenges, as well as amplify and repeat successes, as applicable.</li> <li>• Provide guidance, resources, and messaging for providers at dialysis centers, prenatal care centers, well-baby care clinics, family planning clinics, dental practices, nursing homes, COVID-19 testing sites, and other health care settings to deliver flu and COVID-19 (when appropriate) vaccinations or information on flu and COVID-19 vaccination where patients are already seeking care for themselves or their family members.</li> <li>• Provide guidance, resources, and messages to help providers connect with places of worship, community organizations, recreation programs, food banks/pantries, schools and colleges/universities, grocery stores, salons/barber shops/beauticians, major employers, and other key community institutions to set up temporary and/or mobile flu and COVID-19 (when appropriate) vaccination sites.</li> </ul>
<p><b>Develop strategies and resources for health care organizations:</b> Develop, disseminate, and implement strategies and resources to address health care organizations’ role in reducing racial and/or ethnic disparities in adult vaccination coverage (e.g., recommended processes or practical guidance to members for improving equity in vaccine administration; engagement of community health</p>	<ul style="list-style-type: none"> <li>• Identify priority actors within health care organizations (e.g. hospital administrators) and develop a targeted strategy to engage them in addressing vaccination disparities in the communities they serve.</li> <li>• Collaborate with providers, actors within health care organizations, and/or national/state organizations addressing racial or health equity (“equity organizations”) to identify barriers to and</li> </ul>

Focus Area	Potential Activities
workers in trainings and creation of materials )	<p>concerns around vaccine uptake among groups experiencing disparities.</p> <ul style="list-style-type: none"> <li>• Collaborate with providers, actors within health care organizations, and/or equity organizations to develop practices and targeted messaging to educate providers and health care professionals about disparities and address factors that contribute to those disparities.</li> <li>• Develop and recommend strategies to expand the types of health professionals (e.g., community health workers, patient navigators, patient advocates) and administrative staff (e.g., front desk workers) engaged in promoting vaccination and increasing referrals of individuals to flu and COVID-19 vaccination sites (when appropriate).</li> <li>• Develop and provide training or support to equity organizations to equip them to handle questions and concerns pertaining to flu and COVID-19 vaccinations, and other relevant health topics or issues.</li> </ul>
<p><b>Resource and evidence base:</b> Collaborate with the Learning Hub, Data- Informed Technical Assistance, and Media Center to review, modify, and improve resources</p>	<ul style="list-style-type: none"> <li>• Collaborate with CDC to develop new materials and resources for working with providers and health care organizations, based on observed common challenges to and practices associated with reducing racial and ethnic disparities in vaccination and improving vaccination availability, accessibility, and acceptability.</li> <li>• Document lessons learned related to flu vaccine planning and implementation.</li> <li>• Evaluate the resources developed, incorporating input from providers, patients, and other key stakeholders.</li> <li>• Partner with equity organizations to identify messaging and communications strategies that are appropriate for adults in the racial and ethnic groups experiencing disparities.</li> <li>• In order to enhance the resource base and draw on the applicant’s expertise,</li> </ul>

Focus Area	Potential Activities
	<p>experience, and evidence base in immunization, health care, and/or health equity, identify, document, and share the following: Practices that have been or are likely to be successful in messaging to, engagement with, and outreach to racial and ethnic groups experiencing vaccine disparities (e.g. leveraging successes from previous public education campaigns promoting health habits to communities of interest); practices that have been or are likely to be successful in identifying and working with providers and health care facilities; and learnings and insights from vaccination efforts to inform CDC’s long-term strategy in addressing disparities in vaccination rates.</p> <ul style="list-style-type: none"> <li>• Provide updates, as needed, to lessons learned, recommendations, or common challenges from providers.</li> </ul>

**1. Collaborations**

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

This award builds on the work done through a supplement to CDC’s Racial and Ethnic Approaches to Community Health (REACH) program. Currently, NCIRD is deploying funding to REACH recipients to implement focus areas aiming to increase flu vaccination coverage (and COVID-19, when appropriate) among racial and ethnic groups experiencing disparities. Additionally, this NOFO will fund recipients to implement work complementing another CDC NOFO that funds minority-led national organizations and their local branches/chapters/affiliates (<https://www.grants.gov/web/grants/search-grants.html?keywords=CDC-RFA-IP21-2106>). As a complement to the REACH work, CDC is also funding three supportive resources: the Learning Hub, Data-Informed Technical Assistance, and State and Community Media Center. Although these supportive services are primarily geared towards recipients of the REACH supplement and other CDC NOFOs, recipients of the award described in this NOFO will be asked to collaborate with these services during the period of performance. Medical and professional associations will build on learnings from these CDC-funded activities and, based on their expertise, experience, and nationwide influence, will contribute to information and insights. The Learning Hub offers technical assistance, coaching, learning opportunities, and synthesized, organized resources. Recipients of the award described in this NOFO may be asked to share materials, insights, or learning opportunities with the Learning Hub. Data-Informed Technical Assistance allows CDC and other partners to synthesize multiple data sources to inform decisions on identifying focus areas, segmenting populations, and tracking interventions and community-level progress. The State and Community Media Center is an online repository of advertisements and marketing materials produced by state and local health departments, nonprofit organizations, and federal agencies. Recipients may be expected to share materials they

develop or refine, as relevant.

This work may also incorporate lessons learned from other NCIRD partnerships with medical and professional associations focused on adult vaccination coverage. Applicants must describe intentions to collaborate with CDC in improving technical and program guidance and evaluation. Applicants must also describe capacity to participate in stakeholder meetings and other collaborative efforts with public health partners to provide expert consultation to CDC and CDC-funded programs (as requested).

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

Partnerships have been critical in the REACH work in addressing disparities and will continue to be so for this project. Without them, ISD's capacity to build trust and amplify messages in these communities would be severely hampered. Applicants are required to build and/or continue strategic partnerships and collaborations with immunization stakeholders that have a role in achieving the NOFO outcomes and proposed activities. These partners may include healthcare organizations and providers, state and local health departments, and other CDC-funded organizations through the REACH program supplement or other relevant NOFOs

**2. Target Populations**

Applicants will select one or more of the five populations listed for work on this award:

- African American/Black
- American Indian/Alaska Native
- Asian American
- Hispanic/Latino/Latina/Latinx American
- Native Hawaiian/Other Pacific Islander

Applicants must provide specific information on disparities experienced by the proposed priority population(s). Applicants must cite the data sources used to define and describe the priority population(s).

**a. Health Disparities**

Adult vaccination coverage remains low nationally and significant racial and ethnic disparities exist. The groups experiencing disparities are also disproportionately affected by COVID-19, at risk for serious illness from COVID-19, and/or at high risk for complications from influenza infection. Given the expected co-circulation of SARS-CoV-2 and influenza, this 2020–2021 influenza season is a critical opportunity to ensure equal uptake of the flu and COVID-19 vaccines, when the COVID-19 vaccine becomes available.

Achieving health equity requires valuing everyone equally with focused and ongoing efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities. The population health impact of COVID-19 has exposed long-standing inequities that have systematically undermined the physical, social, economic, and emotional health of racial and ethnic minority populations and other population groups that are bearing a disproportionate burden of COVID-19.

Persistent health disparities combined with historic housing patterns, work circumstances, and other factors have put members of some racial and ethnic minority populations at higher risk for

COVID-19 infection, severe illness, and death. As we continue to learn more about the impact of COVID-19 on the health of different populations, immediate action is critical to reduce growing COVID-19 disparities among the populations known to be at disproportionate risk.

The goal of this NOFO is to support efforts to increase coverage for adults in racial and/or ethnic populations experiencing disparities in vaccination rates.

This project is in direct support of CDC strategy to address disparities in influenza and COVID-19 vaccination on the basis of race and ethnicity. Work with these organizations will enable national organizations and their local branches, chapters and/or affiliates to promote vaccination among communities of color.

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

N/A

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

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

Evaluation measures will be used to track implementation of recipient strategies and activities and determine progress on achieving the period of performance outcomes. CDC will use monitoring and evaluation data to determine lessons learned and make improvements to the program. Since this NOFO does not involve the generation or collection of public health data, a Data Management Plan is not required for this NOFO.

CDC seeks to gather data on performance measures that can inform understanding of activity outputs and impacts. Potential measures include the following.

CDC seeks to gather data on performance measures that can inform understanding of activity outputs and impacts. Potential measures include the following.

#### **Focus Area A (Develop strategies and resources for individual clinicians providing health care)**

- Number, types, reach, and channels used for sharing information among providers
- Number, types, and reach of guidance, resources, and/or messaging developed
- Major successes and challenges

#### **Focus Area B (Develop strategies and resources for health care organizations)**

- Number, types, and reach of strategies developed to engage priority actors in health care organizations
- Number, types, and reach of guidance, resources, and/or messaging developed
- Number, types, and reach of trainings
- Major successes and challenges

#### **Focus Area C (Enhance the resource and evidence base)**

- Types of practices, learnings, and/or insights shared

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

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

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

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

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

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

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

- Applicants should demonstrate relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes; experience and capacity to implement the evaluation plan; and a staffing plan and project management structure sufficient to achieve the project outcomes and which clearly defines staff roles.

- Applicants should have project management skills critical to implementing this approach, including program planning, performance monitoring, financial reporting, budget management and administration, personnel management.
- Applicants should demonstrate that they have a financial management system that will allow proper funds management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards: [https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75\\_1302](https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_1302) 45 CFR 75.302 The financial system should permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.
- Applicants should to demonstrate their ability to manage the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.

Please include CVs/resumes of proposed staff. Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at [www.grants.gov](http://www.grants.gov).

#### d. Work Plan

Applicant must identify and address the activities under this NOFO in no more than 20 pages. Specific details on how the proposed strategies will achieve the outcomes should be included. CDC will provide feedback and technical assistance to recipients to finalize the work plan during if needed.

A description of administrative and assessment processes to ensure successful implementation, reporting and quality assurance

A description of the staff and administrative roles and functions to support the project work plan and the outcomes. Recipients should identify and assign staff, contractors, and/or consultants, sufficient in number and expertise, to carry out the activities of the activities of this NOFO.

A sample work plan format is presented below to show how a traditional work plan aligns with the logic model and narrative.

- In this format, **the table would be completed for each period of performance outcome**. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

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

	<i>Performance Measurement section]</i>		
1.			
2.			
3.			
4.			
5.			
6			

**e. CDC Monitoring and Accountability Approach**

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

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

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

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

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

**f. CDC Program Support to Recipients**

CDC support to this program includes, but is not limited to the following activities:

- **Learning Hub:** The Learning Hub primarily provides support to organizations implementing flu and COVID-19 vaccination activities through other CDC NOFOs. This support includes learning opportunities, materials, and collaboration opportunities with other organizations participating in the program. Recipients of the award described in this



NOFO may be asked to share materials, insights, or learning opportunities with the Learning Hub.

- **State and Community Health Media Center:** The Media Center is an online repository of advertisements and marketing materials produced by state and local health departments, nonprofit organizations, and federal agencies. The purpose of the Media Center is to share best practices, audience research and communication materials. Recipients may be expected to share materials they develop or refine, as relevant.
- **Data-Informed Technical Assistance:** Data-Informed Technical Assistance provides the program with data and data-use orientations, self-service data analysis, and office hours for data-related questions and needs .

## **B. Award Information**

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

CA (Cooperative Agreement)

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

### **2. Award Mechanism:**

H75

### **3. Fiscal Year:**

2021

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

\$ 1,000,000

### **5. Total Period of Performance Funding:**

\$ 5,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:

\$ 1,000,000

### **6. Total Period of Performance Length:**

5

year(s)

### **7. Expected Number of Awards:**

3

### **8. Approximate Average Award:**

\$ 333,333

Per Budget Period

### **9. Award Ceiling:**

\$ 0

Per Budget Period

This amount is subject to the availability of funds.

**10. Award Floor:**

\$ 0

Per Budget Period

**11. Estimated Award Date:**

February 01, 2021

**12. Budget Period Length:**

12 month(s)

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

**13. Direct Assistance**

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

**C. Eligibility Information**

**1. Eligible Applicants**

Eligibility Category:

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

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

**2. Additional Information on Eligibility**

National Medical Association (NMA)

National Hispanic Medical Association (NHMA)

National Black Nurses Association (NBNA)

Association of American Indian Physicians (AAIP)

National Council of Urban Indian Health (NCUIH)

If the application is incomplete, late or does not address the requirements listed in this NOFO, it will be considered non-responsive and will not be entered into the review process.

### **3. Justification for Less than Maximum Competition**

Significant racial and ethnic disparities exist in adult vaccination coverage, including lower rates of vaccination among certain groups. These groups experiencing disparities are also disproportionately affected by COVID-19, at risk for serious illness from COVID-19, and/or at high risk for complications from influenza infection. Immunization Services Division (ISD) held a convening to discuss possible solutions: equipping influential community members, and increasing vaccination opportunities through non-traditional vaccination sites.

CDC requires help from health professionals from certain racial and ethnic groups in communicating vaccine-related messages to patients who belong to the same certain racial and ethnic groups.

A strong recommendation from a healthcare provider is the single most important factor in vaccine acceptance, especially if the provider is of the same racial or ethnic minority group as the patient. Health professionals who are members of certain racial and ethnic groups are trusted agents on vaccine-related issues for patients who belong to the same racial and ethnic group. To improve vaccine confidence and coverage among certain racial and ethnic groups, CDC aims to increase the likelihood that providers will recommend vaccination to patients from certain racial and ethnic groups.

Given the urgent concerns regarding the co-circulation of COVID-19 and influenza this year, it is particularly important to expedite this work. The proposed organizations have unique national reach into certain racial and ethnic populations that will help CDC urgently address provider-related vaccine acceptance, availability, and coverage. These organizations were established specifically to serve professionals who belong to certain racial and ethnic groups, and these groups represent most of these organizations' memberships. By partnering with these specific organizations, CDC can leverage the relationships that these organizations have with health professionals from certain racial and ethnic groups and thereby more efficiently and effectively reach certain racial and ethnic populations.

This year it is critical that physicians communicate the importance of both vaccinations in a way that resonates with their patients who are currently vaccinating at lower rates.

Combined, these organizations represent nearly 300,000 health professionals from certain racial and ethnic groups across the U.S. and can influence care for patients in impacted populations. Implementation will focus on improving flu vaccination coverage now and COVID-19 vaccination coverage (when the COVID-19 vaccine becomes available) among adults in racial and ethnic groups experiencing disparities. Medical and professional associations will be funded to do the following: 1) develop strategies and resources for individual providers or clinicians administering health care; 2) develop strategies and resources for health care organizations; and 3) enhance the resource and evidence base.

This award builds on the work done through a supplement to CDC's Racial and Ethnic Approaches to Community Health (REACH) program. NCIRD is deploying funding to REACH recipients to implement focus areas aiming to increase flu vaccination coverage (and COVID-19, when appropriate) among racial and ethnic groups experiencing disparities. As a complement to the REACH work, CDC is also funding two supportive resources: Learning Hubs and Data Informed Technical Assistance. Medical and professional associations will build on learnings

from these CDC-funded activities and, based on their expertise, experience, and nationwide influence, will contribute to information and insights to both platforms.

This work may also incorporate lessons learned from other ISD partnerships with medical and professional associations focused on adult vaccination coverage. Partnerships have been critical in the REACH work in addressing disparities and will continue to be so for this current project. Without them, ISD's capacity to build trust and amplify messages in these communities would be severely hampered.

#### **4. Cost Sharing or Matching**

Cost Sharing / Matching Requirement:

No

#### **5. Maintenance of Effort**

##### **D. Application and Submission Information**

##### **1. Required Registrations**

An organization must be registered at the three following locations before it can submit an application for funding at [www.grants.gov](http://www.grants.gov).

##### **a. Data Universal Numbering System:**

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at [http:// fedgov.dnb.com/ webform/ displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do). The DUNS number will be provided at no charge.

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

##### **b. System for Award Management (SAM):**

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

##### **c. Grants.gov:**

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

"Applicant Registration" option at [www.grants.gov](http://www.grants.gov).

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	<ol style="list-style-type: none"> <li>1. Click on <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a></li> <li>2. Select Begin DUNS search/request process</li> <li>3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit #</li> <li>4. Request appropriate staff member(s) to obtain DUNS number, verify &amp; update information under DUNS number</li> </ol>	1-2 Business Days	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
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	<ol style="list-style-type: none"> <li>1. Retrieve organizations DUNS number</li> <li>2. Go to <a href="https://www.sam.gov/SAM/">https://www.sam.gov/SAM/</a> and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)</li> </ol>	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact <a href="https://fsd.gov/fsd-gov/home.do">https://fsd.gov/fsd-gov/home.do</a> Calls: 866-606-8220
3	Grants.gov	<ol style="list-style-type: none"> <li>1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR)</li> <li>2. Once the account is set up the E-BIZ POC will be notified via email</li> <li>3. Log into grants.gov using the password the E-BIZ POC received and create new password</li> <li>4. This authorizes the AOR to submit applications on behalf of the organization</li> </ol>	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

## 2. Request Application Package

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

## 3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at [www.grants.gov](http://www.grants.gov).

## 4. Submission Dates and Times

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

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

### b. Application Deadline

Due Date for Applications 01/19/2021

01/19/2021

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

### Due Date for Information Conference Call

Potential applicants may participate in a conference call for information on this NOFO. The conference call will be conducted by the Immunization Services Division. The call will be held: January 11, 2021, 2:00-3:00. Please use this link to access the call:

**Meeting**<https://cdc.zoomgov.com/j/1604676742?pwd=SWpsYTIRV2ZqM0dnbGI0dnRNSkJhdzURL:09&from=addon>

**Meeting**160 467 6742

**ID:**

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### Join by Telephone

Phone US: [+16692545252](tel:+16692545252).,[1604676742](tel:+1604676742)#,.....[0#](tel:+186465031).,[86465031](tel:+186465031)# or one-tap: [+16468287666](tel:+16468287666).,[1604676742](tel:+1604676742)#,.....[0#](tel:+186465031).,[86465031](tel:+186465031)#

For higher quality, dial a number based on your current location.

**Dial:**

US: +1 669 254 5252 or +1 646 828 7666 or +1 551 285 1373 or +1 669 216 1590

**Meeting**160 467 6742

**ID:**

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## **5. CDC Assurances and Certifications**

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx).

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file “Assurances and Certifications” and upload it as a PDF file with at [www.grants.gov](http://www.grants.gov)
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx)

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

## **Risk Assessment Questionnaire Requirement**

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant’s CDC Risk Questionnaire, located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, as well as a review of the applicant’s history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (<https://www.fapiis.gov/>), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC’s Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization’s EIN and DUNS.

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

### **Duplication of Efforts**

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

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

### **6. Content and Form of Application Submission**

Applicants are required to include all of the following documents with their application package at [www.grants.gov](http://www.grants.gov).

### **7. Letter of Intent**

N/A

### **8. Table of Contents**

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

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



## **9. Project Abstract Summary**

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

## **10. Project Narrative**

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

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

### **a. Background**

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

### **b. Approach**

#### **i. Purpose**

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

#### **ii. Outcomes**

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

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

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance

Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

### **1. Collaborations**

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

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

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

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

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

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

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

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

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

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

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

#### **11. Work Plan**

(Included in the Project Narrative's page limit)

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

#### **12. Budget Narrative**

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

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

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

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national

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

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

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

### **13. Funds Tracking**

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

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.

- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

#### **14. Intergovernmental Review**

Executive Order 12372 does not apply to this program.

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

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

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

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

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

#### **17. Funding Restrictions**

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

- Recipients may not use funds for research.

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

## 18. Data Management Plan

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

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

## 19. Other Submission Requirements

### a. Electronic Submission:

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

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](mailto: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](http://www.grants.gov) on the deadline date.

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

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

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

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

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

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

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

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

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

## **E. Review and Selection Process**

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

#### **a. Phase I Review**

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

#### **b. Phase II Review**

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

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

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

#### **i. Approach**

**Maximum Points: 25**

Applicants will be evaluated on the extent to which they address the items below:



- Effectiveness in describing (in 2-3 sentences) specifically how their application will address the public health problem as described in the CDC Background Section.
- Applicants must select existing evidence-based strategies that meet their needs or describe in the Applicant Evaluation and Performance Measure Plan how these strategies will be evaluated over the course of the period of performance. See the Strategies and Activities section of the CDC Project Description.

**ii. Evaluation and Performance Measurement**

**Maximum Points: 25**

Applicants will be evaluated on the extent to which they address the items below:

- Effectiveness in clearly and concisely describing the strategies and activities they will use to achieve the period of performance outcomes.
- Demonstrate ability to assess and evaluate their performance and outcomes they expect to achieve by the end of the period of performance, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are defined as the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

**iii. Applicant's Organizational Capacity to Implement the Approach**

**Maximum Points: 25**

Applicants will be evaluated on the extent to which they address the items below:

- Demonstrate relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes, experience and capacity to implement the evaluation plan.
- Demonstrate a staffing plan and project management structure sufficient to achieve the project outcomes and which clearly define staff roles. This should include experience with existing partnerships and engagement of target communities, and the number of geographic distribution of local branches, chapters and/or formally-established affiliates.
- Demonstrate sufficient project management skills critical to implementing this approach, including program planning, performance monitoring, financial reporting, budget management and administration, personnel management.
- Provide evidence of a financial management system that will allow proper funds management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. Additionally, the financial system should permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.
- Demonstrate ability to manage the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.

**Budget**

**Maximum Points: 25**

Is the itemized budget and justification aligned with the stated objectives and planned program activities?

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

#### Technical review

#### **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**

CDC will notify selected applicant(s) by phone call prior to distribution of official award notice. Anticipated award date is February 1, 2021.

## **F. Award Administration Information**

### **1. Award Notices**

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

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

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

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

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

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

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

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

### **3. Reporting**

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;

- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

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

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

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

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

Performance Measurement

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.

- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

## Evaluation

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

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

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

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

This report must include the following:

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

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

The recipients must submit the Annual Performance Report via [www.Grantsolutions.gov](http://www.Grantsolutions.gov) no later than 120 days prior to the end of the budget period.

**c. Performance Measure Reporting (optional)**

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

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

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

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

The Final Performance Report is due 120 days after the end of the period of performance. The Final FFR is due 120 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.

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

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

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

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

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

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

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

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

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

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed

with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

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

3) Terms: For purposes of this clause:

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

“Foreign government” includes any foreign government entity;

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

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

5) Contents of Reports: The reports must contain:

a. recipient name;

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

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

d. reporting period;

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

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

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

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

## G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

### Program Office Contact

**For programmatic technical assistance, contact:**

First Name:

Ram

Last Name:

Koppaka

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention



Address:  
1600 Clifton Road , Atlanta, Ga 30333

Telephone:  
404-718-6122

Email:  
vcr4@CDC.gov

### Grants Staff Contact

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

First Name:

Wayne

Last Name:

Woods

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

2939 Flowers Road, MS TV2 Atlanta, GA 30341

Telephone:

770-488-2948

Email:

kuv1@cdc.gov

For assistance with **submission difficulties related to** [www.grants.gov](http://www.grants.gov), contact the Contact Center by phone at 1-800-518-4726.

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

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

### H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

## I. Glossary

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

### **Administrative and National Policy Requirements, Additional Requirements**

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

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

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

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

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

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

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

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

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

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

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

**Cooperative Agreement:** A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

**Cost Sharing or Matching:** Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

**Direct Assistance:** A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. [http:// www.cdc.gov /grants /additionalrequirements /index.html](http://www.cdc.gov/grants/additionalrequirements/index.html).

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

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

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

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

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

**Grant:** A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or

assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

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

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

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

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

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

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

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

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

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

**Intergovernmental Review:** Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on

the State's process. Visit the following web address to get the current SPOC list:  
[https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental\\_Review\\_SPOC\\_01\\_2018\\_OFFM.pdf](https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_Review_SPOC_01_2018_OFFM.pdf).

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

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

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

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

#### **Memorandum of Understanding (MOU) or Memorandum of Agreement**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Funds Transfer (EFT). SAM stores organizational information, allowing [www.grants.gov](http://www.grants.gov) to verify identity and pre-fill organizational information on grant applications.

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

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

## **NOFO-specific Glossary and Acronyms**



**Recipient Information**

**1. Recipient Name**

National Hispanic Medical Association  
1920 L St NW Ste 725  
Washington, DC 20036-5050  
202-628-5895

**2. Congressional District of Recipient**  
00

**3. Payment System Identifier (ID)**

1521884446A1

**4. Employer Identification Number (EIN)**

521884446

**5. Data Universal Numbering System (DUNS)**

927549345

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Dr. Elena V Rios M.D.  
Executive Director  
erios@nhmamnd.org  
202-628-5895

**8. Authorized Official**

Ms. Jeanne Duvall  
Controller  
jduvall@nhmamnd.org  
202-628-5895

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Achal Bhatt  
Public Health Analyst  
Immunization Services Division  
zgv8@cdc.gov  
404-639-8588

**Federal Award Information**

**11. Award Number**

1 NH23IP922649-01-00

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922649

**13. Statutory Authority**

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

**14. Federal Award Project Title**

VACUNAS! SI SE PUEDE IMMUNIZATION CAMPAIGN FOR HISPANICS

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education\_Training and Clinical Skills Improvement Projects

**17. Award Action Type**

New

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 02/15/2021 - **End Date** 02/14/2022

**20. Total Amount of Federal Funds Obligated by this Action** \$850,000.00

20a. Direct Cost Amount

20b. Indirect Cost Amount

**21. Authorized Carryover**

**22. Offset**

**23. Total Amount of Federal Funds Obligated this budget period**

**24. Total Approved Cost Sharing or Matching, where applicable**

**25. Total Federal and Non-Federal Approved this Budget Period** \$850,000.00

**26. Project Period Start Date** 02/15/2021 - **End Date** 02/14/2026

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period** \$850,000.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Freda Johnson

**30. Remarks**





DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 1 NH23IP922649-01-00

FAIN# NH23IP922649

Federal Award Date: 02/10/2021

<b>Recipient Information</b>	
<b>Recipient Name</b>	
National Hispanic Medical Association 1920 L St NW Ste 725 Washington, DC 20036-5050 202-628-5895	
<b>Congressional District of Recipient</b>	
00	
<b>Payment Account Number and Type</b>	
1521884446A1	
<b>Employer Identification Number (EIN) Data</b>	
521884446	
<b>Universal Numbering System (DUNS)</b>	
927549345	
<b>Recipient's Unique Entity Identifier</b>	
Not Available	
<b>31. Assistance Type</b>	
Cooperative Agreement	
<b>32. Type of Award</b>	
Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation:	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$850,000.00
m. Federal Share	\$850,000.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
1-9390GLZ	21NH23IP922649C5	IP	41.51	\$850,000.00	75-2124-0943	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 1 NH23IP922649-01-00

FAIN# NH23IP922649

Federal Award Date: 02/10/2021

**Direct Assistance**

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

# AWARD ATTACHMENTS

National Hispanic Medical Association

1 NH23IP922649-01-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2107, entitled *Partnering with Professional and Medical Associations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Experiencing Disparities*, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of **\$850,000** is approved for the Year **01** budget period, which is February 15, 2021 through February 14, 2022. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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

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

**Financial Assistance Mechanism:** Cooperative Agreement

**Coronavirus Disease 2019 (COVID-19) Funds:** A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or the Consolidated Appropriations Act, 2021, Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-266), agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

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

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition,

recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

## **ADMINISTRATIVE REQUIREMENTS**

The recipient must respond to the comments in the technical review and/or OGS Budget Comments in accordance with the recommendations provided in GrantSolutions as a Grant Note within 45 days of receipt of the Notice of Award. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Awarding Agency Contact Information section on the first page before the due date.

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC support to this program includes, but is not limited to the following activities:

**Learning Hub:** The Learning Hub primarily provides support to organizations implementing flu and COVID-19 vaccination activities through other CDC NOFOs. This support includes learning opportunities, materials, and collaboration opportunities with other organizations participating in the program. Recipients of the award described in this NOFO may be asked to share materials, insights, or learning opportunities with the Learning Hub.

**State and Community Health Media Center:** The Media Center is an online repository of advertisements and marketing materials produced by state and local health departments, nonprofit organizations, and federal agencies. The purpose of the Media Center is to share best practices, audience research and communication materials. Recipients may be expected to share materials they develop or refine, as relevant.

**Data-Informed Technical Assistance:** Data-Informed Technical Assistance provides the program with data and data-use orientations, self-service data analysis, and office hours for data-related questions and needs.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

**Addition alternative:** Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

**Note:** The disposition of program income must have written prior approval from the GMO.

## FUNDING RESTRICTIONS AND LIMITATIONS

### Notice of Funding Opportunity (NOFO) Restrictions:

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

**Indirect Costs:** Indirect costs are not approved for this award, because indirect costs were not requested or an approved Indirect Cost Rate Agreement has not been established. To have indirect costs approved for this grant, submit an approved indirect cost rate agreement

## REPORTING REQUIREMENTS

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022**. The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html> .

**Required Disclosures for Federal Awardee Performance and Integrity Information**

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

CDC, Office of Grants Services  
Wayne Woods, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

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

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

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

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

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

**PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to*

*hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

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

The grant document number identified on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

### **CDC Staff Contacts**

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

**GMS Contact:**

Wayne Woods, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Telephone: 770-488-2948  
Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov)

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

**Programmatic Contact:**

Achal Bhatt, Project Officer  
Centers for Disease Control and Prevention  
NCIRD-ISD  
1600 Clifton Rd Atlanta, GA  
Telephone: 404-639-8588  
Email: [zqv8@cdc.gov](mailto:zqv8@cdc.gov)

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



**GMO Contact:**

Freda Johnson, Grants Management Officer  
Centers for Disease Control and Prevention  
Infectious Disease Services Branch  
2939 Flowers Road, MS TV2  
Atlanta, GA 30341  
Telephone: 770-488-3107  
Email: [wve2@cdc.gov](mailto:wve2@cdc.gov)



**Recipient Information**

**1. Recipient Name**

National Hispanic Medical Association  
1920 L St NW Ste 725  
Washington, DC 20036-5050  
202-628-5895

**2. Congressional District of Recipient**  
00

**3. Payment System Identifier (ID)**

1521884446A1

**4. Employer Identification Number (EIN)**

521884446

**5. Data Universal Numbering System (DUNS)**

927549345

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Dr. Elena V Rios M.D.  
Executive Director  
erios@nhmamd.org  
202-628-5895

**8. Authorized Official**

Ms. Jeanne Duvall  
Controllor  
jduvall@nhmamd.org  
202-628-5895

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Achal Bhatt  
Public Health Analyst  
Immunization Services Division  
zgv8@cdc.gov  
404-639-8588

**Federal Award Information**

**11. Award Number**

6 NH23IP922649-01-01

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922649

**13. Statutory Authority**

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

**14. Federal Award Project Title**

VACUNAS! SI SE PUEDE IMMUNIZATION CAMPAIGN FOR HISPANICS

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education\_Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Budget Revision

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	02/15/2021	<b>- End Date</b>	02/14/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			(b)(4)
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>			
<b>22. Offset</b>			
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$850,000.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$850,000.00
<b>26. Project Period Start Date</b>	02/15/2021	<b>- End Date</b>	02/14/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			\$850,000.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<p><b>Recipient Information</b></p> <p><b>Recipient Name</b>          National Hispanic Medical Association          1920 L St NW Ste 725          Washington, DC 20036-5050          202-628-5895</p> <p><b>Congressional District of Recipient</b>          00</p> <p><b>Payment Account Number and Type</b>          1521884446A1</p> <p><b>Employer Identification Number (EIN) Data</b>          521884446</p> <p><b>Universal Numbering System (DUNS)</b>          927549345</p> <p><b>Recipient's Unique Entity Identifier</b>          Not Available</p>
<p><b>31. Assistance Type</b>          Cooperative Agreement</p> <p><b>32. Type of Award</b>          Other</p>

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation:	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$850,000.00
m. Federal Share	\$850,000.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
1-9390GLZ	21NH23IP922649C5	IP	41.51	\$0.00	75-2124-0943	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922649-01-01

FAIN# NH23IP922649

Federal Award Date: 04/20/2021

**Direct Assistance**

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

# AWARD ATTACHMENTS

National Hispanic Medical Association

6 NH23IP922649-01-01

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1. Terms and Conditions

## ADDITIONAL TERMS AND CONDITIONS

**Revised Budget:** The purpose of this amended Notice of Award is to approve the revised budget submitted by your organization dated March 31, 2021. Funds have been distributed as indicated in the approved budget of this Notice of Award.

**Administrative Requirement:** The recipient must respond to the comments in the OGS Budget Comments in accordance with the recommendations provided as a Grant Note within **30 days** of receipt of the Notice of Award. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Awarding Agency Contact Information section on the first page before the due date.

**Stewardship:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**



**Recipient Information**

**1. Recipient Name**

National Hispanic Medical Association  
1920 L St NW Ste 725  
Washington, DC 20036-5050  
202-628-5895

**2. Congressional District of Recipient**

00

**3. Payment System Identifier (ID)**

1521884446A1

**4. Employer Identification Number (EIN)**

521884446

**5. Data Universal Numbering System (DUNS)**

927549345

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Dr. Elena V Rios M.D.  
Executive Director  
erios@nhmamd.org  
202-628-5895

**8. Authorized Official**

Ms. Jeanne Duvall  
Controller  
jduvall@nhmamd.org  
202-628-5895

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Regina Edwards  
N/A  
rdb1@cdc.gov  
404-498-6197

**Federal Award Information**

**11. Award Number**

6 NH23IP922649-01-02

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922649

**13. Statutory Authority**

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

**14. Federal Award Project Title**

VACUNAS! SI SE PUEDE IMMUNIZATION CAMPAIGN FOR HISPANICS

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	02/15/2021	<b>- End Date</b>	02/14/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$220,000.00
20a. Direct Cost Amount			\$220,000.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$850,000.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$1,070,000.00
<b>26. Project Period Start Date</b>	02/15/2021	<b>- End Date</b>	02/14/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922649-01-02

FAIN# NH23IP922649

Federal Award Date: 07/27/2021

<p><b>Recipient Information</b></p> <p><b>Recipient Name</b> National Hispanic Medical Association 1920 I. St NW Ste 725 Washington, DC 20036-5050 202-628-5895</p> <p><b>Congressional District of Recipient</b> 00</p> <p><b>Payment Account Number and Type</b> 1521884446A1</p> <p><b>Employer Identification Number (EIN) Data</b> 521884446</p> <p><b>Universal Numbering System (DUNS)</b> 927549345</p> <p><b>Recipient's Unique Entity Identifier</b> Not Available</p>
<p><b>31. Assistance Type</b> Cooperative Agreement</p> <p><b>32. Type of Award</b> Other</p>

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$1,070,000.00
m. Federal Share	\$1,070,000.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
1-9390GLZ	21NH23IP922649C5	IP	41.51	\$220,000.00	75-2124-0943	





**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922649-01-02

FAIN# NH23IP922649

Federal Award Date: 07/27/2021

**Direct Assistance**

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

# AWARD ATTACHMENTS

National Hispanic Medical Association

6 NH23IP922649-01-02

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1. Terms and Conditions

## AWARD INFORMATION

This amended Notice of Award is in response to the request for supplemental funding submitted by your organization dated April 30, 2021.

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at:

<https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number IP21-2107, entitled, *Partnering with Professional and Medical Associations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Experiencing Disparities*, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount \$220,000 is approved for the Year 01 budget period, which is February 15, 2021 through February 14, 2022.

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

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

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

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

**Budget Revision Requirement:** Within 30 days of receipt of the Notice of Award, the recipient must submit a revised budget with a narrative justification that address the following:

- **Personnel and Salary:** For each requested position, provide the required information in accordance with the CDC Budget Preparation Guidelines.
- Include Fringe Benefits for staff positions listed (if applicable).
- **Supplies:** Individually list each item requested and provide the required information in accordance with the CDC Budget Preparation Guidelines.
- **Consultants:** Provide SEVEN required elements for each consultant in accordance with the CDC Budget Preparation Guidelines.
- **Contractors:** List each contractor in accordance with the SIX elements in accordance with the CDC Budget Preparation Guidelines.
- **Other:** Individually list each item requested and provide the required information in accordance with the CDC Budget Preparation Guidelines.

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

## REPORTING REQUIREMENTS

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

CDC, Office of Grants Services  
Wayne Woods, Grants Management Specialist (GMS)  
Centers for Disease Control and Prevention  
Branch 1  
2920 Brandywine Road, M/S E-15  
Atlanta, GA 30341  
Telephone: 770-488-2948  
Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures,  
Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201  
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

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

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

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

## PAYMENT INFORMATION

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

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

The grant document number identified on the bottom of **Page 2** of the Notice of Award must be known in order to draw down funds.

**Stewardship:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.



**Recipient Information**

**1. Recipient Name**

National Hispanic Medical Association  
1920 L St NW Ste 725  
Washington, DC 20036-5050  
202-628-5895

**2. Congressional District of Recipient**  
00

**3. Payment System Identifier (ID)**  
1521884446A1

**4. Employer Identification Number (EIN)**  
521884446

**5. Data Universal Numbering System (DUNS)**  
927549345

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Dr. Elena V Rios M.D.  
Executive Director  
erios@nhmamd.org  
202-628-5895

**8. Authorized Official**

Ms. Jeanne Duvall  
Controller  
jduvall@nhmamd.org  
202-628-5895

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Regina Edwards  
N/A  
rdbl@cdc.gov  
404-498-6197

**Federal Award Information**

**11. Award Number**

5 NH23IP922649-02-00

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922649

**13. Statutory Authority**

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

**14. Federal Award Project Title**

Vaccinations for All! Immunization Campaign Partnership with Professional and Medical Associations

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Non-Competing Continuation

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	02/15/2022	<b>- End Date</b>	02/14/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$800,000.00
20a. Direct Cost Amount			\$800,000.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$800,000.00
<b>26. Project Period Start Date</b>	02/15/2021	<b>- End Date</b>	02/14/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<p><b>Recipient Information</b></p> <p><b>Recipient Name</b>          National Hispanic Medical Association          1920 I. St NW Ste 725          Washington, DC 20036-5050          202-628-5895</p> <p><b>Congressional District of Recipient</b>          00</p> <p><b>Payment Account Number and Type</b>          1521884446A1</p> <p><b>Employer Identification Number (EIN)</b>          521884446</p> <p><b>Data Universal Numbering System (DUNS)</b>          927549345</p> <p><b>Recipient's Unique Entity Identifier</b></p>
--

<p><b>31. Assistance Type</b>          Cooperative Agreement</p> <p><b>32. Type of Award</b>          Other</p>
---

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
<p>a. Salaries and Wages</p> <p>b. Fringe Benefits</p> <p>c. Total Personnel Costs</p> <p>d. Equipment</p> <p>e. Supplies</p> <p>f. Travel</p> <p>g. Construction</p> <p>h. Other</p> <p>i. Contractual</p>	(b)(4)
<b>j. TOTAL DIRECT COSTS</b>	\$800,000.00
<b>k. INDIRECT COSTS</b>	\$0.00
<b>l. TOTAL APPROVED BUDGET</b>	\$800,000.00
<b>m. Federal Share</b>	\$800,000.00
<b>n. Non-Federal Share</b>	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
2-9390GLZ	21NH23IP922649C5	IP	41.51	\$800,000.00	75-2124-0943	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 5 NH23IP922649-02-00

FAIN# NH23IP922649

Federal Award Date: 03/03/2022

**Direct Assistance**

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



# AWARD ATTACHMENTS

National Hispanic Medical Association

5 NH23IP922649-02-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2107, entitled *Partnering with Professional and Medical Associations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Experiencing Disparities*, and application dated 11/3/2021 as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of **\$800,000** is approved for the Year **02** budget period, which is February 15, 2022, through February 14, 2023. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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

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

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

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

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

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

### **HHS Non-Discrimination Legal Requirements for Recipients of Federal Financial Assistance**

The Centers for Disease Control and Prevention (CDC) incorporated Department of Health and Human Services (HHS) non-discrimination legal requirements for recipients of federal financial assistance into the CDC General Terms and Conditions within your Notice of Award. The new requirements are effective immediately. The requirements are in the General Requirements section of the General Terms and Conditions and are also listed below.

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

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

For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have

substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC support to this program includes, but is not limited to the following activities:

**Learning Hub:** The Learning Hub primarily provides support to organizations implementing flu and COVID-19 vaccination activities through other CDC NOFOs. This support includes learning opportunities, materials, and collaboration opportunities with other organizations participating in the program. Recipients of the award described in this NOFO may be asked to share materials, insights, or learning opportunities with the Learning Hub.

**State and Community Health Media Center:** The Media Center is an online repository of advertisements and marketing materials produced by state and local health departments, nonprofit organizations, and federal agencies. The purpose of the Media Center is to share best practices, audience research and communication materials. Recipients may be expected to share materials they develop or refine, as relevant.

**Data-Informed Technical Assistance:** Data-Informed Technical Assistance provides the program with data and data-use orientations, self-service data analysis, and office hours for data-related questions and needs.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations

**Budget Revision Requirement:** By March 15, 2022 the recipient must submit a revised budget with a narrative justification based on the revised award amount. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

A current Indirect Cost Rate agreement must also be submitted with the revised budget to charge indirect costs to this award. If a current agreement cannot be provided these costs need to be redirected to another cost category. Indirect costs in the amount of \$71,131 have been redirected to the Other cost category pending receipt of current rate agreement.

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

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

balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

## **FUNDING RESTRICTIONS AND LIMITATIONS**

### **Notice of Funding Opportunity (NOFO) Restrictions:**

- 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:
  - o 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
  - o 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-3.5.html>.

**Indirect Costs:** Indirect costs are not approved for this award, because indirect costs were not requested or an approved Indirect Cost Rate Agreement has not been established. To have indirect costs approved for this grant, submit an approved indirect cost rate agreement

## REPORTING REQUIREMENTS

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022.** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>.

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

CDC, Office of Grants Services  
Wayne Woods, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

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

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

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

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

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in

the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

## **PAYMENT INFORMATION**

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

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

The grant document number identified on the bottom of Page 2 of the Notice of Award must be known to draw down funds.

## **CDC Staff Contacts**

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

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

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

**Contact information can be found on Page 1 of the Notice of Award.**



**Recipient Information**

**1. Recipient Name**

National Hispanic Medical Association  
1920 L St NW STE 725  
Washington, DC 20036-5050  
202-628-5895

**2. Congressional District of Recipient**  
00

**3. Payment System Identifier (ID)**  
1521884446A1

**4. Employer Identification Number (EIN)**  
521884446

**5. Data Universal Numbering System (DUNS)**  
927549345

**6. Recipient's Unique Entity Identifier (UEI)**  
HNVHKT3XY5B7

**7. Project Director or Principal Investigator**

Dr. Elena V Rios M.D.  
Executive Director  
erios@nhmamd.org  
202-628-5895

**8. Authorized Official**

Ms. Jeanne Duvall  
Controller  
jduvall@nhmamd.org  
202-628-5895

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Derick Wheeler, II  
Grants Management Specialist  
tie2@cdc.gov  
678-475-4972

**10. Program Official Contact Information**

Regina Edwards  
N/A  
rdb1@cdc.gov  
404-498-6197

**Federal Award Information**

**11. Award Number**

6 NH23IP922649-02-01

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922649

**13. Statutory Authority**

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

**14. Federal Award Project Title**

Vaccinations for All! Immunization Campaign Partnership with Professional and Medical Associations

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Budget Revision

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	02/15/2022	<b>- End Date</b>	02/14/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$0.00		
20a. Direct Cost Amount	(b)(4)		
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$800,000.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$800,000.00		
<b>26. Project Period Start Date</b>	02/15/2021	<b>- End Date</b>	02/14/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	Not Available		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**





<b>Recipient Information</b>	
<b>Recipient Name</b>	
National Hispanic Medical Association 1920 I. St NW STE 725 Washington, DC 20036-5050 202-628-5895	
<b>Congressional District of Recipient</b>	
00	
<b>Payment Account Number and Type</b>	
1521884446A1	
<b>Employer Identification Number (EIN) Data</b>	
521884446	
<b>Universal Numbering System (DUNS)</b>	
927549345	
<b>Recipient's Unique Entity Identifier (UEI)</b>	
HNVHKT3XY5B7	
<b>31. Assistance Type</b>	
Cooperative Agreement	
<b>32. Type of Award</b>	
Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$800,000.00
m. Federal Share	\$800,000.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390GLZ	21NH23IP922649C5	IP	41.51	93.185	\$0.00	75-2124-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922649-02-01

FAIN# NH23IP922649

Federal Award Date: 04/13/2022

**Direct Assistance**

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

# AWARD ATTACHMENTS

National Hispanic Medical Association

6 NH23IP922649-02-01

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1. Terms and Conditions

## **ADDITIONAL TERMS AND CONDITIONS**

**Revised Budget:** The purpose of this amended Notice of Award is to approve the **revised budget** submitted by your organization dated March 16, 2022 . Funds have been distributed as indicated in the approved budget of this Notice of Award.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

Please be advised that recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

**Grants Management Specialist:**

Derick Wheeler, II Grants Management Specialist (GMS)  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Telephone: 678-475-4972  
Email: [tie2@cdc.gov](mailto:tie2@cdc.gov)

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**



**Recipient Information**

**1. Recipient Name**

NATIONAL HISPANIC MEDICAL  
ASSOCIATION  
1920 L St NW STE 725  
Washington, DC 20036-5050  
202-628-5895

**2. Congressional District of Recipient**  
00

**3. Payment System Identifier (ID)**  
1521884446A1

**4. Employer Identification Number (EIN)**  
521884446

**5. Data Universal Numbering System (DUNS)**  
927549345

**6. Recipient's Unique Entity Identifier (UEI)**  
HNVHKT3XY5B7

**7. Project Director or Principal Investigator**  
Dr. Elena V Rios M.D.  
Executive Director  
erios@nhmamd.org  
202-628-5895

**8. Authorized Official**

Ms. Jeanne Duvall  
Controller  
jduvall@nhmamd.org  
202-628-5895

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Derick Wheeler, II  
Grants Management Specialist  
tie2@cdc.gov  
678-475-4972

**10. Program Official Contact Information**

Regina Edwards  
N/A  
rdbl@cdc.gov  
404-498-6197

**Federal Award Information**

**11. Award Number**

6 NH23IP922649-02-02

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922649

**13. Statutory Authority**

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

**14. Federal Award Project Title**

Vaccinations for All! Immunization Campaign Partnership with Professional and Medical Associations

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	02/15/2022	<b>- End Date</b>	02/14/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$200,000.00
20a. Direct Cost Amount			(b)(4)
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$800,000.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$1,000,000.00
<b>26. Period of Performance Start Date</b>	02/15/2021	<b>- End Date</b>	02/14/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$2,070,000.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922649-02-02

FAIN# NH23IP922649

Federal Award Date: 09/07/2022

<b>Recipient Information</b>	
<b>Recipient Name</b> NATIONAL HISPANIC MEDICAL ASSOCIATION 1920 L St NW STE 725 Washington, DC 20036-5050 202-628-5895	
<b>Congressional District of Recipient</b> 00	
<b>Payment Account Number and Type</b> 1521884446A1	
<b>Employer Identification Number (EIN) Data</b> 521884446	
<b>Universal Numbering System (DUNS)</b> 927549345	
<b>Recipient's Unique Entity Identifier (UEI)</b> HNVHKT3XY5B7	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$1,000,000.00
m. Federal Share	\$1,000,000.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
2-9390GLZ	21NH23IP922649C5	IP	41.51	93.185	\$0.00	75-2124-0943	
2-93909KZ	21NH23IP922649	IP	41.51	93.185	\$200,000.00	75-X-0951	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922649-02-02

FAIN# NH23IP922649

Federal Award Date: 09/07/2022

**Direct Assistance**

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

## AWARD ATTACHMENTS

NATIONAL HISPANIC MEDICAL ASSOCIATION

6 NH23IP922649-02-02

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1. IP922649 Terms and Conditions for \$200,000 Supplement



## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2107, titled *Partnering with Professional and Medical Associations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Experiencing Disparities*, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount of **\$200,000** is approved for the Year 02 budget period, which is February 15, 2022, through February 14, 2023.

**Budget Revision Requirement:** By **October 31, 2022**, the recipient must submit a revised budget with a narrative justification to include the following:

1. As per the NOFO, the purchasing of furniture is not an allowable cost.
  - Provide a break down amount for the chairs and furniture (remove from the budget)
2. What is Space cost? Provide a detailed justification for the Space cost listed under "Other" costs.
3. Provide a market analysis of the Equipment rental.
4. Include the 6 contractual elements based on the CDC Budget Preparation Guidelines.

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

## REPORTING REQUIREMENTS

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

CDC, Office of Grants Services  
Derick Wheeler, II, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Email: [tie2@cdc.gov](mailto:tie2@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

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

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

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

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

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

#### **PAYMENT INFORMATION**

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

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

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

**STEWARDSHIP:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.



**Recipient Information**

**1. Recipient Name**

NATIONAL MEDICAL ASSOCIATION  
8403 Colesville Rd Ste 820  
Silver Spring, MD 20910-3397  
[NO DATA]

**2. Congressional District of Recipient**  
08

**3. Payment System Identifier (ID)**  
1536010805A1

**4. Employer Identification Number (EIN)**  
536010805

**5. Data Universal Numbering System (DUNS)**  
057952681

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Dr. Virginia Caine  
vcaine@nmanet.org  
202-347-1895

**8. Authorized Official**

Mr. Martin Hamlette  
mhamlette@nmanet.org  
2023471895

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Achal Bhatt  
Public Health Analyst  
Immunization Services Division  
zgv8@cdc.gov  
404-639-8588

**Federal Award Information**

**11. Award Number**

1 NH23IP922650-01-00

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922650

**13. Statutory Authority**

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

**14. Federal Award Project Title**

Increasing Adult Immunizations in African American Patients with Special Emphasis on Influenza and COVID-19

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education\_Training and Clinical Skills Improvement Projects

**17. Award Action Type**

New

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 02/15/2021 - **End Date** 02/14/2022

**20. Total Amount of Federal Funds Obligated by this Action** \$850,000.00

20a. Direct Cost Amount

20b. Indirect Cost Amount

**21. Authorized Carryover**

**22. Offset**

**23. Total Amount of Federal Funds Obligated this budget period**

**24. Total Approved Cost Sharing or Matching, where applicable**

**25. Total Federal and Non-Federal Approved this Budget Period**

**26. Project Period Start Date** 02/15/2021 - **End Date** 02/14/2026

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period**

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Freda Johnson

**30. Remarks**



<p><b>Recipient Information</b></p> <p><b>Recipient Name</b>          NATIONAL MEDICAL ASSOCIATION          8403 Colesville Rd Ste 820          Silver Spring, MD 20910-3397          [NO DATA]</p> <p><b>Congressional District of Recipient</b>          08</p> <p><b>Payment Account Number and Type</b>          1536010805A1</p> <p><b>Employer Identification Number (EIN) Data</b>          536010805</p> <p><b>Universal Numbering System (DUNS)</b>          057952681</p> <p><b>Recipient's Unique Entity Identifier</b>          Not Available</p>
---

<p><b>31. Assistance Type</b>          Cooperative Agreement</p> <p><b>32. Type of Award</b>          Other</p>
---

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$850,000.00
m. Federal Share	\$850,000.00
n. Non-Federal Share	(b)(4)

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GLZ	21NH23IP922650C5	IP	41.51		\$850,000.00	75-2124-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 1 NH23IP922650-01-00

FAIN# NH23IP922650

Federal Award Date: 02/10/2021

**Direct Assistance**

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

# AWARD ATTACHMENTS

NATIONAL MEDICAL ASSOCIATION

1 NH23IP922650-01-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2107, entitled *Partnering with Professional and Medical Associations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Experiencing Disparities*, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of **\$850,000** is approved for the Year **01** budget period, which is February 15, 2021 through February 14, 2022. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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

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

**Financial Assistance Mechanism:** Cooperative Agreement

**Coronavirus Disease 2019 (COVID-19) Funds:** A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or the Consolidated Appropriations Act, 2021, Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-266), agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

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

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition,

recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

## ADMINISTRATIVE REQUIREMENTS

The recipient must respond to the comments in the technical review and/or OGS Budget Comments in accordance with the recommendations provided in GrantSolutions as a Grant Note within 45 days of receipt of the Notice of Award. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Awarding Agency Contact Information section on the first page before the due date.

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC support to this program includes, but is not limited to the following activities:

**Learning Hub:** The Learning Hub primarily provides support to organizations implementing flu and COVID-19 vaccination activities through other CDC NOFOs. This support includes learning opportunities, materials, and collaboration opportunities with other organizations participating in the program. Recipients of the award described in this NOFO may be asked to share materials, insights, or learning opportunities with the Learning Hub.

**State and Community Health Media Center:** The Media Center is an online repository of advertisements and marketing materials produced by state and local health departments, nonprofit organizations, and federal agencies. The purpose of the Media Center is to share best practices, audience research and communication materials. Recipients may be expected to share materials they develop or refine, as relevant.

**Data-Informed Technical Assistance:** Data-Informed Technical Assistance provides the program with data and data-use orientations, self-service data analysis, and office hours for data-related questions and needs.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.



## FUNDING RESTRICTIONS AND LIMITATIONS

### Notice of Funding Opportunity (NOFO) Restrictions:

- 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:
  - o 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
  - o the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability <https://www.cdc.gov/grants/additionalrequirements/ar-35.html>.

**Indirect Costs:** Indirect costs are not approved for this award, because indirect costs were not requested or an approved Indirect Cost Rate Agreement has not been established. To have indirect costs approved for this grant, submit an approved indirect cost rate agreement

## REPORTING REQUIREMENTS

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022**. The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>.

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

CDC, Office of Grants Services  
Wayne Woods, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

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

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

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

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

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

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to*

*hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

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

The grant document number identified on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

### **CDC Staff Contacts**

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

#### **GMS Contact:**

Wayne Woods, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Telephone: 770-488-2948  
Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov)

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

#### **Programmatic Contact:**

Achal Bhatt, Project Officer  
Centers for Disease Control and Prevention  
NCIRD-ISD  
1600 Clifton Rd Atlanta, GA  
Telephone: 404-639-8588  
Email: [zqv8@cdc.gov](mailto:zqv8@cdc.gov)

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





**Recipient Information**

**1. Recipient Name**

NATIONAL MEDICAL ASSOCIATION  
8403 Colesville Rd Ste 820  
Silver Spring, MD 20910-3397  
[NO DATA]

**2. Congressional District of Recipient**

08

**3. Payment System Identifier (ID)**

1536010805A1

**4. Employer Identification Number (EIN)**

536010805

**5. Data Universal Numbering System (DUNS)**

057952681

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Dr. Virginia Caine  
vcaine@nmanet.org  
202-347-1895

**8. Authorized Official**

Mr. Martin Hamlette  
mhamlette@nmanet.org  
2023471895

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Achal Bhatt  
Public Health Analyst  
Immunization Services Division  
zgv8@cdc.gov  
404-639-8588

**Federal Award Information**

**11. Award Number**

6 NH23IP922650-01-01

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922650

**13. Statutory Authority**

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

**14. Federal Award Project Title**

Increasing Adult Immunizations in African American Patients with Special Emphasis on Influenza and COVID-19

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education\_Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Budget Revision

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 02/15/2021 - **End Date** 02/14/2022

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

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

**21. Authorized Carryover** \$0.00

**22. Offset** \$0.00

**23. Total Amount of Federal Funds Obligated this budget period** \$850,000.00

**24. Total Approved Cost Sharing or Matching, where applicable** (b)(4)

**25. Total Federal and Non-Federal Approved this Budget Period** (b)(4)

**26. Project Period Start Date** 02/15/2021 - **End Date** 02/14/2026

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period** (b)(4)

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<b>Recipient Information</b>	
<b>Recipient Name</b>	
NATIONAL MEDICAL ASSOCIATION 8403 Colesville Rd Ste 820 Silver Spring, MD 20910-3397 [NO DATA]	
<b>Congressional District of Recipient</b>	
08	
<b>Payment Account Number and Type</b>	
1536010805A1	
<b>Employer Identification Number (EIN) Data</b>	
536010805	
<b>Universal Numbering System (DUNS)</b>	
057952681	
<b>Recipient's Unique Entity Identifier</b>	
Not Available	
<b>31. Assistance Type</b>	
Cooperative Agreement	
<b>32. Type of Award</b>	
Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$850,000.00
m. Federal Share	\$850,000.00
n. Non-Federal Share	(b)(4)

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
1-9390GLZ	21NH23IP922650C5	IP	41.51	\$0.00	75-2124-0943	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922650-01-01

FAIN# NH23IP922650

Federal Award Date: 04/20/2021

**Direct Assistance**

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

# AWARD ATTACHMENTS

NATIONAL MEDICAL ASSOCIATION

6 NH23IP922650-01-01

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1. Terms and Conditions



## **ADDITIONAL TERMS AND CONDITIONS**

**Revised Budget:** The purpose of this amended Notice of Award is to approve the revised budget submitted by your organization dated March 30, 2021. Funds have been distributed as indicated in the approved budget of this Notice of Award.

**Administrative Requirement:** The recipient must respond to the comments in the OGS Budget Comments in accordance with the recommendations provided as a Grant Note within **30 days** of receipt of the Notice of Award. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Awarding Agency Contact Information section on the first page before the due date.

**Stewardship:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**



**Recipient Information**

**1. Recipient Name**

NATIONAL MEDICAL ASSOCIATION  
8403 Colesville Rd Ste 820  
Silver Spring, MD 20910-3397  
[NO DATA]

**2. Congressional District of Recipient**

08

**3. Payment System Identifier (ID)**

1536010805A1

**4. Employer Identification Number (EIN)**

536010805

**5. Data Universal Numbering System (DUNS)**

057952681

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Dr. Virginia Caine  
Program Director / Program Investigator  
vcaine@comcast.net  
202-347-1895

**8. Authorized Official**

Mr. Martin Hamlette  
mhamlette@nmanet.org  
2023471895

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Regina Edwards  
N/A  
rdb1@cdc.gov  
404-498-6197

**Federal Award Information**

**11. Award Number**

6 NH23IP922650-01-02

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922650

**13. Statutory Authority**

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

**14. Federal Award Project Title**

Increasing Adult Immunizations in African American Patients with Special Emphasis on Influenza and COVID-19

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	02/15/2021	<b>- End Date</b>	02/14/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$358,820.00
20a. Direct Cost Amount			(b)(4)
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$850,000.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			(b)(4)
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			
<b>26. Project Period Start Date</b>	02/15/2021	<b>- End Date</b>	02/14/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922650-01-02

FAIN# NH23IP922650

Federal Award Date: 07/27/2021

<b>Recipient Information</b>	
<b>Recipient Name</b>	
NATIONAL MEDICAL ASSOCIATION 8403 Colesville Rd Ste 820 Silver Spring, MD 20910-3397 [NO DATA]	
<b>Congressional District of Recipient</b>	
08	
<b>Payment Account Number and Type</b>	
1536010805A1	
<b>Employer Identification Number (EIN) Data</b>	
536010805	
<b>Universal Numbering System (DUNS)</b>	
057952681	
<b>Recipient's Unique Entity Identifier</b>	
Not Available	
<b>31. Assistance Type</b>	
Cooperative Agreement	
<b>32. Type of Award</b>	
Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	(b)(4)
l. TOTAL APPROVED BUDGET	
m. Federal Share	
n. Non-Federal Share	

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
1-9390GLZ	21NH23IP922650C5	IP	41.51	\$358,820.00	75-2124-0943	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922650-01-02

FAIN# NH23IP922650

Federal Award Date: 07/27/2021

**Direct Assistance**

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

# AWARD ATTACHMENTS

NATIONAL MEDICAL ASSOCIATION

6 NH23IP922650-01-02

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1. Terms and Conditions

## AWARD INFORMATION

This amended Notice of Award is in response to the request for supplemental funding submitted by your organization dated June 7, 2021.

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at:

<https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number IP21-2107, entitled, *Partnering with Professional and Medical Associations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Experiencing Disparities*, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount \$358,820 is approved for the Year 01 budget period, which is February 15, 2021 through February 14, 2022.

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

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

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

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

## REPORTING REQUIREMENTS

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

CDC, Office of Grants Services  
Wayne Woods, Grants Management Specialist (GMS)  
Centers for Disease Control and Prevention  
Branch 1  
2920 Brandywine Road, M/S E-15  
Atlanta, GA 30341  
Telephone: 770-488-2948  
Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures,  
Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201  
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

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

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

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

## PAYMENT INFORMATION

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

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

The grant document number identified on the bottom of **Page 2** of the Notice of Award must be known in order to draw down funds.

**Stewardship:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.





**Recipient Information**

**1. Recipient Name**

National Medical Association, Inc. A/K/A National Medical Association  
8403 Colesville Rd STE 820  
Silver Spring, MD 20910-3397  
[NO DATA]

**2. Congressional District of Recipient**

08

**3. Payment System Identifier (ID)**

1536010805A1

**4. Employer Identification Number (EIN)**

536010805

**5. Data Universal Numbering System (DUNS)**

057952681

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Dr. Virginia Caine  
Program Director / Program Investigator  
vcaine@comcast.net  
202-347-1895

**8. Authorized Official**

Mr. Martin Hamlette  
mhamlette@nmanet.org  
2023471895

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Regina Edwards  
N/A  
rdb1@cdc.gov  
404-498-6197

**Federal Award Information**

**11. Award Number**

5 NH23IP922650-02-00

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922650

**13. Statutory Authority**

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

**14. Federal Award Project Title**

Increasing Adult Immunizations in African American Patients with Special Emphasis on Influenza and COVID-19

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Non-Competing Continuation

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	02/15/2022	<b>- End Date</b>	02/14/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$600,000.00
20a. Direct Cost Amount			\$600,000.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$600,000.00
<b>26. Project Period Start Date</b>	02/15/2021	<b>- End Date</b>	02/14/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<p><b>Recipient Information</b></p> <p><b>Recipient Name</b> National Medical Association, Inc. A/K/A National Medical Association 8403 Colesville Rd STE 820 Silver Spring, MD 20910-3397 [NO DATA]</p> <p><b>Congressional District of Recipient</b> 08</p> <p><b>Payment Account Number and Type</b> 1536010805A1</p> <p><b>Employer Identification Number (EIN)</b> 536010805</p> <p><b>Data Universal Numbering System (DUNS)</b> 057952681</p> <p><b>Recipient's Unique Entity Identifier</b></p>
---

<p><b>31. Assistance Type</b> Cooperative Agreement</p> <p><b>32. Type of Award</b> Other</p>
---

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
<p>a. Salaries and Wages</p> <p>b. Fringe Benefits</p> <p>c. Total Personnel Costs</p> <p>d. Equipment</p> <p>e. Supplies</p> <p>f. Travel</p> <p>g. Construction</p> <p>h. Other</p> <p>i. Contractual</p>	(b)(4)
<b>j. TOTAL DIRECT COSTS</b>	\$600,000.00
<b>k. INDIRECT COSTS</b>	\$0.00
<b>l. TOTAL APPROVED BUDGET</b>	\$600,000.00
<b>m. Federal Share</b>	\$600,000.00
<b>n. Non-Federal Share</b>	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390GLZ	21NH23IP922650C5	IP	41.51	\$600,000.00	75-2124-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 5 NH23IP922650-02-00

FAIN# NH23IP922650

Federal Award Date: 03/03/2022

**Direct Assistance**

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

## AWARD ATTACHMENTS

National Medical Association, Inc. A/K/A National Medical Association

5 NH23IP922650-02-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2107, entitled *Partnering with Professional and Medical Associations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Experiencing Disparities*, and application dated 11/5/2021 as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of **\$600,000** is approved for the Year **02** budget period, which is February 15, 2022, through February 14, 2023. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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

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

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

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

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

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

### **HHS Non-Discrimination Legal Requirements for Recipients of Federal Financial Assistance**

The Centers for Disease Control and Prevention (CDC) incorporated Department of Health and Human Services (HHS) non-discrimination legal requirements for recipients of federal financial assistance into the CDC General Terms and Conditions within your Notice of Award. The new requirements are effective immediately. The requirements are in the General Requirements section of the General Terms and Conditions and are also listed below.

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

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

For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have

substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC support to this program includes, but is not limited to the following activities:

**Learning Hub:** The Learning Hub primarily provides support to organizations implementing flu and COVID-19 vaccination activities through other CDC NOFOs. This support includes learning opportunities, materials, and collaboration opportunities with other organizations participating in the program. Recipients of the award described in this NOFO may be asked to share materials, insights, or learning opportunities with the Learning Hub.

**State and Community Health Media Center:** The Media Center is an online repository of advertisements and marketing materials produced by state and local health departments, nonprofit organizations, and federal agencies. The purpose of the Media Center is to share best practices, audience research and communication materials. Recipients may be expected to share materials they develop or refine, as relevant.

**Data-Informed Technical Assistance:** Data-Informed Technical Assistance provides the program with data and data-use orientations, self-service data analysis, and office hours for data-related questions and needs.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations

**Budget Revision Requirement:** By March 15, 2022 the recipient must submit a revised budget with a narrative justification based on the revised award amount. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

A current Indirect Cost Rate agreement must also be submitted with the revised budget to charge indirect costs to this award. If a current agreement cannot be provided these costs need to be redirected to another cost category. Indirect costs in the amount of \$60,000 have been redirected to the Other cost category pending receipt of current rate agreement.

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

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

balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

## **FUNDING RESTRICTIONS AND LIMITATIONS**

### **Notice of Funding Opportunity (NOFO) Restrictions:**

- 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:
  - o 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
  - o 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-3.5.html>.

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



## REPORTING REQUIREMENTS

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022.** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>.

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

CDC, Office of Grants Services  
Wayne Woods, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

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

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

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

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

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in

the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

## **PAYMENT INFORMATION**

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

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

The grant document number identified on the bottom of Page 2 of the Notice of Award must be known to draw down funds.

## **CDC Staff Contacts**

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

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

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

**Contact information can be found on Page 1 of the Notice of Award.**



**Recipient Information**

**1. Recipient Name**

National Medical Association, Inc. A/K/A National  
Medical Association  
8403 Colesville Rd STE 820  
Silver Spring, MD 20910-3397  
[NO DATA]

**2. Congressional District of Recipient**

08

**3. Payment System Identifier (ID)**

1536010805A1

**4. Employer Identification Number (EIN)**

536010805

**5. Data Universal Numbering System (DUNS)**

057952681

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Dr. Virginia Caine  
Program Director / Program Investigator  
vcaine@comcast.net  
202-347-1895

**8. Authorized Official**

Mr. Martin Hamlette  
mhamlette@nmanet.org  
2023471895

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Derick Wheeler, II  
Grants Management Specialist  
tie2@cdc.gov  
678-475-4972

**10. Program Official Contact Information**

Regina Edwards  
N/A  
rdb1@cdc.gov  
404-498-6197

**Federal Award Information**

**11. Award Number**

6 NH23IP922650-02-01

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922650

**13. Statutory Authority**

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

**14. Federal Award Project Title**

Increasing Adult Immunizations in African American Patients with Special Emphasis on Influenza and COVID-19

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Budget Revision

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	02/15/2022	<b>- End Date</b>	02/14/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			(b)(4)
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$600,000.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$600,000.00
<b>26. Project Period Start Date</b>	02/15/2021	<b>- End Date</b>	02/14/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<p><b>Recipient Information</b></p> <p><b>Recipient Name</b> National Medical Association, Inc. A/K/A National Medical Association 8403 Colesville Rd STE 820 Silver Spring, MD 20910-3397 [NO DATA]</p> <p><b>Congressional District of Recipient</b> 08</p> <p><b>Payment Account Number and Type</b> 1536010805A1</p> <p><b>Employer Identification Number (EIN)</b> 536010805</p> <p><b>Data Universal Numbering System (DUNS)</b> 057952681</p> <p><b>Recipient's Unique Entity Identifier</b></p>
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<p><b>31. Assistance Type</b> Cooperative Agreement</p> <p><b>32. Type of Award</b> Other</p>
---

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$600,000.00
m. Federal Share	\$600,000.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
2-9390GLZ	21NH23IP922650C5	IP	41.51	\$0.00	75-2124-0943	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922650-02-01

FAIN# NH23IP922650

Federal Award Date: 03/30/2022

**Direct Assistance**

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

# AWARD ATTACHMENTS

National Medical Association, Inc. A/K/A National Medical Association

6 NH23IP922650-02-01

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1. Terms and Conditions

## **ADDITIONAL TERMS AND CONDITIONS**

**Revised Budget:** The purpose of this amended Notice of Award is to approve the **revised budget** submitted by your organization dated March 25, 2022 . Funds have been distributed as indicated in the approved budget of this Notice of Award.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

Please be advised that recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

**Grants Management Specialist:**

Derick Wheeler, II, Grants Management Specialist (GMS)  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Telephone: 678-475-4972  
Email: [tie2@cdc.gov](mailto:tie2@cdc.gov)

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**



**CENTERS FOR DISEASE™  
CONTROL AND PREVENTION**

**Centers for Disease Control and Prevention**

**NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES**

**Partnering with National Organizations to Support Community-Based Organizations to Increase  
Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently  
Experiencing Disparities**

**CDC-RFA-IP21-2108**

**03/29/2021**



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### Part I. Overview

Applicants must go to the synopsis page of this announcement at [www.grants.gov](http://www.grants.gov) and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-IP21-2108. Applicants also must provide an e-mail address to [www.grants.gov](http://www.grants.gov) to receive notifications of changes.

#### A. Federal Agency Name:

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

#### B. Notice of Funding Opportunity (NOFO) Title:

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

#### C. Announcement Type: New - Type 1:

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

New-Type 1

#### D. Agency Notice of Funding Opportunity Number:

CDC-RFA-IP21-2108

#### E. Assistance Listings Number:

93.185

## **F. Dates:**

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

N/A

### **2. Due Date for Applications:**

03/29/2021

11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov).

### **3. Due Date for Informational Conference Call:**

Potential applicants may participate in a conference call for information on this NOFO. The conference call will be conducted by the Immunization Services Division. The call will be held: March 22, 2021, 11:30am – 12:30pm ET. Please use this link to access the call:

[Join Zoom Meeting;](#)

(US: +1 669 254 5252 or +1 646 828 7666 or +1 669 216 1590 or +1 551 285 1373);

Meeting ID: 160 622 9049;

Passcode: =7?aRBDU; Passcode (dial-in): 87320987;

[International numbers](#)

## **G. Executive Summary:**

### **1. Summary Paragraph**

CDC seeks to build the evidence base of effective interventions to improve vaccination coverage and identify and implement strategies to reduce racial and/or ethnic disparities in adult vaccination coverage.

This NOFO's goal is to support efforts to increase influenza and COVID-19 vaccination coverage for adults in racial and/or ethnic populations experiencing disparities in the United States. This NOFO has three parts. All national recipients are responsible for Part A activities and are expected to monitor, evaluate, and support community-based organizations' (CBOs) implementations of Part C activities. Only 1-2 national recipients will also implement Part B activities.

#### **a. Eligible Applicants:**

Single

#### **b. Funding Instrument Type:**

CA (Cooperative Agreement)

#### **c. Approximate Number of Awards**

4

#### **d. Total Period of Performance Funding:**

\$ 200,000,000

#### **e. Average One Year Award Amount:**

\$ 10,000,000

#### **f. Total Period of Performance Length:**

5

**g. Estimated Award Date:**

April 09, 2021

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

No

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

**Part II. Full Text**

**A. Funding Opportunity Description**

**1. Background**

**a. Overview**

Vaccination is considered one of the most important public health achievements of the twentieth century and continues to offer great promise. Vaccines save lives and improve the quality of life by preventing serious infectious diseases and their consequences. However, the benefits of vaccination are not realized equally across the population of the United States. Data shows that adult vaccination coverage remains low nationally and significant racial and ethnic disparities exist. The groups experiencing disparities are also disproportionately affected by COVID-19, at risk for serious illness from COVID-19, and/or at high risk for complications from influenza infection.

This NOFO's goal is to support efforts to increase influenza and COVID-19 vaccination coverage for adults in racial and/or ethnic populations experiencing disparities in the United States. This NOFO has three parts:

**Part A: National Recipients**

1. Select approximately 50-100 CBOs, mostly from affiliations and network, to partner with and implement Part C activities at the community level
2. Coordinate, evaluate, and provide technical assistance to funded CBOs
3. Facilitate CBOs' connection and contributions to the resources and evidence base
4. Provide progress reports to CDC

**Part B: 1-2 National Recipients**

1. Coordinate activities for CBOs and organizations participating in the broader Reducing Racial and Ethnic Disparities in Adult Immunization Program to share knowledge and expertise
2. Manage materials created by CBOs and organizations participating in the broader Program

**Part C: Community-Based Organizations**

1. Equip influential messengers by providing trainings and materials
2. Increase vaccination opportunities and enhance provider partnerships
3. Establish partnerships with state and local health departments

**b. Statutory Authorities**

This program is authorized under Sections 317 and 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b and 247b(k)(2)), as amended.

### **c. Healthy People 2030**

This NOFO relates to two Healthy People 2030 topic areas: social determinants of health (<https://health.gov/healthypeople/objectives-and-data/social-determinants-health>) and infectious disease (<https://health.gov/healthypeople/objective-and-data/browse-objectives/infectious-disease>).

A goal of Healthy People 2030 is to eliminate health disparities and achieve health equity (<https://health.gov/healthypeople/about/healthy-people-2030-framework>). This NOFO addresses the following vaccination objectives:

- Increase the proportion of persons who are vaccinated annually against seasonal influenza
- Increase the proportion of adults age 19 years or older who get recommended vaccines

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

This NOFO supports CDC's COVID-19 Response Health Equity Strategy (<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/cdc-strategy.html>), including the goals of:

- Reduced COVID-19-related health disparities
- Ensured equity in nationwide distribution and administration of future COVID-19 vaccines
- Implemented evidence-based policies, systems, and environmental strategies to mitigate social and health inequities related to COVID-19
- Reduced COVID-19 associated stigma and implicit bias
- Expanded cultural responsiveness and application of health equity principle among an increasingly diverse COVID-19 responder workforce

The Approach section outlines suggested activities to achieve the goals listed above.

### **e. Relevant Work**

This NOFO builds on a supplement to CDC's Racial and Ethnic Approaches to Community Health (REACH) program, which funds REACH recipients to implement activities aiming to increase COVID-19 vaccination coverage and influenza vaccination coverage among racial and ethnic groups experiencing disparities in the United States. Additionally, this NOFO will fund recipient organizations and affiliated CBOs to implement work similar to another CDC NOFO that funds minority-led national organizations and their local branches/chapters/affiliates (<https://www.grants.gov/web/grants/search-grants.html?keywords=CDC-RFA-IP21-2106>).

## **2. CDC Project Description**

### **a. Approach**

**Bold** indicates period of performance outcome.

CDC-RFA-IP21-2108 Logic Model: *Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities*

**Bold** indicates period of performance outcome

Strategy and Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes
<p><b>Part A</b>            1) Select approximately 50-100 CBOs, mostly from affiliations and network, to partner with and implement Part C activities at the community level</p> <p>2) Coordinate, evaluate, and provide technical assistance to funded CBOs</p> <p>3) Facilitate CBOs' connection and contributions to the resources and evidence base</p> <p>4) Provide progress reports to CDC</p> <p><b>Part B</b>            1) Coordinate activities for CBOs and organizations participating in the broader program to share knowledge and expertise</p> <p>2) Manage materials created by CBOs and organizations</p>	<p><b>Part A</b>            - Established criteria for an impactful influential messenger</p> <p>- Education and communications campaigns</p> <p><b>Part B</b>            - Identification of evidence-based practices or resources</p> <p>- Messaging and communications strategies</p> <p><b>Part C</b>            - User-tested and culturally appropriate messages, visual assets, and other communications materials</p> <p>- Recruitment campaigns and training for influencers</p> <p>- Educational modules, events, webinars, and convenings</p> <p>- MoU and partnership agreements with</p>	<p><b>All Parts</b>  <b>- Increased range of trusted community voices supporting vaccine education and delivery</b></p> <p><b>- Increased availability of community or population-specific messages</b></p> <p><b>- Increased number and diversity of vaccination opportunities in communities currently experiencing disparities</b></p> <p><b>- Increased number and range of partnerships or collaborative activities between providers and community organizations</b></p> <p><b>- Increased number and range of health care providers recommending influenza vaccines (and COVID-19 vaccines, when appropriate) to patients</b></p> <p><b>- Increased number and range of health</b></p>	<p><b>All Parts</b>            - Increased acceptance of influenza and COVID-19 vaccine among populations disproportionately affected by influenza and COVID-19 and/or at greater risk for lower vaccination coverage (i.e., persons who are African American, American Indian/Alaska Native, Asian American, Hispanic or Latinx American, Native Hawaiian/Other Pacific Islander)</p> <p>- Increased access to immunization services among populations and/or communities experiencing disparities</p>

participating in the broader program  <b>Part C</b> 1) Equip influential messengers by providing tailored information, trainings, and materials designed to reach priority populations  2) Increase vaccination opportunities and enhance provider partnerships  3) Establish partnerships with state and local health departments	providers and community organizations  - Mobile vaccination clinics and activities	<b>care organizations implementing accountability processes and/or practical guidance to improve equity in vaccine administration</b>	
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**i. Purpose**

CDC seeks to build the evidence base of effective interventions to improve vaccination coverage and to identify and implement strategies to reduce racial and/or ethnic disparities in adult vaccination coverage.

**ii. Outcomes**

By the end of the performance period, recipients are expected to achieve the following outcomes:

- Increased range of trusted community voices supporting vaccine education and delivery
- Increased availability of community or population-specific messages
- Increased number and diversity of vaccination opportunities in communities experiencing disparities
- Increased number and range of partnerships or collaborative activities between providers and community organizations
- Increased number and range of health care providers recommending influenza and COVID-19 vaccines to patients

Recipients will track progress toward these outcomes and communicate them back to CDC through data collection and periodic reporting requirements, as discussed further in the Evaluation and Performance Measurement section.

**iii. Strategies and Activities**

All national recipients are responsible for focus areas in Part A and are expected to monitor, evaluate, and support the implementation of community-based organizations' activities that are outlined in Part C. Only 1-2 of the national recipients that receive Part A funding will also implement focus areas in Part B.

### **Part A: National Recipients (Required for All Recipients)**

In order to achieve the short- and long-term outcomes as outlined in the Project Approach, national recipients will partner with, monitor, support, and evaluate CBOs who will execute grassroots outreach activities. During the performance period, the recipient(s) are expected to **identify CBOs to partner with, provide technical assistance to funded CBOs, and produce formative assessments of CBOs' influenza and COVID-19 activities for reporting to CDC.** This involves addressing the following focus areas:

1. **Select approximately 50-100 CBOs, mostly from affiliations and network, to partner with and implement Part C activities at the community level:** Build a national network of organizations to undertake the community level work outlined in part C by identifying and funding qualified entities.
  - Conduct outreach to affiliates and networks to identify community-based organizations with the credibility, connections, and ingenuity to implement vaccination-related activities to the priority race/ethnic communities experiencing disparities
  - Create a streamlined and transparent solicitation, application, and selection process for CBOs in consultation with other recipient organizations and CDC, who will be responsible for validating partnership funding strategy for proposed CBOs
  - The process for CBO funding should minimize the burden on CBOs (e.g., short application forms, clear selection criteria)
  - The recipients for this NOFO should work together to reduce possible duplication or confusion for CBOs who may apply for partnership opportunities
2. **Coordinate, evaluate, and provide technical assistance to funded CBOs:** National recipients will be accountable for the outcomes of the program. In order to provide adequate oversight and support to CBOs, national recipients are expected to provide technical assistance and other needed support for CBOs and their activities.
  - Examples of technical assistance include holding coaching calls with funded local entities, facilitating peer-to-peer learning opportunities (i.e., informational webinars with subject matter experts) among CBOs, and sharing programmatic updates from CDC
3. **Facilitate CBOs' connection and contributions to the resources and evidence base:** Connect and advise CBOs on how to utilize and contribute to the peer-to-peer network of resources, events, and materials as well as Data-Informed Technical Assistance (described in "Collaborations" and "CDC Program Support to Recipients" sections)
4. **Provide progress reports to CDC:** Share monthly, quarterly, and annual progress reports with CDC on CBO activities, events and overall impact.

## **Part B: 1-2 National Recipient Organizations**

During the performance period, 1-2 recipients that receive Part A funding will also **implement additional cross-program activities, serving all recipients and CBO affiliates involved in the program and other related funding programs.**

1. **Coordinate activities for CBOs and organizations participating in the broader program to share knowledge and expertise:** Coordinate learning activities for all CDC-funded entities and other participating organizations involved in the overarching program (e.g., work with the Association of Immunization Managers to make office hours with immunization subject matter experts available to all recipients and CBOs)
2. **Manage materials created by CBOs and organizations participating in broader program:** Work with all recipient organizations to collate, adapt, assess, and protocolize materials which appear to be promising, including highlighting these materials and making them available for use by any national recipient or CBO participating in the program

## **Part C: Community-Based Organizations (Required for All CBOs)**

During the performance period, recipient(s) are expected to commit **75% of the total Part A funding to identified CBOs to implement COVID-19 vaccination-related activities and influenza vaccination-related activities.** CDC will provide the grant allocation in a lump sum to the recipient(s). The recipient(s) will then establish a national network of organizations funded to perform the activities listed below. Each CBO's funding allocation should be based on their proposed scope of work and be outlined in each recipient's partnership strategy shared with CDC. CBOs should undertake work in at least one of the following focus areas in order to receive funding from a recipient:

1. **Equip influential messengers by providing tailored, information, trainings, and materials designed to reach priority populations:** Educate and empower "trusted voices" in the community to support vaccine education and delivery
2. **Increase vaccination opportunities and enhance provider partnerships:** Build partnerships between vaccination providers (e.g., pharmacies) to increase the number, range, and diversity of opportunities for vaccination
3. **Establish partnerships with state and local health departments:** Collaborate with state and/or local health departments – and state immunization programs, as applicable – to build upon existing public health messages, information, and partnerships in the focus areas C1 and C2

### **Focus Area Activities**

Implementation will focus on improving influenza vaccination coverage and COVID-19 vaccination coverage among adults in racial and ethnic groups experiencing disparities in the United States.

**All national recipients are expected to undertake activities for the four focus areas in part**



A.

**1-2 national recipient(s) will also undertake activities for the two focus areas in part B. All funded CBO affiliates are expected to undertake activities for the three focus areas in part C.**

The following list includes examples of possible activities but is not exhaustive of all permissible activities:

Focus Area	Potential Activities
<b>Part A: Recipient(s) select CBOs to partner with to implement Part C activities, provide technical assistance to CBOs, and produce formative assessments of CBOs' influenza and COVID-19 activities for reporting to CDC</b>	
<b>Select approximately 50-100 CBOs, mostly from affiliations and network, to partner with and implement Part C activities at the community level: Create a streamlined solicitation, application, and selection process for CBOs and verify funding for proposed CBOs.</b>	<ul style="list-style-type: none"><li>- Conduct outreach to affiliates and networks to identify community-based organizations with the credibility, connections and ingenuity to implement vaccination-related activities to the priority race/ethnic communities experiencing disparities.</li><li>- Establish a national network of funded organizations that will work collaboratively and in partnership with the recipient, to perform the activities outlined in part C.</li><li>- Develop and issue a streamlined request for proposals in consultation with CDC that incentivizes CBOs to apply and takes into account CBOs' capacity to respond to solicitations</li><li>- Work with CDC to develop selection criteria, which should consider the CBO's administrative capacity to manage the award and implement focus areas and activities in part C, as well as public health need in the population or areas the CBO serves</li><li>- Review solicitations, select CBOs to partner with, and submit the following information to CDC:<ul style="list-style-type: none"><li>o The name(s) of the organization(s) and staff responsible for responding to the program opportunity</li><li>o A brief (1-2 sentence) description of the organization's mission and reach, including the population it intends to serve</li></ul></li></ul>

Focus Area	Potential Activities
	<ul style="list-style-type: none"> <li>○ A summary of how the CBO meets the selection criteria</li> <li>○ A brief description of the CBO's intended activities for one year of funding</li> <li>○ The planned award amount</li> </ul> <p>- Initiate and manage legal and administrative processes to deliver funding to selected CBOs after CDC's verification</p>
<p><b>Coordinate, evaluate, and provide technical assistance to funded CBOs: Provide technical assistance and other needed support for CBOs and their activities</b></p>	<p>- Regularly convene project managers from each CBO to discuss project goals and progress, address challenges, and identify and mitigate risks</p> <p>- Provide other technical assistance related to CBOs' activities (part C), including but not limited to:</p> <ul style="list-style-type: none"> <li>○ Sharing lessons learned and aligning on best practices with other CBOs (e.g., communications development, message-testing, partnership-building)</li> </ul> <p>- Providing one-on-one coaching and technical assistance, which includes, but is not limited to, the following: checking in on progress, addressing challenges, identifying successes that can be shared with other recipients and CBOs, identifying support needs that may require subject matter expertise from across the program, and providing guidance on how to report on and evaluate program activities</p> <p>- Facilitate regular (at least every two weeks) program updates to CBOs with, or on behalf of, CDC and the recipient</p> <p>- Ensure CBOs are carrying out part C focus areas</p> <p>- Connect CBOs to cross-program learning opportunities</p>
<p><b>Facilitate CBOs' connection and contributions to the resources and evidence base:</b> Connect and advise CBOs on how to connect and contribute to the peer-to-peer network of resources, events, and materials as well as Data-</p>	<p>- Connect CBOs to cross-program learning opportunities, Data-Informed Technical Assistance, and CDC's State and Community Health Media Center and advise them on how to</p>

Focus Area	Potential Activities
<p>Informed Technical Assistance (described in “Collaborations” and “CDC Program Support to Recipients” sections)</p>	<p>access, modify, and repurpose materials for their own use</p> <ul style="list-style-type: none"> <li>- Collaborate with CBOs to develop new materials or resources, as needed, based on observed common challenges and practices associated with influenza and COVID-19 (when appropriate) vaccination activities</li> <li>- Contribute to, and use, Data-Informed Technical Assistance services and products to help CBOs tailor their activities</li> </ul>
<p><b>Provide progress reports to CDC:</b> Share monthly, quarterly, and annual progress reports with CDC on CBO activities and impact</p>	<ul style="list-style-type: none"> <li>- Submit monthly, quarterly, and annual assessments and summary of CBO activities, drawing from some of the following data sources and activities: <ul style="list-style-type: none"> <li>o Document lessons learned related to CBOs’ activities, including recommendations and/or common challenges</li> <li>o Review the resources developed, incorporating input from key partners, including the following: <ul style="list-style-type: none"> <li>▪ Practices in messaging to and communicating with racial and ethnic groups experiencing vaccination disparities that have been or are likely to be successful;</li> <li>▪ Practices in identifying and working with CBOs that have been or are likely to be successful; and</li> <li>▪ Learnings and insights from CBOs’ project implementation to inform CDC’s long-term strategy in addressing disparities in vaccination rates</li> </ul> </li> </ul> </li> <li>- Respond to CDC’s ad-hoc requests for success stories and informal updates, which may require the recipient to informally track CBOs’ weekly progress</li> </ul>
<p><b>Part B: 1-2 recipient organizations implement additional cross-program activities, serving all recipients and CBOs involved in the program</b></p>	

Focus Area	Potential Activities
<p><b>Coordinate activities for CBOs and organizations participating in the broader program to share knowledge and expertise:</b> Coordinate learning activities for all CDC-funded entities involved in the program</p>	<ul style="list-style-type: none"> <li>- Hire subject matter experts to provide as-needed technical assistance and learning opportunities to all CDC-funded entities involved in the program; subject matter expertise may include racial and health equity, social determinants of health, immunization, and/or community engagement</li> <li>- Manage and facilitate routine group and peer-to-peer learning opportunities across all CDC-funded entities involved in the program (e.g., expert webinars, recipient /CBO presentations, office hours)</li> <li>- Maintain—and make available to all CDC-funded entities participating in the program—a master calendar with event information for all learning opportunities (e.g., webinars, presentations, office hours) led by CDC, recipients, CBOs, and other CDC-funded entities participating in the program</li> <li>- Facilitate cross-program sharing of successes, challenges, and promising practices</li> <li>- Facilitate support from the team providing Data-Informed Technical Assistance, where relevant</li> </ul>
<p><b>Manage materials created by CBOs and organizations participating in broader program:</b> Work with recipient organizations to collate, adapt, assess and protocolize materials</p>	<ul style="list-style-type: none"> <li>- Conduct environmental scans across the program of recipient- and CBO-produced materials, as well as other community-based immunization outreach efforts and/or programs</li> <li>- Collate and highlight promising materials among all CBOs, making them available for use by any recipient or CBO</li> <li>- Establish a protocol for collecting communications materials, successful messaging strategies, and other materials or methods developed by CBOs, and share materials across with other CBOs, CDC, Data-Informed Technical Assistance, or Media Center, as appropriate</li> <li>- Adapt materials and methods developed/used by some CBOs to create generalizable materials and methods that other entities can use within and/or outside of this program</li> </ul>

Focus Area	Potential Activities
	<p>- In collaboration with CDC, and as appropriate, develop, modify, and/or enhance resources, such as toolkits, checklists, and quick guides for community-level vaccination activities focused on awareness, access, and confidence</p> <ul style="list-style-type: none"> <li>○ <i>Please note that the CDC will not approve the materials developed, but may review and comment, or seek to ensure all appropriate disclaimers are used</i></li> </ul> <p>- Develop and synthesize strategies and messaging for working with CBOs to understand vaccine needs, perceptions, and community-acceptable approaches for reducing racial and ethnic disparities in vaccination, including the following:</p> <ul style="list-style-type: none"> <li>○ Synthesizing practices, materials, and resources that have been or are likely to be successful across local entities' efforts</li> <li>○ Drawing on expertise, experience, and evidence base in racial and/or ethnic equity, health equity, and/or community-level interventions, identify, document, and share practices, materials, and resources</li> </ul> <p><i>- Please note that under 45 CFR 75.322 materials managed by the recipient may be copyrighted by the recipient and licensed to the government. The CDC logo may not be used without a logo license.</i></p>

**Part C: CBOs implement influenza vaccination-related activities, as well COVID-19 vaccination-related activities, when appropriate**

<p><b>Equip influential messengers by providing tailored, information, trainings, and materials designed to reach priority populations:</b> Educate and empower “trusted voices” in the community to support vaccine education and delivery</p>	<p>- Develop and tailor education and outreach materials and/or leverage materials from the program and other recipients and CBOs involved in the program</p> <p>- Support and leverage CDC’s seasonal influenza and COVID-19 materials and resources (as available) in outreach to relevant groups and communities to develop and implement community-based, culturally appropriate messages that focus on the following:</p>
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Focus Area	Potential Activities
	<ul style="list-style-type: none"> <li>○ Disease spread, symptoms, prevention, and treatment;</li> <li>○ Vaccine safety and efficacy;</li> <li>○ Vaccination purpose, need, and opportunities/locations;</li> <li>○ Similarities and differences between influenza and COVID-19  <a href="https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm#anchor_1595599456">(<a href="https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm#anchor_1595599456">https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm#anchor_1595599456</a>);</a>  and</li> </ul> <p>- Identify and train trusted community-level spokespersons (e.g., faith leaders, teachers, community health workers, radio DJs, local shop owners, barbers) to communicate the burdens of influenza and COVID-19 and the importance of influenza and COVID-19 vaccination through local media outlets, social media, faith-based venues, community events, and other community-based, culturally appropriate venues</p> <p>- Develop and implement social media strategies to mitigate and address influenza vaccine and COVID-19 vaccine misinformation and disinformation</p> <p>- Support nonfunded local entities by sharing learnings and materials</p>
<p><b>Increase vaccination opportunities and enhance provider partnership:</b>  Build partnerships between vaccination providers (e.g., pharmacies) and the community to increase the number, range, and diversity of opportunities for vaccination</p>	<p>- Connect vaccination providers with places of worship, community organizations, recreation programs, food banks/pantries, schools and colleges/universities, grocery stores, salons/barber shops/beauticians, major employers, and other key community institutions to set up temporary and/or mobile influenza and COVID-19 vaccination sites, especially in communities experiencing disparities</p> <p>- Advocate for dialysis centers, prenatal care centers, well-baby care clinics, family planning clinics, dentists' offices, nursing homes, COVID-19 testing sites, and other specific provider sites or programs to deliver influenza vaccines where patients are already seeking care for themselves or their family members</p>

Focus Area	Potential Activities
	<ul style="list-style-type: none"> <li>- Build partnerships with health care providers to increase provider understanding of the populations of interest and interventions to increase vaccination rates for these populations</li> <li>- Work with vaccination service providers to expand the types of health professionals (e.g., community health workers, patient navigators, patient advocates) and administrative staff (e.g., front desk workers) engaged in promoting vaccination and increasing referrals of individuals to influenza and COVID-19 vaccination sites</li> <li>- Organize events and mobile and/or temporary influenza vaccination sites for as long as the influenza vaccine is available, including during National Influenza Vaccination Week each year; these activities may also be adapted for COVID-19 vaccination, as appropriate</li> <li>- Build partnerships with health care providers to increase provider understanding of the populations of interest and interventions to increase vaccination rates for these populations and facilitate an information exchange between partners</li> <li>- Provide technology literacy trainings to support increased understanding of virtual technologies commonly employed to schedule vaccination appointments (e.g., how-to guides and events on using Zoom and other virtual meeting technologies)</li> <li>- Provide technical assistance to support creative problem solving to mitigate issues created by lack of access to technology within priority populations related to vaccination appointment signups</li> <li>- Provide training to support CBOs to advocate for more equitable vaccination implementation structures within their jurisdictions (i.e., holding spots for zip codes with large disparities, expanding phone signup opportunities vs solely online opportunities, expanding vaccination hours</li> </ul>

Focus Area	Potential Activities
	to accommodate diverse work and childcare schedules, etc.)
<p><b>Establish partnerships with state and local health departments:</b> Collaborate with state and local health departments – and state immunization programs, as applicable – to build upon existing public health messages, information, and partnerships for focus areas C1 and C2 (listed above)</p>	<p>- Collaborate with state and local health departments – state immunization programs in particular – on mobile influenza and COVID-19 vaccination clinics, education campaigns, and other vaccination activities in communities experiencing disparities</p> <p>- Where relevant, collaborate with trusted healthcare organizations, including community health centers and pharmacies, on mobile influenza and COVID-19 vaccination clinics, education campaigns, and other vaccination activities in communities experiencing disparities</p>

## 1. Collaborations

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

This award builds on the work done through a supplement to CDC’s Racial and Ethnic Approaches to Community Health (REACH) program, and by its technical assistance provider – the Association of Immunization Managers (AIM). CDC funds REACH recipients to implement activities aiming to increase influenza (and COVID-19, when appropriate) vaccination coverage among racial and ethnic groups experiencing disparities. In addition to these REACH recipients, other CDC-funded entities participating in this program include minority-led national organizations and their local branches/chapters/affiliates, minority-led medical and professional associations, state and local health departments, and federally qualified health centers.

Any cross-program coordination and learning described in the activities of this NOFO includes all the CDC-funded entities listed above.

Recipients and CBOs will also benefit from technical assistance support resources, including learning opportunities, materials, collaboration opportunities with other organizations participating in the program, and Data-Informed Technical Assistance. Data-Informed Technical Assistance provides recipients and CBOs with data and data-use orientations, self-service data analysis, and office hours for data-related questions and needs that may help recipients and CBOs better focus their activities.

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

Partnerships have been critical in the work in addressing health disparities and will continue to be so for this project. Without partnerships, the capacity to build trust and amplify messages in communities would be severely hampered. Recipients are required to build and/or continue strategic partnerships and collaborations with immunization stakeholders that have a role in achieving the NOFO outcomes and proposed activities.



## **2. Target Populations**

Recipient organizations should prioritize partnering with CBOs that serve any of the following populations currently experiencing disparities in the United States:

- African American/Black
- American Indian/Alaska Native
- Asian American
- Hispanic/Latinx American
- Native Hawaiian/Other Pacific Islander

Recipient organizations are expected to provide, where available, data to show how they selected a target population and specific information on disparities experienced by their proposed population(s) in their applications, particularly for the CBOs they plan to partner with for part C activities.

Recipient organizations must also describe how they propose to solicit CBO applications, including outreach, application process, and selection criteria. Criteria can include CBO type, reach with various communities of focus, geographic focus, administrative capacity to manage the award and activities in part C, and public health need in the population or areas the CBO serves. At least one CBO must have a focus on rural communities as part of their work.

Where possible, applicants should include names of proposed CBOs they intend to partner with.

### **a. Health Disparities**

Data shows adult vaccination coverage remains low nationally and significant racial and ethnic disparities exist. The groups experiencing disparities are also disproportionately affected by COVID-19, at risk for serious illness from COVID-19, and/or at high risk for complications from influenza infections. Given the co-circulation of SARS-CoV-2 and influenza, it is critical to ensure equal uptake of the influenza and COVID-19 vaccines.

Achieving health equity requires valuing everyone equally with focused and ongoing efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities. The population health impact of COVID-19 has exposed long-standing inequities that have systematically undermined the physical, social, economic, and emotional health of racial and ethnic minority populations and other population groups that are bearing a disproportionate burden of COVID-19.

Persistent health disparities combined with historic housing patterns, work circumstances, and other factors have put members of some racial and ethnic minority populations at higher risk for COVID-19 infection, severe illness, and death. As we continue to learn more about the impact of COVID-19 on the health of different populations, immediate action is critical to reduce growing disparities in the impact of the COVID-19 pandemic among the populations known to be at disproportionate risk.

The goal of this NOFO is to support efforts to increase vaccination coverage for adults in racial and/or ethnic populations experiencing disparities in vaccination rates in the United States.

This project is in direct support of the CDC strategy to address disparities in influenza and COVID-19 vaccination on the basis of race and ethnicity. Work with these organizations will enable national organizations and CBOs to promote vaccination among racial and/or ethnic groups experiencing disparities.

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

This project will be supported with funding for response to the COVID-19 pandemic and may continue to be supported with funds intended to control the spread of COVID-19 or with other resources. The current year 1 funding of up to \$40M in total will be allocated among the four sole-source national recipients based on capacity of the applicants and the strength of the applications received. In year 1, an estimated \$34 million will go to recipients for Part A activities, of which 75 percent is required to be allocated to CBOs for Part C activities. The remaining \$6 million is expected to be awarded to 1-2 of the national recipients who will also implement Part B community-wide support activities, including materials management and/or group and peer-to-peer learning. Recipients who apply for Part B activities, must provide an additional work plan and budget narrative specifically addressing Part B activities and anticipated expenses, separate from the required work plan and budget narrative for Part A activities. In the event that additional funding becomes available, CDC may also support other activities to promote vaccine confidence in racial and ethnic minority communities and populations through this notice of funding opportunity.

Specifically, the estimated average award in the first year for national recipients responsible for just Part A, and/or Part B activities is \$10,000,000. However, actual awards will vary based on application and organizational capacity, in addition to whether a national recipient is selected to implement Part B activities in addition to receiving funds to implement Part A activities.

The average award amount is for one year, and the proposed budget should be for one year. All subsequent years will be awarded based on a non-competitive continuation application, successful progress, and the availability of funds.

The precise amount of funding will vary depending on the type of national recipient organization, how many CBOs they plan to partner with, and whether they are working on Part B activities in addition to the required activities in Part A. The maximum annual award for any national recipient organization implementing activities in Parts A and C only is estimated to be \$10 million. The maximum annual award for any national recipient organization implementing activities in Parts A, B, and C is estimated to be \$14 million.

At least 75% of funds allocated to recipients for Part A activities should be used to fund community-based organizations to implement Part C activities. The recipient organization may use up to 25% of their Part A funds for CBO application and contract management, technical assistance, evaluation, monitoring, and oversight activities for their CBO partnerships. The precise amount of funding will vary by national recipients' and CBOs' needs. Once a strategy is defined, national recipients are required to share a plan to fund their CBO network and seek CDC agreement. The awards to each CBO will be approximately \$50,000-\$100,000, with each national recipient awarding to approximately 50-100 CBOs. A national recipient may request to release awards larger than \$100,000 on a case-by-case basis.

1-2 national recipients will also receive approximately \$6 million in total to implement additional cross-program roles outlined in Part B.

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

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

Evaluation measures will be used to track implementation of recipient strategies and activities and determine progress on achieving the period of performance outcomes. CDC will use monitoring and evaluation data to determine lessons learned and make improvements to the program. Since this NOFO does not involve the generation or collection of public health data, a Data Management Plan is not required for this NOFO.

CDC seeks to gather monthly data on performance measures that can inform understanding of activity outputs and impacts. Potential measures include the following:

#### **Equip Influential Messengers**

- Number and types of community-level spokespersons trained
- Number and types of audience-tested and culturally and linguistically appropriate communication products developed to promote influenza vaccinations (e.g., social media post, email, radio spot)
- Number and types of audience-tested and culturally and linguistically appropriate communication products developed to promote COVID-19 vaccinations (e.g., social media post, email, radio spot)
- Type(s) of communications vehicles or outlets used (e.g., social media platform, radio, television)
- Number and types of events or campaigns held to promote influenza vaccination
- Number and types of events or campaigns held to promote COVID-19 vaccination
- Number of people who attended promotional events
- Identification of major successes for equipping influential messengers
- Identification of major challenges for equipping influential messengers

#### **Increase Vaccination Opportunities and Enhance Provider Partnerships**

- List of partners and their notable contributions
- Number of temporary and/or mobile influenza vaccination sites established because of partnerships
- Number of temporary and/or mobile COVID-19 vaccination sites established because of partnerships
- Number of people vaccinated at mobile influenza vaccination sites in partnership with providers
- Number of people vaccinated at mobile COVID-19 vaccination sites in partnership with providers
- Location of temporary and/or mobile influenza vaccination sites (e.g., county, neighborhood, community) in partnership with providers
- Location of temporary and/or mobile COVID-19 vaccination sites (e.g., county, neighborhood, community) in partnership with providers

- Number and types of educational campaigns conducted for providers or other healthcare professionals
- Number and types of providers or other healthcare professionals reached through educational campaigns
- Identification of major successes for provider partnerships
- Identification of major challenges for provider partnerships

#### **Establish Partnerships with State and Local Health Department**

- List of partnerships and notable contributions
- Number of people vaccinated at mobile influenza vaccination sites in partnership with health departments
- Number of people vaccinated at mobile COVID-19 vaccination sites in partnership with health departments
- Location of temporary and/or mobile influenza vaccination sites (e.g., county, neighborhood, community) conducted in partnership with health departments
- Location of temporary and/or mobile COVID-19 vaccination sites (e.g., county, neighborhood, community) conducted in partnership with health departments

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

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

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

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

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

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

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

#### **Part A and Part B Organizational Capacity Criteria:**

All applicants should:

- demonstrate relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes, experience and capacity to implement the evaluation plan, and a staffing plan and project management structure sufficient to achieve the project outcomes and which clearly defines staff roles.
  - This should include experience with existing partnerships and engagement of priority communities.
- have project management skills critical to implementing this approach, including program planning, performance monitoring, financial reporting, budget management and administration, and personnel management.
- describe in the narrative that they have a financial management system that will allow proper funds management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards: [https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75\\_1302](https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_1302) 45 CFR 75.302. The financial system should permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.
- demonstrate their ability to manage the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.
- describe intentions to collaborate with CDC in improving technical and program guidance and evaluation. Applicants should also describe capacity to participate in stakeholder meetings and other collaborative efforts with public health partners to provide expert consultation to CDC and CDC-funded programs (as requested).

#### **Part B Specific Organizational Capacity Criteria:**

Applicants interested in Part B funding to coordinate activities for CBOs and organizations participating in the broader program to share knowledge and expertise through group and peer-to-peer learning should demonstrate the following capacity:

- previous relevant experience managing learning communities
- a deep understanding of the activities and needs of all partners participating within the broader program that will translate into content management and design improvements

- knowledge of public health and access to COVID-19 and public health subject matter experts that will enable them to quickly scale group and peer-to-peer learning opportunities, as well as demonstrate the internal and coordination capacity necessary to provide activities described in Part B at a scale and frequency that meets the needs of all partners participating in the broader program.

Applicants interested in Part B funding to manage materials created by CBOs and organizations participating in the broader program should demonstrate the following capacity:

- have managed and facilitated the delivery of shared materials, through in-house capacity and/or partnerships, for organization cohorts are one of the recipient's core competencies, including having examples of past successes and current experiences with this type of work.
- a deep understanding of the activities and needs of all partners participating within the broader program.
- have a background in health policy and a knowledge of public health, which creates access to COVID-19 and public health subject matter experts to effectively oversee a robust and informative group and peer-to-peer learning program at the scale Part B activities are designed to serve.

Please include CVs/resumes of proposed staff. Applicants should name this file "CVs/Resumes" or "Organizational Charts" and upload it at [www.grants.gov](http://www.grants.gov).

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

Applicants are expected to identify and address the activities under this NOFO in no more than 20 pages. Specific details on how the proposed strategies will achieve the outcomes should be included. Applicants for Part B funding should attach an additional document which includes a workplan with specific details on how the proposed strategies will achieve the Part B outcomes in no more than 5 pages.

CDC will provide feedback and technical assistance to recipients to finalize the work plan, if needed.

Applicants should provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years. The workplan should include the following:

- A description of administrative and assessment processes to ensure successful implementation, reporting, and quality assurance
- A description of the staff and administrative roles and functions to support the project work plan and the outcomes; recipients should identify and assign staff, contractors, and/or consultants, sufficient in number and expertise, to carry out the activities of the activities of this NOFO

A sample work plan format is presented below to show how a traditional work plan aligns with the logic model and narrative. In this format, **the table would be completed for each period of performance outcome**. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

<b><u>Period of Performance Outcome:</u></b> <i>[[from Outcomes section and/or logic model]]</i>		<b><u>Outcome Measure:</u></b> <i>[[from Evaluation and Performance Measurement section]]</i>	
<b><u>Strategies and Activities</u></b>	<b><u>Process Measure</u></b> <i>[[from Evaluation and Performance Measurement section]]</i>	<b><u>Responsible Position / Party</u></b>	<b><u>Completion Date</u></b>
1.			
2.			
3.			
4.			
5.			
6.			

**e. CDC Monitoring and Accountability Approach**

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

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

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

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

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

**f. CDC Program Support to Recipients**

CDC support to this program includes, but is not limited to, the following services:

- **Learning Opportunities:** Technical assistance support resources include learning opportunities, materials, and collaboration opportunities with other organizations participating in the program.
- **Customizable Materials:** CDC will provide general resources and materials related to influenza and COVID-19 vaccine education and outreach, which will be made available on a searchable online platform. The platform, which will be designed and managed by a Part B recipient, will also be a place to share educational, outreach, and communication materials from other program partners. All program recipients will be expected to share materials they develop or refine as part of the collaboration activities of this NOFO. CDC will be available to review and comment on those materials, though will not sign off on them formally.
- **Data-Informed Technical Assistance:** Data-Informed Technical Assistance provides recipients and CBOs with data and data-use orientations, self-service data analysis, and office hours for data-related questions and needs that may help recipients and CBOs better focus their activities based on relevant local data.

## B. Award Information

### 1. Funding Instrument Type:

CA (Cooperative Agreement)

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

### 2. Award Mechanism:

U21

Immunization Service for Racial and Ethnic Minorities, Cooperative Agreements

### 3. Fiscal Year:

2021

### 4. Approximate Total Fiscal Year Funding:

\$ 40,000,000

### 5. Total Period of Performance Funding:

\$ 200,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:

\$ 200,000,000

### 6. Total Period of Performance Length:

5

year(s)

### 7. Expected Number of Awards:

4

### 8. Approximate Average Award:



\$ 10,000,000  
Per Budget Period

**9. Award Ceiling:**

\$ 0  
Per Budget Period

This amount is subject to the availability of funds.

**10. Award Floor:**

\$ 0  
Per Budget Period

**11. Estimated Award Date:**

April 09, 2021

**12. Budget Period Length:**

12 month(s)

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

**13. Direct Assistance**

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

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

**C. Eligibility Information**

**1. Eligible Applicants**

Eligibility Category:

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

**2. Additional Information on Eligibility**

Applications will be limited to the following organizations for Parts A and C:

- Urban Institute

- CDC Foundation
- RF Catalytic Capital, Inc.
- Community Catalyst

Applications will be limited to the following organizations for Part B:

- B1) Urban Institute – Role to coordinate activities for CBOs and other program organizations
- B2) CDC Foundation – Role to manage materials

### **3. Justification for Less than Maximum Competition**

Data shows significant racial and ethnic disparities exist in adult vaccination coverage, including lower rates of vaccination among certain groups (i.e., African American, Latinx/Hispanic, American Indian/Alaska Native, Asian American, Native Hawaiian/Pacific Islander). These groups are also disproportionately affected by COVID-19, at risk for serious illness from COVID-19, and/or at high risk for complications from influenza infection. Given the urgent concerns regarding the co-circulation of COVID-19 and influenza during the current influenza season, it is particularly important to expedite this work. Due to the exigent circumstances of the COVID-19 response, the objective review process has been waived for this funding opportunity, and a technical review will be conducted in place of the objective review process.

The proposed strategy for CDC to fund organizations at the community level includes funding four national organizations to subgrant to more than 200 community-based organizations (CBO) with strong ties to racial and ethnic minority communities as well as supporting these national partners' efforts to provide CBOs with technical assistance and access to materials.

Partnering with national organizations to fund CBOs will help expedite CDC's ability to address vaccination disparities in communities of color. Due to the need for local outreach, CBOs are the ideal messengers—however, the federal granting process could prove to be a significant barrier for many small, specialized CBOs with strong community ties to participate in the funding program. This program strategy enables CDC's funding to have an impact in hundreds of communities across the nation and enhances ISD's capacity to build trust and amplify messages in these communities.

The proposed organizations have unique national reach into the racial and ethnic populations experiencing disparities and will help CDC urgently address vaccine acceptance, availability, and coverage. CDC can leverage these organizations' relationships with CBOs and thereby more efficiently and effectively reach certain racial and ethnic populations. CDC conducted an extensive search among non-profits to identify suitable organizations. The four organizations were the only ones that met all or most of the necessary criteria for this project: grant management ability, demonstrated reach into community-based organizations, brand recognition and acceptability, focused audience reach, national geographic footprint, technical assistance experience, subject matter expertise, potential synergies with other funded activities, and interest in partnering with CDC on this activity.

### **4. Cost Sharing or Matching**

Cost Sharing / Matching Requirement:

No

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

### 5. Maintenance of Effort

Maintenance of effort is not required for this program.

## D. Application and Submission Information

### 1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at [www.grants.gov](http://www.grants.gov).

#### a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at [http:// fedgov.dnb. com/ webform/ displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do). The DUNS number will be provided at no charge.

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

#### b. System for Award Management (SAM):

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

#### c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
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1	Data Universal Number System (DUNS)	<ol style="list-style-type: none"> <li>1. Click on <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a></li> <li>2. Select Begin DUNS search/request process</li> <li>3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit #</li> <li>4. Request appropriate staff member(s) to obtain DUNS number, verify &amp; update information under DUNS number</li> </ol>	1-2 Business Days	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
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	<ol style="list-style-type: none"> <li>1. Retrieve organizations DUNS number</li> <li>2. Go to <a href="https://www.sam.gov/SAM/">https://www.sam.gov/SAM/</a> and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)</li> </ol>	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact <a href="https://fsd.gov/fsd-gov/home.do">https://fsd.gov/fsd-gov/home.do</a> Calls: 866-606-8220
3	Grants.gov	<ol style="list-style-type: none"> <li>1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR)</li> <li>2. Once the account is set up the E-BIZ POC will be notified via email</li> <li>3. Log into grants.gov using the password the E-BIZ POC received and create new password</li> <li>4. This authorizes the AOR to submit applications on behalf of the organization</li> </ol>	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

## 2. Request Application Package

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

## 3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at [www.grants.gov](http://www.grants.gov).

## 4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their

application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

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

**b. Application Deadline**

Due Date for Applications 03/29/2021

03/29/2021

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

**Due Date for Information Conference Call**

Potential applicants may participate in a conference call for information on this NOFO. The conference call will be conducted by the Immunization Services Division. The call will be held: March 22, 2021, 11:30am – 12:30pm ET. Please use this link to access the call:

[Join Zoom Meeting;](#)

(US: +1 669 254 5252 or +1 646 828 7666 or +1 669 216 1590 or +1 551 285 1373);

Meeting ID: 160 622 9049;

Passcode: =7?aRBDU; Passcode (dial-in): 87320987;

[International numbers](#)

**5. CDC Assurances and Certifications**

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx).

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file “Assurances and Certifications” and upload it as a PDF file with at [www.grants.gov](http://www.grants.gov)
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx)

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

**Risk Assessment Questionnaire Requirement**

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include

an evaluation of the applicant's CDC Risk Questionnaire, located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (<https://www.fapiis.gov/>), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

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

### **Duplication of Efforts**

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

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

## **6. Content and Form of Application Submission**

Applicants are required to include all of the following documents with their application package at [www.grants.gov](http://www.grants.gov).

## **7. Letter of Intent**

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

## **8. Table of Contents**

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

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

## **9. Project Abstract Summary**

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

## **10. Project Narrative**

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

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

### **a. Background**

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

### **b. Approach**

#### **i. Purpose**

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

## **ii. Outcomes**

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

## **iii. Strategies and Activities**

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

### **1. Collaborations**

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

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

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

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

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

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



- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

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

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

#### **11. Work Plan**

(Included in the Project Narrative's page limit)

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

#### **12. Budget Narrative**

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

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

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

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

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

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

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

Applicants who intend to support Part B activities must include additional relevant information in a separate itemized budget narrative for Part B activities.

### **13. Funds Tracking**

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on

the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/subaccounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

#### **14. Intergovernmental Review**

Executive Order 12372 does not apply to this program.

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

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

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

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all

graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PuhMed Central identification number (PMCID) thereafter.

## 17. Funding Restrictions

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

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

Coronavirus Disease 2019 (COVID-19) Funds:

- A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); and/or H.R. 133 - Consolidated Appropriations Act, 2021, Division M – Coronavirus Response

and Relief Supplemental Appropriations Act, 2021, agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

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

## **18. Data Management Plan**

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

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

## **19. Other Submission Requirements**

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

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

**b. Tracking Number:** Applications submitted through [www.grants.gov](http://www.grants.gov) are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when [www.grants.gov](http://www.grants.gov) receives the

application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

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

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

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

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

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

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

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

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

## **E. Review and Selection Process**

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

#### **a. Phase I Review**

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

#### **b. Phase II Review**

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

##### **i. Approach**

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

##### **iii. Applicant's Organizational Capacity to Implement the Approach**

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

#### **i. Approach**

**Maximum Points: 35**

Applicants for Part A and Part B will be evaluated on the extent to which they address the items below:

- Effectiveness in describing (in 2-3 sentences) specifically how their application will address the public health problem as described in the CDC Background Section.
- Applicants are expected to select existing evidence-based strategies that meet their needs or describe in the Applicant Evaluation and Performance Measure Plan how these strategies will be evaluated over the course of the period of performance. See the Strategies and Activities section of the CDC Project Description.

Additionally, applicants interested in Part B funding to coordinate group learning activities for CBOs and organizations participating in the broader program will be evaluated on the extent to which they address the items below:

- Effectiveness in describing (in 2-3 sentences) specifically how they will coordinate and facilitate routine group and peer-to-peer learning activities and cross-program sharing for all funded entities involved in the program.

Applicants interested in Part B funding to manage materials created by CBOs and organizations participating in the broader program should demonstrate the following capacity will be evaluated on the extent to which they address the items below:

- Effectiveness in describing (in 2-3 sentences) specifically how they will design, build, and manage a searchable repository platform to house the program's multi-lingual materials inventory.

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

**Maximum Points: 30**

Applicants will be evaluated on the extent to which they address the items below:

- Effectiveness in clearly and concisely describing the strategies and activities they will use to achieve the period of performance outcomes.
- Demonstrate ability to assess and evaluate their performance and outcomes they expect to achieve by the end of the period of performance, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are defined as the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

## **iii. Applicant's Organizational Capacity to Implement the Approach**

**Maximum Points: 35**

Applicants will be evaluated on the extent to which they address the items below:

- Demonstrate relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve project outcomes, experience and capacity to implement the evaluation plan
- Demonstrate a staffing plan and project management structure sufficient to achieve project outcomes and which clearly define staff roles. This should include experience with existing partnerships and engagement of priority communities
- Demonstrate sufficient project management skills critical to implementing this approach, including program planning, performance monitoring, financial reporting, budget management and administration, personnel management
- Provide evidence of a financial management system that will allow proper funds management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. Additionally, the financial system should permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.
- Demonstrate ability to manage the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations

Applicants coordinating group learning activities (Part B) will also be evaluated on the extent to which they address the items below:

- Demonstrate previous relevant experience with managing learning communities
- Demonstrate a deep understanding of the activities and needs of all partners participating within the broader program
- Demonstrate knowledge of public health and access to COVID-19 and public health subject matter experts and partners
- Demonstrate the internal and coordination capacity necessary to provide activities

Applicants interested in managing materials (Part B) will be evaluated on the extent to which they address the items below:



- Demonstrate a deep understanding of the activities and needs of all partners participating within the broader program
- Demonstrate previous relevant experience and past successes with this type of materials management
- Demonstrate a background in health policy and knowledge of public health, which creates access to COVID-19 and public health experts.

**Budget**

**Maximum Points: 0**

Is the itemized budget and justification aligned with the stated objectives and planned program activities?

**c. Phase III Review**

Technical review

**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 or about 04/09/2021, recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA will be signed by an authorized GMO and the recipient will receive a notification from GrantSolutions upon issuance. On or about 04/09/2021, unsuccessful applicants will receive notification of these results by e-mail with delivery receipt.

## **F. Award Administration Information**

### **1. Award Notices**

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

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

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

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

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

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

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

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

### 3. Reporting

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

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

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

The racial and ethnic populations being addressed through this work are disproportionately affected by COVID-19 and at greater risk for serious illness. In fulfillment of CDC’s COVID-19 Response Health Equity Strategy, monthly and quarterly data will allow the program to better understand barriers to vaccine uptake, assign available experts to better equip community organizations to build vaccine confidence through tailored evidence, and distribute materials and guidance that responds to urgent community needs in near real-time.

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

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

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

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

#### Performance Measurement

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

#### Evaluation

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

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

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

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

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.

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

The recipients must submit the Annual Performance Report via [www.Grantsolutions.gov](http://www.Grantsolutions.gov) no later than 120 days prior to the end of the budget period.

**c. Performance Measure Reporting (optional)**

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

The recipients must submit the Annual Performance Report via [www.grantsolutions.gov](http://www.grantsolutions.gov) 120 days before the end of the budget period.

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

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only

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

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

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

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

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance.

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

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

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

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

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- [https://www.frs.gov/documents/ffata\\_legislation\\_110\\_252.pdf](https://www.frs.gov/documents/ffata_legislation_110_252.pdf)

- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

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

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

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

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

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

3) Terms: For purposes of this clause:

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

“Foreign government” includes any foreign government entity;

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

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

5) Contents of Reports: The reports must contain:

- a. recipient name;
- b. contact name with phone, fax, and e-mail;
- c. agreement number(s) if reporting by agreement(s);
- d. reporting period;

- e. amount of foreign taxes assessed by each foreign government;
- f. amount of any foreign taxes reimbursed by each foreign government;
- g. amount of foreign taxes unreimbursed by each foreign government.

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

## **6. Termination**

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

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

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

## **G. Agency Contacts**

CDC encourages inquiries concerning this notice of funding opportunity.

### **Program Office Contact**

**For programmatic technical assistance, contact:**

First Name:

Ram

Last Name:

Koppaka

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

1600 Clifton Road NE

Atlanta, GA 30333

Telephone:



(404) 718-6122

Email:

vcr4@cdc.gov

### Grants Staff Contact

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

First Name:

Wayne

Last Name:

Woods

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

2939 Flowers Rd., MS- TV2

Atlanta, GA 30341

Telephone:

(770) 488-2948

Email:

kuv1@cdc.gov

For assistance with **submission difficulties related to** [www.grants.gov](http://www.grants.gov), contact the Contact Center by phone at 1-800-518-4726.

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

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

### H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A

- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

Resumes / CVs

- List of proposed community-based organizations
- For national recipients invited to apply for Part B activities, applicants should submit a description of their proposed approach that outlines their workplan, including organizational capacity and proposed approach, in no more than 5 pages.
- For national recipients invited to apply for Part B activities, applicants should submit a separate itemized budget narrative.

## I. Glossary

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

### **Administrative and National Policy Requirements, Additional Requirements**

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

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

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

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

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

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

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

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

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

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

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

**Cooperative Agreement:** A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

**Cost Sharing or Matching:** Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

**Direct Assistance:** A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. [http:// www.cdc.gov /grants /additionalrequirements /index.html](http://www.cdc.gov/grants/additionalrequirements/index.html).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental\\_-\\_Review-SPOC\\_01\\_2018\\_OFFM.pdf](https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-_Review-SPOC_01_2018_OFFM.pdf).

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

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

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

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

#### **Memorandum of Understanding (MOU) or Memorandum of Agreement**

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

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

**Notice of Award (NoA):** The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant;

(2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

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

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

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

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

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

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

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

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

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

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

**Statute:** An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil

law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

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

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

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

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

#### **NOFO-specific Glossary and Acronyms**



**Recipient Information**

**1. Recipient Name**

The Urban Institute  
500 Lenfant Plz SW  
Washington, DC 20024-2274  
[No Phone Record]

**2. Congressional District of Recipient**  
00

**3. Payment System Identifier (ID)**  
1520880375A1

**4. Employer Identification Number (EIN)**  
520880375

**5. Data Universal Numbering System (DUNS)**  
074803701

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Dr. Shena Ashley  
SAshley@urban.org  
202-261-5725

**8. Authorized Official**

Mr. Mario Richardson  
MRichardson@urban.org  
202-261-5467

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Gisela Medina Martinez  
Public Health Advisor  
moz3@cdc.gov  
4047188257

**Federal Award Information**

**11. Award Number**

1 NH23IP922651-01-00

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922651

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

New

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2021	- End Date	04/29/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	S4,665,624.00		
20a. Direct Cost Amount	(b)(4)		
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$0.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	S4,665,624.00		
<b>26. Project Period Start Date</b>	04/30/2021	- End Date	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	Not Available		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**





<b>Recipient Information</b>	
<b>Recipient Name</b>	
The Urban Institute 500 Lenfant Plz SW Washington, DC 20024-2274 [No Phone Record]	
<b>Congressional District of Recipient</b>	
00	
<b>Payment Account Number and Type</b>	
1520880375A1	
<b>Employer Identification Number (EIN) Data</b>	
520880375	
<b>Universal Numbering System (DUNS)</b>	
074803701	
<b>Recipient's Unique Entity Identifier</b>	
Not Available	
<b>31. Assistance Type</b>	
Cooperative Agreement	
<b>32. Type of Award</b>	
Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$4,665,624.00
m. Federal Share	\$4,665,624.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GLZ	21NH23IP922651C5	IP	41.51		\$4,665,624.00	75-2124-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 1 NH23IP922651-01-00

FAIN# NH23IP922651

Federal Award Date: 04/23/2021

**Direct Assistance**

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

# AWARD ATTACHMENTS

The Urban Institute

1 NH23IP922651-01-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at:

<https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2108, entitled *Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities*, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of **\$4,665,624** is approved for the Year **01** budget period, which is April 30, 2021 through April 29, 2022. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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

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

Funding for this award is provided under the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260).

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

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

<https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but

not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

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

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.

**Budget Revision Requirement:** The recipient must respond to the comments in the technical review and/or OGS Budget Comments in accordance with the recommendations provided in GrantSolutions as a Grant Note within 30 days of receipt of the Notice of Award. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Awarding Agency Contact Information section on the first page before the due date.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

**Addition alternative:** Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

**FUNDING RESTRICTIONS AND LIMITATIONS**

**Notice of Funding Opportunity (NOFO) Restrictions:**

- 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:

- o 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
- o 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.

**Indirect Costs:** Indirect costs are approved based on the negotiated indirect cost rate agreement.

## REPORTING REQUIREMENTS

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022.** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>.

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

CDC, Office of Grants Services  
 Wayne Woods, Grants Management Specialist  
 Centers for Disease Control and Prevention  
 Branch 1  
 2939 Flowers Road, MS-TV-2  
 Atlanta, GA 30341  
 Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

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

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

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

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

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

#### **PAYMENT INFORMATION**

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

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

The grant document number identified on the bottom of **Page 2** of the Notice of Award must be known in order to draw down funds.

#### **CDC Staff Contacts**

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

**GMS Contact:**

Wayne Woods, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Telephone: 770-488-2948  
Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov)

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

**Programmatic Contact:**

Gisela Martinez Medina, Project Officer  
Centers for Disease Control and Prevention  
NCIRD-ISD  
1600 Clifton Rd Atlanta, GA  
Telephone: 404-718-8257  
Email: [moz3@cdc.gov](mailto:moz3@cdc.gov)

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

**GMO Contact:**

Kathy Raible, Grants Management Officer  
Centers for Disease Control and Prevention  
Infectious Disease Services Branch  
2939 Flowers Road, MS TV2  
Atlanta, GA 30341  
Telephone: 770-488-2045  
Email: [kcr8@cdc.gov](mailto:kcr8@cdc.gov)





**Recipient Information**

**1. Recipient Name**

The Urban Institute  
500 Lenfant Plz SW  
Washington, DC 20024-2274  
[No Phone Record]

**2. Congressional District of Recipient**  
00

**3. Payment System Identifier (ID)**  
1520880375A1

**4. Employer Identification Number (EIN)**  
520880375

**5. Data Universal Numbering System (DUNS)**  
074803701

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Dr. Shena Ashley  
SAshley@urban.org  
202-261-5725

**8. Authorized Official**

Mr. Mario Richardson  
MRichardson@urban.org  
202-261-5467

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Gisela Medina Martinez  
Public Health Advisor  
moz3@cdc.gov  
4047188257

**Federal Award Information**

**11. Award Number**

6 NH23IP922651-01-01

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922651

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$1,711,531.00		
20a. Direct Cost Amount	\$1,711,531.00		
20b. Indirect Cost Amount	\$0.00		
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$4,665,624.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$6,377,155.00		
<b>26. Project Period Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	Not Available		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<p><b>Recipient Information</b></p> <p><b>Recipient Name</b>          The Urban Institute          500 Lenfant Plz SW          Washington, DC 20024-2274          [No Phone Record]</p> <p><b>Congressional District of Recipient</b>          00</p> <p><b>Payment Account Number and Type</b>          1520880375A1</p> <p><b>Employer Identification Number (EIN) Data</b>          520880375</p> <p><b>Universal Numbering System (DUNS)</b>          074803701</p> <p><b>Recipient's Unique Entity Identifier</b>          Not Available</p>
<p><b>31. Assistance Type</b>          Cooperative Agreement</p> <p><b>32. Type of Award</b>          Other</p>

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages b. Fringe Benefits c. Total Personnel Costs d. Equipment e. Supplies f. Travel g. Construction h. Other i. Contractual	(b)(4)
<b>j. TOTAL DIRECT COSTS</b>	
<b>k. INDIRECT COSTS</b>	
<b>l. TOTAL APPROVED BUDGET</b>	
<b>m. Federal Share</b>	\$6,377,155.00
<b>n. Non-Federal Share</b>	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
1-9390GLZ	21NH23IP922651C5	IP	41.51	\$1,711,531.00	75-2124-0943	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922651-01-01

FAIN# NH23IP922651

Federal Award Date: 07/27/2021

**Direct Assistance**

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

# AWARD ATTACHMENTS

The Urban Institute

6 NH23IP922651-01-01

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1. Terms and Conditions

## AWARD INFORMATION

This amended Notice of Award is in response to the request for supplemental funding submitted by your organization dated July 1, 2021.

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at:

<https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number IP21-2108, entitled, *Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities*, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount \$1,711,531 is approved for the Year 01 budget period, which is April 30, 2021 through April 29, 2022.

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

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

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

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

**Budget Revision Requirement:** Within 30 days of receipt of the Notice of Award, the recipient must submit a revised budget with a narrative justification that address the following:

- **Personnel and Salary:** I. Provide the percentage of time and number of months for the staff positions listed. II. Provide names of TBD Staff upon selection
- **Fringe Benefits:** Provide information on the rate of fringe benefits used and the basis for the calculation.
- **Consultants:** Provide SEVEN required elements for each Consultant in accordance with the CDC Budget Preparation Guidelines.
- **Supplies:** Individually list each item requested and provide the information in accordance with the CDC Budget Preparation Guidelines.
- **Travel:** Provide information for In-State and/or Out-Of-State travel in accordance with the CDC Budget Preparation Guidelines.
- **Other:** Individually list each item requested and provide the information in accordance with the CDC Budget Preparation Guidelines.

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

## REPORTING REQUIREMENTS

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

CDC, Office of Grants Services  
Wayne Woods, Grants Management Specialist (GMS)  
Centers for Disease Control and Prevention  
Branch 1  
2920 Brandywine Road, M/S E-15  
Atlanta, GA 30341  
Telephone: 770-488-2948  
Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

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

Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

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

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

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

## PAYMENT INFORMATION

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

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

The grant document number identified on the bottom of **Page 2** of the Notice of Award must be known in order to draw down funds.

**Stewardship:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.



**Recipient Information**

**1. Recipient Name**

The Urban Institute  
500 Lenfant Plz SW  
Washington, DC 20024-2274  
[No Phone Record]

**2. Congressional District of Recipient**

00

**3. Payment System Identifier (ID)**

1520880375A1

**4. Employer Identification Number (EIN)**

520880375

**5. Data Universal Numbering System (DUNS)**

074803701

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Dr. Shena Ashley  
SAshley@urban.org  
202-261-5725

**8. Authorized Official**

Mr. Mario Richardson  
MRichardson@urban.org  
202-261-5467

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Gisela Medina Martinez  
Public Health Advisor  
moz3@cdc.gov  
4047188257

**Federal Award Information**

**11. Award Number**

6 NH23IP922651-01-02

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922651

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Budget Revision

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 04/30/2021 - **End Date** 04/29/2022

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

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

**21. Authorized Carryover** \$0.00

**22. Offset** \$0.00

**23. Total Amount of Federal Funds Obligated this budget period** \$4,665,624.00

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

**25. Total Federal and Non-Federal Approved this Budget Period** \$4,665,624.00

**26. Project Period Start Date** 04/30/2021 - **End Date** 04/29/2026

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

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**





<b>Recipient Information</b>	
<b>Recipient Name</b>	
The Urban Institute 500 Lenfant Plz SW Washington, DC 20024-2274 [No Phone Record]	
<b>Congressional District of Recipient</b>	
00	
<b>Payment Account Number and Type</b>	
1520880375A1	
<b>Employer Identification Number (EIN) Data</b>	
520880375	
<b>Universal Numbering System (DUNS)</b>	
074803701	
<b>Recipient's Unique Entity Identifier</b>	
Not Available	
<b>31. Assistance Type</b>	
Cooperative Agreement	
<b>32. Type of Award</b>	
Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)		
I. Financial Assistance from the Federal Awarding Agency Only		
II. Total project costs including grant funds and all other financial participation		
a. Salaries and Wages		(b)(4)
b. Fringe Benefits		
c. Total Personnel Costs		
d. Equipment		
e. Supplies		
f. Travel		
g. Construction		
h. Other		
i. Contractual		
j. TOTAL DIRECT COSTS		
k. INDIRECT COSTS		
l. TOTAL APPROVED BUDGET		(b)(4)
m. Federal Share		\$4,665,624.00
n. Non-Federal Share		\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
1-9390GLZ	21NH23IP922651C5	IP	41.51	\$0.00	75-2124-0943	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922651-01-02

FAIN# NH23IP922651

Federal Award Date: 08/03/2021

**Direct Assistance**

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

# AWARD ATTACHMENTS

The Urban Institute

6 NH23IP922651-01-02

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1. Terms and Conditions

## **ADDITIONAL TERMS AND CONDITIONS**

**Revised Budget / Redirection:** The purpose of this amended Notice of Award is to approve the **revised budget / redirection request** submitted by your organization dated May 28, 2021 . Funds have been distributed as indicated in the approved budget of this Notice of Award.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

Please be advised that recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

**Grants Management Specialist:**

Wayne Woods, Grants Management Specialist (GMS)  
Centers for Disease Control and Prevention  
Branch 1  
2920 Brandywine Road, M/S E-15  
Atlanta, GA 30341  
Telephone: 770-488-2948  
Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov)

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**



**Recipient Information**

**1. Recipient Name**

Urban Institute, The  
500 Lenfant Plz SW  
Washington, DC 20024-2274  
[No Phone Record]

**2. Congressional District of Recipient**  
00

**3. Payment System Identifier (ID)**  
1520880375A1

**4. Employer Identification Number (EIN)**  
520880375

**5. Data Universal Numbering System (DUNS)**  
074803701

**6. Recipient's Unique Entity Identifier (UEI)**  
VNAYDLRGSKU3

**7. Project Director or Principal Investigator**  
  
Dr. Shena Ashley  
SAshley@urban.org  
202-261-5725

**8. Authorized Official**

Mr. Mario Richardson  
MRichardson@urban.org  
202-261-5467

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Derick Wheeler, II  
Grants Management Specialist  
tie2@cdc.gov  
678-475-4972

**10. Program Official Contact Information**

Gisela Medina Martinez  
Public Health Advisor  
moz3@cdc.gov  
4047188257

**Federal Award Information**

**11. Award Number**

5 NH23IP922651-02-00

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922651

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Non-Competing Continuation

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2022	<b>- End Date</b>	04/29/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$5,662,935.00		
20a. Direct Cost Amount	(b)(4)		
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$0.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$5,662,935.00		
<b>26. Project Period Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	Not Available		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 5 NH23IP922651-02-00

FAIN# NH23IP922651

Federal Award Date: 03/31/2022

<p><b>Recipient Information</b></p> <p><b>Recipient Name</b>          Urban Institute, The          500 Lenfant Plz SW          Washington, DC 20024-2274          [No Phone Record]</p> <p><b>Congressional District of Recipient</b>          00</p> <p><b>Payment Account Number and Type</b>          1520880375A1</p> <p><b>Employer Identification Number (EIN) Data</b>          520880375</p> <p><b>Universal Numbering System (DUNS)</b>          074803701</p> <p><b>Recipient's Unique Entity Identifier (UEI)</b>          VNAYDLRGSKU3</p>
<p><b>31. Assistance Type</b>          Cooperative Agreement</p> <p><b>32. Type of Award</b>          Other</p>

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages b. Fringe Benefits c. Total Personnel Costs d. Equipment e. Supplies f. Travel g. Construction h. Other i. Contractual	(b)(4)
<b>j. TOTAL DIRECT COSTS</b>	
<b>k. INDIRECT COSTS</b>	
<b>l. TOTAL APPROVED BUDGET</b>	
<b>m. Federal Share</b>	\$5,662,935.00
<b>n. Non-Federal Share</b>	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390GLZ	21NH23IP922651C5	IP	41.51	93.185	\$5,662,935.00	75-2124-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 5 NH23IP922651-02-00

FAIN# NH23IP922651

Federal Award Date: 03/31/2022

**Direct Assistance**

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

# AWARD ATTACHMENTS

Urban Institute, The

5 NH23IP922651-02-00

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1. Terms and Conditions



## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2108, entitled Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities, and application dated 12/29/201 as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of **\$5,662,935** is approved for the Year 02 budget period, which is April 30, 2022 through April 29, 2023 All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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

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

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

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

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

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

### **HHS Non-Discrimination Legal Requirements for Recipients of Federal Financial Assistance**

The Centers for Disease Control and Prevention (CDC) incorporated Department of Health and Human Services (HHS) non-discrimination legal requirements for recipients of federal financial assistance into the CDC General Terms and Conditions within your Notice of Award. The new requirements are effective immediately. The requirements are in the General Requirements section of the General Terms and Conditions and are also listed below.

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

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

For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>

### **Financial Assistance Mechanism: Cooperative Agreement**

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC support to this program includes, but is not limited to the following activities:

**Learning Opportunities:** Technical assistance support resources include learning opportunities, materials, and collaboration opportunities with other organizations participating in the program.

**Customizable Materials:** CDC will provide general resources and materials related to influenza and COVID-19 vaccine education and outreach, which will be made available on a searchable online platform. The platform, which will be designed and managed by a Part B recipient, will also be a place to share educational, outreach, and communication materials from other program partners. All program recipients will be expected to share materials they develop or refine as part of the collaboration activities of this NOFO. CDC will be available to review and comment on those materials, though will not sign off on them formally.

**Data-Informed Technical Assistance:** Data-Informed Technical Assistance provides recipients and CBOs with data and data-use orientations, self-service data analysis, and office hours for data-related questions and needs that may help recipients and CBOs better focus their activities based on relevant local data.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO:

Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations

**Budget Revision Requirement:** By May 30, 2022 the recipient must submit a revised budget with a narrative justification based on the revised award amount. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

**The revised budget must also show how the indirect costs were calculated and the approved rate used. This must be submitted with the revised budget in order to charge indirect costs to this award. If not included in the revised budget, these costs will be redirected to the Other cost category.**

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

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the

recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

## **FUNDING RESTRICTIONS AND LIMITATIONS**

### **Notice of Funding Opportunity (NOFO) Restrictions:**

- 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:
  - o 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
  - o the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning; or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability <https://www.cdc.gov/grants/additionalrequirements/ar-35.html>.

**Indirect Costs:** Indirect costs are approved based on the negotiated indirect cost rate agreement dated February 26, 2021, which calculates indirect costs as follows, a Provisional is approved at a rate of 14.91% of the base, which includes, Total full cost all pools –

subcontract cost –IPA cost – total G&A cost including allocation of burden + G&A on subcontract administration-COGS.

The effective dates of this indirect cost rate are from January 1, 2020 to December 31, 2022.

## REPORTING REQUIREMENTS

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, “Performance Progress and Monitoring Report”, Expiration Date 10/31/2022.** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>.

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

CDC, Office of Grants Services  
Derick Wheeler, II, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Email: [tie2@cdc.gov](mailto:tie2@cdc.gov) (Include “Mandatory Grant Disclosures” in subject line)

AND

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

Fax: (202)-205-0604 (Include “Mandatory Grant Disclosures” in subject line)  
or Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

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

Failure to make required disclosures can result in any of the remedies described in 45 CFR

75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

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

## **PAYMENT INFORMATION**

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

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

The grant document number identified on the bottom of Page 2 of the Notice of Award must be known to draw down funds.

## **CDC Staff Contacts**

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

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

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

**Contact information can be found on Page 1 of the Notice of Award.**



**Recipient Information**

**1. Recipient Name**

Urban Institute, The  
500 Lenfant Plz SW  
Washington, DC 20024-2274  
[No Phone Record]

**2. Congressional District of Recipient**

00

**3. Payment System Identifier (ID)**

1520880375A1

**4. Employer Identification Number (EIN)**

520880375

**5. Data Universal Numbering System (DUNS)**

074803701

**6. Recipient's Unique Entity Identifier (UEI)**

VNAYDLRGSKU3

**7. Project Director or Principal Investigator**

Ms. Rayanne Hawkins  
rhawkins@urban.org  
202.261.5311

**8. Authorized Official**

Ms. Chanda Chin  
chandachin@gmail.com  
202.489.4364

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Derick Wheeler, II  
Grants Management Specialist  
tie2@cdc.gov  
678-475-4972

**10. Program Official Contact Information**

Ms. Nma Ohiaeri  
Project Officer/Public Health Analyst  
ypv6@cdc.gov  
770.488.2930

**Federal Award Information**

**11. Award Number**

6 NH23IP922651-02-01

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922651

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Change PI/PD

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2022	<b>- End Date</b>	04/29/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			(b)(4)
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>			(b)(4)
<b>22. Offset</b>			
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$5,662,935.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			(b)(4)
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$5,662,935.00
<b>26. Period of Performance Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$12,040,090.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922651-02-01

FAIN# NH23IP922651

Federal Award Date: 08/09/2022

<b>Recipient Information</b>	
<b>Recipient Name</b> Urban Institute, The 500 Lenfant Plz SW Washington, DC 20024-2274 [No Phone Record]	
<b>Congressional District of Recipient</b> 00	
<b>Payment Account Number and Type</b> 1520880375A1	
<b>Employer Identification Number (EIN) Data</b> 520880375	
<b>Universal Numbering System (DUNS)</b> 074803701	
<b>Recipient's Unique Entity Identifier (UEI)</b> VNAYDLRGSKU3	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$5,662,935.00
m. Federal Share	\$5,662,935.00
n. Non-Federal Share	(b)(4)

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390GLZ	21NH23IP922651C5	IP	41.51	93.185	\$0.00	75-2124-0943





**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922651-02-01

FAIN# NH23IP922651

Federal Award Date: 08/09/2022

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies	(b)(4)	(b)(4)	(b)(4)
Contractual			
Construction			
Other			
Total			

# AWARD ATTACHMENTS

Urban Institute, The

6 NH23IP922651-02-01

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1. Terms and Conditions for Key Personnel Change for IP922651

**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Key Personnel:** The purpose of this amendment is to approve the *Program Director* change to Rayanne L. Hawkins and the *Authorized Representative* change to Chanda Chin . This is in response to the request submitted by your organization dated July 29, 2022.

Please be advised that the grantee must exercise proper stewardship over Federal funds by ensuring that all cost charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed in writing, by the Grants Management Officer.

PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE



**Recipient Information**

**1. Recipient Name**

THE URBAN INSTITUTE  
500 Lenfant Plz SW  
Washington, DC 20024-2274  
[No Phone Record]

**2. Congressional District of Recipient**

00

**3. Payment System Identifier (ID)**

1520880375A1

**4. Employer Identification Number (EIN)**

520880375

**5. Data Universal Numbering System (DUNS)**

074803701

**6. Recipient's Unique Entity Identifier (UEI)**

VNAYDLRGSKU3

**7. Project Director or Principal Investigator**

Ms. Rayanne Hawkins  
rhawkins@urban.org  
202.261.5311

**8. Authorized Official**

Ms. Chanda Chin  
chandachin@gmail.com  
202.489.4364

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Derick Wheeler, II  
Grants Management Specialist  
tie2@cdc.gov  
678-475-4972

**10. Program Official Contact Information**

Ms. Nma Ohiaeri  
Project Officer/Public Health Analyst  
ypv6@cdc.gov  
770.488.2930

**Federal Award Information**

**11. Award Number**

6 NH23IP922651-02-02

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922651

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 04/30/2022 - **End Date** 04/29/2023

**20. Total Amount of Federal Funds Obligated by this Action** \$631,000.00

20a. Direct Cost Amount

20b. Indirect Cost Amount

**21. Authorized Carryover**

**22. Offset**

**23. Total Amount of Federal Funds Obligated this budget period**

**24. Total Approved Cost Sharing or Matching, where applicable**

**25. Total Federal and Non-Federal Approved this Budget Period** \$6,293,935.00

**26. Period of Performance Start Date** 04/30/2021 - **End Date** 04/29/2026

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance** \$12,671,090.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922651-02-02

FAIN# NH23IP922651

Federal Award Date: 09/08/2022

<p><b>Recipient Information</b></p> <p><b>Recipient Name</b>          THE URBAN INSTITUTE          500 Lenfant Plz SW          Washington, DC 20024-2274          [No Phone Record]</p> <p><b>Congressional District of Recipient</b>          00</p> <p><b>Payment Account Number and Type</b>          1520880375A1</p> <p><b>Employer Identification Number (EIN) Data</b>          520880375</p> <p><b>Universal Numbering System (DUNS)</b>          074803701</p> <p><b>Recipient's Unique Entity Identifier (UEI)</b>          VNAYDLRGSKU3</p>
<p><b>31. Assistance Type</b>          Cooperative Agreement</p> <p><b>32. Type of Award</b>          Other</p>

<b>33. Approved Budget</b> (Excludes Direct Assistance)		
I. Financial Assistance from the Federal Awarding Agency Only		
II. Total project costs including grant funds and all other financial participation		
<p>a. Salaries and Wages</p> <p>b. Fringe Benefits</p> <p>c. Total Personnel Costs</p> <p>d. Equipment</p> <p>e. Supplies</p> <p>f. Travel</p> <p>g. Construction</p> <p>h. Other</p> <p>i. Contractual</p>	(b)(4)	
<b>j. TOTAL DIRECT COSTS</b>		
<b>k. INDIRECT COSTS</b>		
<b>l. TOTAL APPROVED BUDGET</b>		\$6,293,935.00
<b>m. Federal Share</b>		\$6,293,935.00
<b>n. Non-Federal Share</b>	(b)(4)	

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390GLZ	21NH23IP922651C5	IP	41.51	93.185	\$0.00	75-2124-0943
2-93909KZ	21NH23IP922651	IP	41.51	93.185	\$631,000.00	75-X-0951



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922651-02-02

FAIN# NH23IP922651

Federal Award Date: 09/08/2022

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies	(b)(4)	(b)(4)	(b)(4)
Contractual			
Construction			
Other			
Total			

# AWARD ATTACHMENTS

THE URBAN INSTITUTE

6 NH23IP922651-02-02

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1. 922651 Terms and Conditions for the \$631,000 Supplement for YR02 Cont.

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2108, titled *Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities*, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount of **\$631,000** is approved for the Year 02 budget period, which is April 30, 2022, through April 29, 2023.

**Budget Revision Requirement:** By **October 31, 2022**, the recipient must submit a revised budget with a narrative justification to include the following:

1. Provide the 7 consultant elements in a usable format in accordance with the CDC Budget Preparation Guidelines.
2. Provide the 6 contractual elements in a usable format in accordance with the CDC Budget Preparation Guidelines.
3. Upload the updated and approved Indirect Cost Rate Agreement from February 2022 in GrantSolutions as a Grant Note.
4. Provide a detailed justification for the use of each item in the Supplies category and relate it to specific program objectives in accordance with the CDC Budget Preparation Guidelines.

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

## REPORTING REQUIREMENTS

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



CDC, Office of Grants Services  
Derick Wheeler, II, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Email: [tie2@cdc.gov](mailto:tie2@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

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

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

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

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

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

#### **PAYMENT INFORMATION**

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

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

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

**STEWARDSHIP:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.



**Recipient Information**

**1. Recipient Name**

THE URBAN INSTITUTE  
500 Lenfant Plz SW  
Washington, DC 20024-2274  
[No Phone Record]

**2. Congressional District of Recipient**

00

**3. Payment System Identifier (ID)**

1520880375A1

**4. Employer Identification Number (EIN)**

520880375

**5. Data Universal Numbering System (DUNS)**

074803701

**6. Recipient's Unique Entity Identifier (UEI)**

VNAYDLRGSKU3

**7. Project Director or Principal Investigator**

Ms. Rayanne Hawkins  
rhawkins@urban.org  
202.261.5311

**8. Authorized Official**

Ms. Chanda Chin  
chandachin@gmail.com  
202.489.4364

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Derick Wheeler, II  
Grants Management Specialist  
tie2@cdc.gov  
678-475-4972

**10. Program Official Contact Information**

Ms. Nma Ohiaeri  
Project Officer/Public Health Analyst  
ypv6@cdc.gov  
770.488.2930

**Federal Award Information**

**11. Award Number**

6 NH23IP922651-02-03

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922651

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Budget Revision

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 04/30/2022 - **End Date** 04/29/2023

**20. Total Amount of Federal Funds Obligated by this Action**

20a. Direct Cost Amount

20b. Indirect Cost Amount

(b)(4)

**21. Authorized Carryover**

**22. Offset**

**23. Total Amount of Federal Funds Obligated this budget period**

\$6,293,935.00

**24. Total Approved Cost Sharing or Matching, where applicable**

(b)(4)

**25. Total Federal and Non-Federal Approved this Budget Period**

\$6,293,935.00

**26. Period of Performance Start Date** 04/30/2021 - **End Date** 04/29/2026

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance**

\$12,671,090.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<b>Recipient Information</b>	
<b>Recipient Name</b> THE URBAN INSTITUTE 500 Lenfant Plz SW Washington, DC 20024-2274 [No Phone Record]	
<b>Congressional District of Recipient</b> 00	
<b>Payment Account Number and Type</b> 1520880375A1	
<b>Employer Identification Number (EIN) Data</b> 520880375	
<b>Universal Numbering System (DUNS)</b> 074803701	
<b>Recipient's Unique Entity Identifier (UEI)</b> VNAYDLRGSKU3	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$6,293,935.00
m. Federal Share	\$6,293,935.00
n. Non-Federal Share	(b)(4)

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390GLZ	21NH23IP922651C5	IP	41.51	93.185	\$0.00	75-2124-0943
2-93909KZ	21NH23IP922651	IP	41.51	93.185	\$0.00	75-X-0951



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922651-02-03

FAIN# NH23IP922651

Federal Award Date: 11/29/2022

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies	(b)(4)	(b)(4)	(b)(4)
Contractual			
Construction			
Other			
Total			

# AWARD ATTACHMENTS

THE URBAN INSTITUTE

6 NH23IP922651-02-03

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1. IP922651 Terms and Conditions for the Revised Budget for the \$631,000 Supplemental Award

## **ADDITIONAL TERMS AND CONDITIONS**

**Revised Budget:** The purpose of this amended Notice of Award is to approve the revised budget submitted by your organization dated November 16, 2022 . Funds have been distributed as indicated in the approved budget of this Notice of Award.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

Please be advised that recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**



**Recipient Information**

**1. Recipient Name**

Natl Foundation for Ctrs for Disease Control and Prevention  
600 Peachtree St NE Ste 1000  
Atlanta, GA 30308-2215  
[NO DATA]

**2. Congressional District of Recipient**

05

**3. Payment System Identifier (ID)**

1582106707A1

**4. Employer Identification Number (EIN)**

582106707

**5. Data Universal Numbering System (DUNS)**

879144640

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Ms. Lateefah Raheem  
Compliance Officer  
lthomas@cdcfoundation.org  
(404) 523-3388

**8. Authorized Official**

Dr. Judith Monroe  
President and CEO  
jmonroe@cdcfoundation.org  
404-653-0790

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Gisela Medina Martinez  
Public Health Advisor  
moz3@cdc.gov  
4047188257

**Federal Award Information**

**11. Award Number**

1 NH23IP922652-01-00

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922652

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

New

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$20,000,000.00		
20a. Direct Cost Amount	(b)(4)		
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$0.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$20,000,000.00		
<b>26. Project Period Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	Not Available		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**





DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 1 NH23IP922652-01-00

FAIN# NH23IP922652

Federal Award Date: 04/23/2021

<p><b>Recipient Information</b></p> <p><b>Recipient Name</b>          Natl Foundation for Ctrs for Disease Control and Prevention          600 Peachtree St NE Ste 1000          Atlanta, GA 30308-2215          [NO DATA]</p> <p><b>Congressional District of Recipient</b>          05</p> <p><b>Payment Account Number and Type</b>          1582106707A1</p> <p><b>Employer Identification Number (EIN) Data</b>          582106707</p> <p><b>Universal Numbering System (DUNS)</b>          879144640</p> <p><b>Recipient's Unique Entity Identifier</b>          Not Available</p>
<p><b>31. Assistance Type</b>          Cooperative Agreement</p> <p><b>32. Type of Award</b>          Other</p>

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$20,000,000.00
m. Federal Share	\$20,000,000.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GLZ	21NH23IP922652C5	IP	41.51		\$20,000,000.00	75-2124-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 1 NH23IP922652-01-00

FAIN# NH23IP922652

Federal Award Date: 04/23/2021

**Direct Assistance**

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

# AWARD ATTACHMENTS

Natl Foundation for Ctrs for Disease Control and Prevention

1 NH23IP922652-01-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at:

<https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2108, entitled *Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities*, as may be amended, which are hereby made a part of this Non- research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of **\$20,000,000** is approved for the Year **01** budget period, which is April 30, 2021 through April 29, 2022. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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

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

Funding for this award is provided under the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260).

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

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

<https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but

not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

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

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.

**Budget Revision Requirement:** The recipient must respond to the comments in the technical review and/or OGS Budget Comments in accordance with the recommendations provided in GrantSolutions as a Grant Note within 30 days of receipt of the Notice of Award. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Awarding Agency Contact Information section on the first page before the due date.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

#### **FUNDING RESTRICTIONS AND LIMITATIONS**

**Notice of Funding Opportunity (NOFO) Restrictions:**

- 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:

- o 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
- o 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.

**Indirect Costs:** Indirect costs are approved based on the negotiated indirect cost rate agreement.

## REPORTING REQUIREMENTS

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022.** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>.

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

CDC, Office of Grants Services  
 Wayne Woods, Grants Management Specialist  
 Centers for Disease Control and Prevention  
 Branch 1  
 2939 Flowers Road, MS-TV-2  
 Atlanta, GA 30341  
 Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

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

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

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

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

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

#### **PAYMENT INFORMATION**

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

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

The grant document number identified on the bottom of **Page 2** of the Notice of Award must be known in order to draw down funds.

#### **CDC Staff Contacts**

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

**GMS Contact:**

Wayne Woods, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Telephone: 770-488-2948  
Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov)

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

**Programmatic Contact:**

Gisela Martinez Medina, Project Officer  
Centers for Disease Control and Prevention  
NCIRD-ISD  
1600 Clifton Rd Atlanta, GA  
Telephone: 404-718-8257  
Email: [moz3@cdc.gov](mailto:moz3@cdc.gov)

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

**GMO Contact:**

Kathy Raible, Grants Management Officer  
Centers for Disease Control and Prevention  
Infectious Disease Services Branch  
2939 Flowers Road, MS TV2  
Atlanta, GA 30341  
Telephone: 770-488-2045  
Email: [kcr8@cdc.gov](mailto:kcr8@cdc.gov)





**Recipient Information**

**1. Recipient Name**

Natl Foundation for Ctrs for Disease Control and Prevention  
600 Peachtree St NE Ste 1000  
Atlanta, GA 30308-2215  
[NO DATA]

**2. Congressional District of Recipient**

05

**3. Payment System Identifier (ID)**

1582106707A1

**4. Employer Identification Number (EIN)**

582106707

**5. Data Universal Numbering System (DUNS)**

879144640

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Ms. Lateefah Raheem  
Compliance Officer  
lthomas@cdcfoundation.org  
(404) 523-3388

**8. Authorized Official**

Dr. Judith Monroe  
President and CEO  
jmonroe@cdcfoundation.org  
404-653-0790

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Gisela Medina Martinez  
Public Health Advisor  
moz3@cdc.gov  
4047188257

**Federal Award Information**

**11. Award Number**

6 NH23IP922652-01-01

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922652

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$5,000,000.00		
20a. Direct Cost Amount	(b)(4)		
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$20,000,000.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$25,000,000.00		
<b>26. Project Period Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	Not Available		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<p><b>Recipient Information</b></p> <p><b>Recipient Name</b>          Natl Foundation for Ctrs for Disease Control and Prevention          600 Peachtree St NE Ste 1000          Atlanta, GA 30308-2215          [NO DATA]</p> <p><b>Congressional District of Recipient</b>          05</p> <p><b>Payment Account Number and Type</b>          1582106707A1</p> <p><b>Employer Identification Number (EIN) Data</b>          582106707</p> <p><b>Universal Numbering System (DUNS)</b>          879144640</p> <p><b>Recipient's Unique Entity Identifier</b>          Not Available</p>
<p><b>31. Assistance Type</b>          Cooperative Agreement</p> <p><b>32. Type of Award</b>          Other</p>

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$25,000,000.00
m. Federal Share	\$25,000,000.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GLZ	21NH23IP922652C5	IP	41.51		\$5,000,000.00	75-2124-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922652-01-01

FAIN# NH23IP922652

Federal Award Date: 07/27/2021

**Direct Assistance**

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

# AWARD ATTACHMENTS

Natl Foundation for Ctrs for Disease Control and Prevention

6 NH23IP922652-01-01

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1. Terms and Conditions

## AWARD INFORMATION

This amended Notice of Award is in response to the request for supplemental funding submitted by your organization dated July 7, 2021.

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at:

<https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number IP21-2108, entitled, *Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities*, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount \$5,000,000 is approved for the Year 01 budget period, which is April 30, 2021 through April 29, 2022.

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

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

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

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

## REPORTING REQUIREMENTS

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

CDC, Office of Grants Services  
Wayne Woods, Grants Management Specialist (GMS)  
Centers for Disease Control and Prevention  
Branch 1  
2920 Brandywine Road, M/S E-15  
Atlanta, GA 30341  
Telephone: 770-488-2948  
Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures,  
Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201  
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

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

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

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

## PAYMENT INFORMATION

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

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

The grant document number identified on the bottom of **Page 2** of the Notice of Award must be known in order to draw down funds.

**Stewardship:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.



**Recipient Information**

**1. Recipient Name**

Natl Foundation for Ctrs for Disease Control and Prevention  
600 Peachtree St NE Ste 1000  
Atlanta, GA 30308-2215  
[NO DATA]

**2. Congressional District of Recipient**

05

**3. Payment System Identifier (ID)**

1582106707A1

**4. Employer Identification Number (EIN)**

582106707

**5. Data Universal Numbering System (DUNS)**

879144640

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Ms. Lateefah Raheem  
Compliance Officer  
lthomas@cdcfoundation.org  
(404) 523-3388

**8. Authorized Official**

Dr. Judith Monroe  
President and CEO  
jmonroe@cdcfoundation.org  
404-653-0790

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Gisela Medina Martinez  
Public Health Advisor  
moz3@cdc.gov  
4047188257

**Federal Award Information**

**11. Award Number**

6 NH23IP922652-01-02

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922652

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$660,048.00
20a. Direct Cost Amount			(b)(4)
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$20,000,000.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$20,660,048.00
<b>26. Project Period Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**





<p><b>Recipient Information</b></p> <p><b>Recipient Name</b>          Natl Foundation for Ctrs for Disease Control and Prevention          600 Peachtree St NE Ste 1000          Atlanta, GA 30308-2215          [NO DATA]</p> <p><b>Congressional District of Recipient</b>          05</p> <p><b>Payment Account Number and Type</b>          1582106707A1</p> <p><b>Employer Identification Number (EIN) Data</b>          582106707</p> <p><b>Universal Numbering System (DUNS)</b>          879144640</p> <p><b>Recipient's Unique Entity Identifier</b>          Not Available</p>
<p><b>31. Assistance Type</b>          Cooperative Agreement</p> <p><b>32. Type of Award</b>          Other</p>

<b>33. Approved Budget</b> (Excludes Direct Assistance)		
I. Financial Assistance from the Federal Awarding Agency Only		
II. Total project costs including grant funds and all other financial participation		
<p>a. Salaries and Wages</p> <p>b. Fringe Benefits</p> <p>    c. Total Personnel Costs</p> <p>d. Equipment</p> <p>e. Supplies</p> <p>f. Travel</p> <p>g. Construction</p> <p>h. Other</p> <p>i. Contractual</p>	(b)(4)	
<b>j. TOTAL DIRECT COSTS</b>		
<b>k. INDIRECT COSTS</b>		
<b>l. TOTAL APPROVED BUDGET</b>		\$25,672,822.00
<b>m. Federal Share</b>		\$20,660,048.00
<b>n. Non-Federal Share</b>		\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
1-939ZRWT	21NH23IP922652	IP	41.51	\$660,048.00	75-21-0951	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922652-01-02

FAIN# NH23IP922652

Federal Award Date: 08/03/2021

**Direct Assistance**

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

# AWARD ATTACHMENTS

Natl Foundation for Ctrs for Disease Control and Prevention

6 NH23IP922652-01-02

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1. Terms and Conditions

## AWARD INFORMATION

This amended Notice of Award is in response to the request for supplemental funding submitted by your organization dated July 22, 2021.

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at:

<https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number IP21-2108, entitled, *Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities*, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Flu Supplemental Funding:** Additional funding in the amount \$660,048 is approved for the Year 01 budget period, which is April 30, 2021 through April 29, 2022.

**Administrative Requirements:** The recipient must respond to the OGS Budget Comments in accordance with the recommendations provided in GrantSolutions as a Grant Note within 30 days of the issuance date of the Notice of Award. If the date falls on a weekend or holiday, the submission will be due the following business day.

OGS Budget Comments:

- **Personnel:** Provide names of TBD Staff upon selection.
- **Contractors:** Provide names of TBD Contractors upon selection.

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

## REPORTING REQUIREMENTS

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

CDC, Office of Grants Services  
Wayne Woods, Grants Management Specialist (GMS)  
Centers for Disease Control and Prevention  
Branch 1  
2920 Brandywine Road, M/S E-15

Atlanta, GA 30341  
Telephone: 770-488-2948  
Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures,  
Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201  
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

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

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

#### **PAYMENT INFORMATION**

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

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The grant document number identified on the bottom of **Page 2** of the Notice of Award must be known in order to draw down funds.

**Stewardship:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.



**Recipient Information**

**1. Recipient Name**

National Foundation For The Centers For Disease Control And Prevention, Inc.  
600 Peachtree St NE STE 1000  
Atlanta, GA 30308-2215  
[NO DATA]

**2. Congressional District of Recipient**

05

**3. Payment System Identifier (ID)**

1582106707A1

**4. Employer Identification Number (EIN)**

582106707

**5. Data Universal Numbering System (DUNS)**

879144640

**6. Recipient's Unique Entity Identifier (UEI)**

F8TEFAQNZQH8

**7. Project Director or Principal Investigator**

Ms. Lateefah Raheem  
Compliance Officer  
lthomas@cdcfoundation.org  
(404) 523-3388

**8. Authorized Official**

Dr. Judith Monroe  
President and CEO  
jmonroe@cdcfoundation.org  
404-653-0790

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Derick Wheeler, II  
Grants Management Specialist  
tie2@cdc.gov  
678-475-4972

**10. Program Official Contact Information**

Gisela Medina Martinez  
Public Health Advisor  
moz3@cdc.gov  
4047188257

**Federal Award Information**

**11. Award Number**

5 NH23IP922652-02-00

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922652

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Non-Competing Continuation

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2022	<b>- End Date</b>	04/29/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$20,007,444.00
20a. Direct Cost Amount			(b)(4)
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$20,007,444.00
<b>26. Project Period Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 5 NH23IP922652-02-00

FAIN# NH23IP922652

Federal Award Date: 03/31/2022

<p><b>Recipient Information</b></p> <p><b>Recipient Name</b> National Foundation For The Centers For Disease Control And Prevention, Inc. 600 Peachtree St NE STE 1000 Atlanta, GA 30308-2215 [NO DATA]</p> <p><b>Congressional District of Recipient</b> 05</p> <p><b>Payment Account Number and Type</b> 1582106707A1</p> <p><b>Employer Identification Number (EIN) Data</b> 582106707</p> <p><b>Universal Numbering System (DUNS)</b> 879144640</p> <p><b>Recipient's Unique Entity Identifier (UEI)</b> F8TEFAQNZQH8</p>
<p><b>31. Assistance Type</b> Cooperative Agreement</p> <p><b>32. Type of Award</b> Other</p>

<b>33. Approved Budget</b> (Excludes Direct Assistance)		
I. Financial Assistance from the Federal Awarding Agency Only		
II. Total project costs including grant funds and all other financial participation		
<p>a. Salaries and Wages</p> <p>b. Fringe Benefits</p> <p>c. Total Personnel Costs</p> <p>d. Equipment</p> <p>e. Supplies</p> <p>f. Travel</p> <p>g. Construction</p> <p>h. Other</p> <p>i. Contractual</p>	(b)(4)	
<b>j. TOTAL DIRECT COSTS</b>		
<b>k. INDIRECT COSTS</b>		
<b>l. TOTAL APPROVED BUDGET</b>		
<b>m. Federal Share</b>		
<b>n. Non-Federal Share</b>		
	\$20,007,444.00	
	\$20,007,444.00	
	\$0.00	

<b>34. Accounting Classification Codes</b>							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
2-9390GLZ	21NH23IP922652C5	IP	41.51	93.185	\$20,007,444.00	75-2124-0943	





**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 5 NH23IP922652-02-00

FAIN# NH23IP922652

Federal Award Date: 03/31/2022

**Direct Assistance**

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

## AWARD ATTACHMENTS

National Foundation For The Centers For Disease Control And Prevention,  
Inc.

5 NH23IP922652-02-  
00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2108, entitled Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities, and application dated 12/29/201 as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of **\$20,007,444** is approved for the Year 02 budget period, which is April 30, 2022 through April 29, 2023. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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

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

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

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

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

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

### **HHS Non-Discrimination Legal Requirements for Recipients of Federal Financial Assistance**

The Centers for Disease Control and Prevention (CDC) incorporated Department of Health and Human Services (HHS) non-discrimination legal requirements for recipients of federal financial assistance into the CDC General Terms and Conditions within your Notice of Award. The new requirements are effective immediately. The requirements are in the General Requirements section of the General Terms and Conditions and are also listed below.

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

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

For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have

substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC support to this program includes, but is not limited to the following activities:

**Learning Opportunities:** Technical assistance support resources include learning opportunities, materials, and collaboration opportunities with other organizations participating in the program.

**Customizable Materials:** CDC will provide general resources and materials related to influenza and COVID-19 vaccine education and outreach, which will be made available on a searchable online platform. The platform, which will be designed and managed by a Part B recipient, will also be a place to share educational, outreach, and communication materials from other program partners. All program recipients will be expected to share materials they develop or refine as part of the collaboration activities of this NOFO. CDC will be available to review and comment on those materials, though will not sign off on them formally.

**Data-Informed Technical Assistance:** Data-Informed Technical Assistance provides recipients and CBOs with data and data-use orientations, self-service data analysis, and office hours for data-related questions and needs that may help recipients and CBOs better focus their activities based on relevant local data.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations

**Budget Revision Requirement:** By May 30, 2022 the recipient must submit a revised budget with a narrative justification based on the revised award amount. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

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

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

**Program Income:** Any program income generated under this grant or cooperative

agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

## **FUNDING RESTRICTIONS AND LIMITATIONS**

### **Notice of Funding Opportunity (NOFO) Restrictions:**

- 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:
  - o 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
  - o the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability  
<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>.

**Indirect Costs:** Indirect costs are approved based on the negotiated indirect cost rate agreement dated December 18, 2019, which calculates indirect costs as follows: A Provisional is approved at a rate of **12.50%** of the base, which is the total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000 and flow-through funds. The effective dates of this indirect cost rate are from July 1, 2021 to June 30, 2024.

## REPORTING REQUIREMENTS

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022.** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>.

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

CDC, Office of Grants Services  
Derick Wheeler, II, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Email: [tie2@cdc.gov](mailto:tie2@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

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

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

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

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

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in

the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

## **PAYMENT INFORMATION**

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

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

The grant document number identified on the bottom of Page 2 of the Notice of Award must be known to draw down funds.

## **CDC Staff Contacts**

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

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

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

**Contact information can be found on Page 1 of the Notice of Award.**





**Recipient Information**

**1. Recipient Name**

National Foundation For The Centers For Disease Control And Prevention, Inc.  
600 Peachtree St NE STE 1000  
Atlanta, GA 30308-2215  
404-653-0790

**2. Congressional District of Recipient**

05

**3. Payment System Identifier (ID)**

1582106707A1

**4. Employer Identification Number (EIN)**

582106707

**5. Data Universal Numbering System (DUNS)**

879144640

**6. Recipient's Unique Entity Identifier (UEI)**

F8TEFAQNZQH8

**7. Project Director or Principal Investigator**

Ms. Lateefah Raheem  
Compliance Officer  
lthomas@cdcfoundation.org  
(404) 523-3388

**8. Authorized Official**

Dr. Judith Monroe  
President and CEO  
jmonroe@cdcfoundation.org  
404-653-0790

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Derick Wheeler, II  
Grants Management Specialist  
tie2@cdc.gov  
678-475-4972

**10. Program Official Contact Information**

Ms. Nma Ohiaeri  
Director  
ypv6@cdc.gov  
770.488.2930

**Federal Award Information**

**11. Award Number**

6 NH23IP922652-02-01

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922652

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Budget Revision

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2022	<b>- End Date</b>	04/29/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			(b)(4)
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$20,007,444.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$20,007,444.00
<b>26. Period of Performance Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$45,667,492.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<b>Recipient Information</b>	
<b>Recipient Name</b> National Foundation For The Centers For Disease Control And Prevention, Inc. 600 Peachtree St NE STE 1000 Atlanta, GA 30308-2215 404-653-0790	
<b>Congressional District of Recipient</b> 05	
<b>Payment Account Number and Type</b> 1582106707A1	
<b>Employer Identification Number (EIN) Data</b> 582106707	
<b>Universal Numbering System (DUNS)</b> 879144640	
<b>Recipient's Unique Entity Identifier (UEI)</b> F8TEFAQNZQH8	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$20,007,444.00
m. Federal Share	\$20,007,444.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390GLZ	21NH23IP922652C5	IP	41.51	93.185	\$0.00	75-2124-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922652-02-01

FAIN# NH23IP922652

Federal Award Date: 07/12/2022

**Direct Assistance**

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

# AWARD ATTACHMENTS

National Foundation For The Centers For Disease Control And Prevention,  
Inc.

6 NH23IP922652-02-  
01

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1. Terms and Conditions for Budget Revision

## **ADDITIONAL TERMS AND CONDITIONS**

**Revised Budget:** The purpose of this amended Notice of Award is to approve the **revised budget** submitted by your organization dated June 2, 2022 . Funds have been distributed as indicated in the approved budget of this Notice of Award.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

Please be advised that recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

**Grants Management Specialist:**

Derick Wheeler, II, Grants Management Specialist (GMS)  
Centers for Disease Control and Prevention  
Branch 1  
2920 Brandywine Road, M/S E-15  
Atlanta, GA 30341  
Telephone: 678-475-4972  
Email: [tie2@cdc.gov](mailto:tie2@cdc.gov)

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**



**Recipient Information**

**1. Recipient Name**

NATIONAL FOUNDATION FOR THE CENTERS  
FOR DISEASE CONTROL AND PREVENTION,  
INC.  
600 Peachtree St NE STE 1000  
Atlanta, GA 30308-2215  
404-653-0790

**2. Congressional District of Recipient**

05

**3. Payment System Identifier (ID)**

1582106707A1

**4. Employer Identification Number (EIN)**

582106707

**5. Data Universal Numbering System (DUNS)**

879144640

**6. Recipient's Unique Entity Identifier (UEI)**

F8TEFAQNZQH8

**7. Project Director or Principal Investigator**

Ms. Lateefah Raheem  
Compliance Officer  
lthomas@cdcfoundation.org  
(404) 523-3388

**8. Authorized Official**

Dr. Judith Monroe  
President and CEO  
jmonroe@cdcfoundation.org  
404-653-0790

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Derick Wheeler, II  
Grants Management Specialist  
tie2@cdc.gov  
678-475-4972

**10. Program Official Contact Information**

Ms. Nma Ohiaeri  
Project Officer/Public Health Analyst  
ypv6@cdc.gov  
770.488.2930

**Federal Award Information**

**11. Award Number**

6 NH23IP922652-02-02

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922652

**13. Statutory Authority**

Sec 317A, 317B, & 317(k)(2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination  
Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills  
Improvement Projects

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2022	<b>- End Date</b>	04/29/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$340,550.00
20a. Direct Cost Amount			\$340,550.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$20,007,444.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$20,347,994.00
<b>26. Period of Performance Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$46,008,042.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922652-02-02

FAIN# NH23IP922652

Federal Award Date: 07/26/2022

<b>Recipient Information</b>	
<b>Recipient Name</b> NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC. 600 Peachtree St NE STE 1000 Atlanta, GA 30308-2215 404-653-0790	
<b>Congressional District of Recipient</b> 05	
<b>Payment Account Number and Type</b> 1582106707A1	
<b>Employer Identification Number (EIN) Data</b> 582106707	
<b>Universal Numbering System (DUNS)</b> 879144640	
<b>Recipient's Unique Entity Identifier (UEI)</b> F8TEFAQNZQH8	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$40,355,438.00
m. Federal Share	\$20,347,994.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390GLZ	21NH23IP922652C5	IP	41.51	93.185	\$0.00	75-2124-0943
2-939ZRWT	21NH23IP922652	IP	41.51	93.185	\$340,550.00	75-22-0951



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922652-02-02

FAIN# NH23IP922652

Federal Award Date: 07/26/2022

**Direct Assistance**

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



## AWARD ATTACHMENTS

NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL  
AND PREVENTION, INC.

6 NH23IP922652-02-

02

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1. IP922652 Supplemental Terms and Conditions

## AWARD INFORMATION

This amended Notice of Award is in response to the request for supplemental funding submitted by your organization dated 05/11/2022.

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at:

<https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2108, entitled, *Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities*, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount **\$340,550** is approved for the Year 02 budget period, which is April 30, 2022 through April 29, 2023.

### **HHS Non-Discrimination Legal Requirements for Recipients of Federal Financial Assistance**

The Centers for Disease Control and Prevention (CDC) incorporated Department of Health and Human Services (HHS) non-discrimination legal requirements for recipients of federal financial assistance into the CDC General Terms and Conditions within your Notice of Award. The new requirements are effective immediately. The requirements are in the General Requirements section of the General Terms and Conditions and are also listed below.

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

- You must take reasonable steps to ensure that your project provides meaningful access to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov/>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.

For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>

**Budget Revision Requirement:** By August 19, 2022, the recipient must submit a revised budget with a narrative justification based on the revised award amount. If the date falls on a weekend or holiday, the submission will be due the following business day. **Please submit the revised budget as an amendment in GrantSolutions.**

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Awarding Agency Contact Information section on the first page before the due date.

## REPORTING REQUIREMENTS

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

CDC, Office of Grants Services  
Derick Wheeler II, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Email: [tie2@cdc.gov](mailto:tie2@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures,  
Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201  
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

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

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

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

## PAYMENT INFORMATION

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

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

The grant document number identified on the bottom of **Page 2** of the Notice of Award must be known in order to draw down funds.

**Stewardship:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.



**Recipient Information**

**1. Recipient Name**

NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.

600 Peachtree St NE STE 1000  
Atlanta, GA 30308-2215  
404-653-0790

**2. Congressional District of Recipient**

05

**3. Payment System Identifier (ID)**

1582106707A1

**4. Employer Identification Number (EIN)**

582106707

**5. Data Universal Numbering System (DUNS)**

879144640

**6. Recipient's Unique Entity Identifier (UEI)**

F8TEFAQNZQH8

**7. Project Director or Principal Investigator**

Ms. Lateefah Raheem  
Director, Federal Grants and Compliance  
lraheem@cdcfoundation.org  
(404) 523-3388

**8. Authorized Official**

Dr. Judith Monroe  
President and CEO  
jmonroe@cdfoundation.org  
404-653-0790

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Derick Wheeler, II  
Grants Management Specialist  
tie2@cdc.gov  
678-475-4972

**10. Program Official Contact Information**

Ms. Nma Ohiaeri  
Project Officer/Public Health Analyst  
ypv6@cdc.gov  
770.488.2930

**Federal Award Information**

**11. Award Number**

6 NH23IP922652-02-03

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922652

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2022	<b>- End Date</b>	04/29/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$1,497,000.00		
20a. Direct Cost Amount	(b)(4)		
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$20,347,994.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$21,844,994.00		
<b>26. Period of Performance Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>	\$47,505,042.00		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922652-02-03

FAIN# NH23IP922652

Federal Award Date: 09/14/2022

<b>Recipient Information</b>	
<b>Recipient Name</b> NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC. 600 Peachtree St NE STE 1000 Atlanta, GA 30308-2215 404-653-0790	
<b>Congressional District of Recipient</b> 05	
<b>Payment Account Number and Type</b> 1582106707A1	
<b>Employer Identification Number (EIN) Data</b> 582106707	
<b>Universal Numbering System (DUNS)</b> 879144640	
<b>Recipient's Unique Entity Identifier (UEI)</b> F8TEFAQNZQH8	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$21,844,994.00
m. Federal Share	\$21,844,994.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
2-9390GLZ	21NH23IP922652C5	IP	41.51	93.185	\$0.00	75-2124-0943	
2-939ZRWT	21NH23IP922652	IP	41.51	93.185	\$0.00	75-22-0951	
2-93909KZ	21NH23IP922652	IP	41.51	93.185	\$1,497,000.00	75-X-0951	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922652-02-03

FAIN# NH23IP922652

Federal Award Date: 09/14/2022

**Direct Assistance**

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

## AWARD ATTACHMENTS

NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL  
AND PREVENTION, INC.

6 NH23IP922652-02-

03

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1. 922652 Terms and Conditions for the \$1,497,000 Supplement



## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2108, titled *Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities*, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount of **\$1,497,000** is approved for the Year 02 budget period, which is April 30, 2022, through April 29, 2023.

**Budget Revision Requirement:** By **October 31, 2022**, the recipient must submit a revised budget with a narrative justification to include the following:

1. In the Contractor category, provide the names of the CBOs, the total number of CBOs that are receiving funding, the amount of funding allocated to each CBO, and the 6 contractual elements (in a usable format) for each of the CBOs in accordance with the CDC Budget Preparation Guidelines.
2. In the Consultant category, provide the total number of days of consultation for each consultant and identify the organization affiliation for each of the 6 consultants in accordance with the CDC Budget Preparation Guidelines.

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

## REPORTING REQUIREMENTS

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

CDC, Office of Grants Services  
Derick Wheeler, II, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Email: [tie2@cdc.gov](mailto:tie2@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

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

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

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

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

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

#### **PAYMENT INFORMATION**

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

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

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

**STEWARDSHIP:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.



**Recipient Information**

**1. Recipient Name**

NATIONAL FOUNDATION FOR THE CENTERS  
FOR DISEASE CONTROL AND PREVENTION,  
INC.  
600 Peachtree St NE STE 1000  
Atlanta, GA 30308-2215  
404-653-0790

**2. Congressional District of Recipient**

05

**3. Payment System Identifier (ID)**

1582106707A1

**4. Employer Identification Number (EIN)**

582106707

**5. Data Universal Numbering System (DUNS)**

879144640

**6. Recipient's Unique Entity Identifier (UEI)**

F8TEFAQNZQH8

**7. Project Director or Principal Investigator**

Ms. Lateefah Raheem  
Director, Federal Grants and Compliance  
lraheem@cdcfoundation.org  
(404) 523-3388

**8. Authorized Official**

Dr. Judith Monroe  
President and CEO  
jmonroe@cdcfoundation.org  
404-653-0790

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Derick Wheeler, II  
Grants Management Specialist  
tie2@cdc.gov  
678-475-4972

**10. Program Official Contact Information**

Ms. Nma Ohiaeri  
Project Officer/Public Health Analyst  
ypv6@cdc.gov  
770.488.2930

**Federal Award Information**

**11. Award Number**

6 NH23IP922652-02-04

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922652

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination  
Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills  
Improvement Projects

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2022	<b>- End Date</b>	04/29/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$880,000.00
20a. Direct Cost Amount			(b)(4)
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$20,347,994.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$21,227,994.00
<b>26. Period of Performance Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$48,385,042.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922652-02-04

FAIN# NH23IP922652

Federal Award Date: 09/16/2022

<b>Recipient Information</b>	
<b>Recipient Name</b> NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC. 600 Peachtree St NE STE 1000 Atlanta, GA 30308-2215 404-653-0790	
<b>Congressional District of Recipient</b> 05	
<b>Payment Account Number and Type</b> 1582106707A1	
<b>Employer Identification Number (EIN) Data</b> 582106707	
<b>Universal Numbering System (DUNS)</b> 879144640	
<b>Recipient's Unique Entity Identifier (UEI)</b> F8TEFAQNZQH8	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$21,227,994.00
m. Federal Share	\$21,227,994.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
2-9390GLZ	21NH23IP922652C5	IP	41.51	93.185	\$0.00	75-2124-0943	
2-939ZRWT	21NH23IP922652	IP	41.51	93.185	\$0.00	75-22-0951	
2-93909KZ	21NH23IP922652	IP	41.51	93.185	\$880,000.00	75-X-0951	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922652-02-04

FAIN# NH23IP922652

Federal Award Date: 09/16/2022

**Direct Assistance**

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

## AWARD ATTACHMENTS

NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL  
AND PREVENTION, INC.

6 NH23IP922652-02-

04

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1. IP922652 Terms and Conditions for the \$880,000 Supplement

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2108, titled *Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities*, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount of **\$880,000** is approved for the Year 02 budget period, which is April 30, 2022, through April 29, 2023.

## REPORTING REQUIREMENTS

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

CDC, Office of Grants Services  
Derick Wheeler, II, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Email: [tie2@cdc.gov](mailto:tie2@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

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

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

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

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

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

#### **PAYMENT INFORMATION**

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

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

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

**STEWARDSHIP:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.





**Recipient Information**

**1. Recipient Name**

Community Catalyst Inc  
1 Federal St Fl 5  
Boston, MA 02110-2003

**2. Congressional District of Recipient**  
08

**3. Payment System Identifier (ID)**  
1043355127A2

**4. Employer Identification Number (EIN)**  
043355127

**5. Data Universal Numbering System (DUNS)**  
015194475

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Jessie Zimmerer  
jzimmerer@communitycatalyst.org  
617-455-5807

**8. Authorized Official**

Ms. Emily Stewart  
estewart@communitycatalyst.org  
617-455-5807

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Gisela Medina Martinez  
Public Health Advisor  
moz3@cdc.gov  
4047188257

**Federal Award Information**

**11. Award Number**

1 NH23IP922653-01-00

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922653

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Community Catalyst Vaccine Equity and Access Program (VEAP)

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

New

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$10,000,000.00
20a. Direct Cost Amount			(b)(4)
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$10,000,000.00
<b>26. Project Period Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 1 NH23IP922653-01-00

FAIN# NH23IP922653

Federal Award Date: 04/23/2021

<b>Recipient Information</b>	
<b>Recipient Name</b>	
Community Catalyst Inc 1 Federal St Fl 5 Boston, MA 02110-2003	
<b>Congressional District of Recipient</b>	
08	
<b>Payment Account Number and Type</b>	
1043355127A2	
<b>Employer Identification Number (EIN) Data</b>	
043355127	
<b>Universal Numbering System (DUNS)</b>	
015194475	
<b>Recipient's Unique Entity Identifier</b>	
Not Available	
<b>31. Assistance Type</b>	
Cooperative Agreement	
<b>32. Type of Award</b>	
Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)		
I. Financial Assistance from the Federal Awarding Agency Only		
II. Total project costs including grant funds and all other financial participation		
a. Salaries and Wages		(b)(4)
b. Fringe Benefits		
c. Total Personnel Costs		
d. Equipment		
e. Supplies		
f. Travel		
g. Construction		
h. Other		
i. Contractual		
j. TOTAL DIRECT COSTS		
k. INDIRECT COSTS		
l. TOTAL APPROVED BUDGET		\$10,000,000.00
m. Federal Share		\$10,000,000.00
n. Non-Federal Share		\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GLZ	21NH23IP922653C5	IP	41.51		\$10,000,000.00	75-2124-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 1 NH23IP922653-01-00

FAIN# NH23IP922653

Federal Award Date: 04/23/2021

**Direct Assistance**

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

# AWARD ATTACHMENTS

Community Catalyst Inc

1 NH23IP922653-01-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at:

<https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2108, entitled *Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities*, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of **\$10,000,000** is approved for the Year **01** budget period, which is April 30, 2021 through April 29, 2022. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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

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

Funding for this award is provided under the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260).

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

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

<https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but

not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

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

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.

**Budget Revision Requirement:** The recipient must respond to the comments in the technical review and/or OGS Budget Comments in accordance with the recommendations provided in GrantSolutions as a Grant Note within 30 days of receipt of the Notice of Award. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Awarding Agency Contact Information section on the first page before the due date.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

**FUNDING RESTRICTIONS AND LIMITATIONS**

**Notice of Funding Opportunity (NOFO) Restrictions:**

- 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:

- o 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
- o 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.

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

## REPORTING REQUIREMENTS

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022.** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>.

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

CDC, Office of Grants Services  
Wayne Woods, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

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

Washington, DC 20201

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

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

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

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

#### **PAYMENT INFORMATION**

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

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

The grant document number identified on the bottom of **Page 2** of the Notice of Award must be known in order to draw down funds.

#### **CDC Staff Contacts**

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

**GMS Contact:**

Wayne Woods, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Telephone: 770-488-2948



Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov)

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

**Programmatic Contact:**

Gisela Martinez Medina, Project Officer  
Centers for Disease Control and Prevention  
NCIRD-ISD  
1600 Clifton Rd Atlanta, GA  
Telephone: 404-718-8257  
Email: [moz3@cdc.gov](mailto:moz3@cdc.gov)

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

**GMO Contact:**

Kathy Raible, Grants Management Officer  
Centers for Disease Control and Prevention  
Infectious Disease Services Branch  
2939 Flowers Road, MS TV2  
Atlanta, GA 30341  
Telephone: 770-488-2045  
Email: [kcr8@cdc.gov](mailto:kcr8@cdc.gov)



**Recipient Information**

**1. Recipient Name**

Community Catalyst Inc  
1 Federal St Fl 5  
Boston, MA 02110-2003

**2. Congressional District of Recipient**

08

**3. Payment System Identifier (ID)**

1043355127A2

**4. Employer Identification Number (EIN)**

043355127

**5. Data Universal Numbering System (DUNS)**

015194475

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Jessie Zimmerer  
jzimmerer@communitycatalyst.org  
617-455-5807

**8. Authorized Official**

Ms. Emily Stewart  
estewart@communitycatalyst.org  
617-455-5807

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Wayne Woods  
kuv1@cdc.gov  
770-488-2948

**10. Program Official Contact Information**

Gisela Medina Martinez  
Public Health Advisor  
moz3@cdc.gov  
4047188257

**Federal Award Information**

**11. Award Number**

6 NH23IP922653-01-01

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922653

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Community Catalyst Vaccine Equity and Access Program (VEAP)

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$5,570,000.00		
20a. Direct Cost Amount	(b)(4)		
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$10,000,000.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$15,570,000.00		
<b>26. Project Period Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	Not Available		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<b>Recipient Information</b>	
<b>Recipient Name</b>	
Community Catalyst Inc 1 Federal St Fl 5 Boston, MA 02110-2003	
<b>Congressional District of Recipient</b>	
08	
<b>Payment Account Number and Type</b>	
1043355127A2	
<b>Employer Identification Number (EIN) Data</b>	
043355127	
<b>Universal Numbering System (DUNS)</b>	
015194475	
<b>Recipient's Unique Entity Identifier</b>	
Not Available	
<b>31. Assistance Type</b>	
Cooperative Agreement	
<b>32. Type of Award</b>	
Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$15,570,000.00
m. Federal Share	\$15,570,000.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GLZ	21NH23IP922653C5	IP	41.51		\$5,570,000.00	75-2124-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922653-01-01

FAIN# NH23IP922653

Federal Award Date: 07/27/2021

**Direct Assistance**

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

# AWARD ATTACHMENTS

Community Catalyst Inc

6 NH23IP922653-01-01

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1. Terms and Conditions

## AWARD INFORMATION

This amended Notice of Award is in response to the request for supplemental funding submitted by your organization dated July 8, 2021.

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at:

<https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number IP21-2108, entitled, *Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities*, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount \$5,570,000 is approved for the Year 01 budget period, which is April 30, 2021 through April 29, 2022.

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

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

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

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

**Budget Revision Requirement:** Within 30 days of receipt of the Notice of Award, the recipient must submit a revised budget with a narrative justification that address the following:

- **Consultants:** I. Provide SEVEN required elements for each Consultant in accordance with the CDC Budget Preparation Guidelines. II. Provide names of TBD Consultants upon selection.
- **Contractors:** I. Provide SIX required elements for each Consultant in accordance with the CDC Budget Preparation Guidelines. II. Provide names of TBD Contractors upon selection.

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

## REPORTING REQUIREMENTS

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

CDC, Office of Grants Services  
Wayne Woods, Grants Management Specialist (GMS)  
Centers for Disease Control and Prevention  
Branch 1  
2920 Brandywine Road, M/S E-15  
Atlanta, GA 30341  
Telephone: 770-488-2948  
Email: [kuv1@cdc.gov](mailto:kuv1@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures,  
Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201  
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

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

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

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

## PAYMENT INFORMATION

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

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

The grant document number identified on the bottom of **Page 2** of the Notice of Award must be known in order to draw down funds.

**Stewardship:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.





**Recipient Information**

**1. Recipient Name**

Community Catalyst, Inc.  
1 Federal St FL 5  
Boston, MA 02110-2003

**2. Congressional District of Recipient**  
08

**3. Payment System Identifier (ID)**  
1043355127A2

**4. Employer Identification Number (EIN)**  
043355127

**5. Data Universal Numbering System (DUNS)**  
015194475

**6. Recipient's Unique Entity Identifier (UEI)**  
NX17DEXNUTC8

**7. Project Director or Principal Investigator**  
  
Jessie Zimmerer  
jzimmerer@communitycatalyst.org  
617-455-5807

**8. Authorized Official**

Ms. Emily Stewart  
estewart@communitycatalyst.org  
617-455-5807

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Derick Wheeler, II  
Grants Management Specialist  
tie2@cdc.gov  
678-475-4972

**10. Program Official Contact Information**

Gisela Medina Martinez  
Public Health Advisor  
moz3@cdc.gov  
4047188257

**Federal Award Information**

**11. Award Number**

5 NH23IP922653-02-00

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922653

**13. Statutory Authority**

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

**14. Federal Award Project Title**

Community Catalyst Vaccine Equity and Access Program (VEAP)

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Non-Competing Continuation

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2022	<b>- End Date</b>	04/29/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$11,329,619.00		
20a. Direct Cost Amount	(b)(4)		
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$0.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$11,329,619.00		
<b>26. Project Period Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	Not Available		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 5 NH23IP922653-02-00

FAIN# NH23IP922653

Federal Award Date: 03/31/2022

<b>Recipient Information</b>	
<b>Recipient Name</b>	
Community Catalyst, Inc. 1 Federal St FL 5 Boston, MA 02110-2003	
<b>Congressional District of Recipient</b>	
08	
<b>Payment Account Number and Type</b>	
1043355127A2	
<b>Employer Identification Number (EIN) Data</b>	
043355127	
<b>Universal Numbering System (DUNS)</b>	
015194475	
<b>Recipient's Unique Entity Identifier (UEI)</b>	
NX17DEXNUTC8	
<b>31. Assistance Type</b>	
Cooperative Agreement	
<b>32. Type of Award</b>	
Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$11,329,619.00
m. Federal Share	\$11,329,619.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390GLZ	21NH23IP922653C5	IP	41.51	93.185	\$11,329,619.00	75-2124-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 5 NH23IP922653-02-00

FAIN# NH23IP922653

Federal Award Date: 03/31/2022

**Direct Assistance**

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

# AWARD ATTACHMENTS

Community Catalyst, Inc.

5 NH23IP922653-02-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2108, entitled Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities, and application dated 12/29/201 as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of **\$11,329,619** is approved for the Year 02 budget period, which is April 30, 2022 through April 29, 2023. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

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

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

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

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

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

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

### **HHS Non-Discrimination Legal Requirements for Recipients of Federal Financial Assistance**

The Centers for Disease Control and Prevention (CDC) incorporated Department of Health and Human Services (HHS) non-discrimination legal requirements for recipients of federal financial assistance into the CDC General Terms and Conditions within your Notice of Award. The new requirements are effective immediately. The requirements are in the General Requirements section of the General Terms and Conditions and are also listed below.

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

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

For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have

substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC support to this program includes, but is not limited to the following activities:

**Learning Opportunities:** Technical assistance support resources include learning opportunities, materials, and collaboration opportunities with other organizations participating in the program.

**Customizable Materials:** CDC will provide general resources and materials related to influenza and COVID-19 vaccine education and outreach, which will be made available on a searchable online platform. The platform, which will be designed and managed by a Part B recipient, will also be a place to share educational, outreach, and communication materials from other program partners. All program recipients will be expected to share materials they develop or refine as part of the collaboration activities of this NOFO. CDC will be available to review and comment on those materials, though will not sign off on them formally.

**Data-Informed Technical Assistance:** Data-Informed Technical Assistance provides recipients and CBOs with data and data-use orientations, self-service data analysis, and office hours for data-related questions and needs that may help recipients and CBOs better focus their activities based on relevant local data.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations

**Budget Revision Requirement:** By May 30, 2022 the recipient must submit a revised budget with a narrative justification based on the revised award amount. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

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

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

**Program Income:** Any program income generated under this grant or cooperative

agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

## **FUNDING RESTRICTIONS AND LIMITATIONS**

### **Notice of Funding Opportunity (NOFO) Restrictions:**

- 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:
  - o 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
  - o the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability  
<https://www.cdc.gov/grants/additionalrequirements/ar-35.html>.

**Indirect Costs:** Indirect costs are approved based on the negotiated indirect cost rate agreement dated November 18, 2021, which calculates indirect costs as follows, a Provisional is approved at a rate of **23.3%** of the base, which is the total direct costs excluding capital expenditures (building, individual items of equipment; alterations and renovations), and that portion of each subaward in excess of \$25,000. The effective dates of this indirect cost rate are from July 1, 2021 to December 31, 2023.



## REPORTING REQUIREMENTS

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022.** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>.

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

CDC, Office of Grants Services  
Derick Wheeler, II, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Email: [tie2@cdc.gov](mailto:tie2@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

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

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

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

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

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in

the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

## **PAYMENT INFORMATION**

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

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

The grant document number identified on the bottom of Page 2 of the Notice of Award must be known to draw down funds.

## **CDC Staff Contacts**

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

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

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

**Contact information can be found on Page 1 of the Notice of Award.**



**Recipient Information**

**1. Recipient Name**

COMMUNITY CATALYST, INC.  
1 Federal St FL 5  
Boston, MA 02110-2003

**2. Congressional District of Recipient**  
08

**3. Payment System Identifier (ID)**  
1043355127A2

**4. Employer Identification Number (EIN)**  
043355127

**5. Data Universal Numbering System (DUNS)**  
015194475

**6. Recipient's Unique Entity Identifier (UEI)**  
NX17DEXNUTC8

**7. Project Director or Principal Investigator**  
  
Jessie Zimmerer  
jzimmerer@communitycatalyst.org  
617-455-5807

**8. Authorized Official**

Ms. Emily Stewart  
estewart@communitycatalyst.org  
617-455-5807

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Derick Wheeler, II  
Grants Management Specialist  
tie2@cdc.gov  
678-475-4972

**10. Program Official Contact Information**

Ms. Nma Ohiaeri  
Project Officer/Public Health Analyst  
ypv6@cdc.gov  
770.488.2930

**Federal Award Information**

**11. Award Number**

6 NH23IP922653-02-01

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922653

**13. Statutory Authority**

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

**14. Federal Award Project Title**

Community Catalyst Vaccine Equity and Access Program (VEAP)

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2022	<b>- End Date</b>	04/29/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$20,000.00		
20a. Direct Cost Amount	(b)(4)		
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$11,329,619.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$11,349,619.00		
<b>26. Period of Performance Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>	\$26,919,619.00		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922653-02-01

FAIN# NH23IP922653

Federal Award Date: 09/08/2022

<b>Recipient Information</b>	
<b>Recipient Name</b> COMMUNITY CATALYST, INC. 1 Federal St FL 5 Boston, MA 02110-2003	
<b>Congressional District of Recipient</b> 08	
<b>Payment Account Number and Type</b> 1043355127A2	
<b>Employer Identification Number (EIN) Data</b> 043355127	
<b>Universal Numbering System (DUNS)</b> 015194475	
<b>Recipient's Unique Entity Identifier (UEI)</b> NX17DEXNUTC8	
<b>31. Assistance Type</b> Cooperative Agreement	<b>32. Type of Award</b> Other

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$11,349,619.00
m. Federal Share	\$11,349,619.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390GLZ	21NH23IP922653C5	IP	41.51	93.185	\$0.00	75-2124-0943
2-93909KZ	21NH23IP922653	IP	41.51	93.185	\$20,000.00	75-X-0951



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922653-02-01

FAIN# NH23IP922653

Federal Award Date: 09/08/2022

**Direct Assistance**

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

# AWARD ATTACHMENTS

COMMUNITY CATALYST, INC.

6 NH23IP922653-02-01

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1. IP922653 Terms and Conditions for the \$20,000 Supplement

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2108, titled *Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities*, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount of **\$20,000** is approved for the Year 02 budget period, which is April 30, 2022; through April 29, 2023.

**Budget Revision Requirement:** By **October 31, 2022**, the recipient must submit a revised budget with a narrative justification to include the following:

1. In the Consultant category, provide the 7 consultant elements (in a usable format) in accordance with the CDC Budget Preparation Guidance.
2. Include the additional \$10,000 in the revised budget.

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

## REPORTING REQUIREMENTS

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

CDC, Office of Grants Services  
Derick Wheeler, II, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Email: [tie2@cdc.gov](mailto:tie2@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

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

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

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

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

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

#### **PAYMENT INFORMATION**

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

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

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

**STEWARDSHIP:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.





**Recipient Information**

**1. Recipient Name**

COMMUNITY CATALYST, INC.  
1 Federal St FL 5  
Boston, MA 02110-2003

**2. Congressional District of Recipient**

08

**3. Payment System Identifier (ID)**

1043355127A2

**4. Employer Identification Number (EIN)**

043355127

**5. Data Universal Numbering System (DUNS)**

015194475

**6. Recipient's Unique Entity Identifier (UEI)**

NX17DEXNUTC8

**7. Project Director or Principal Investigator**

Jessie Zimmerer  
jzimmerer@communitycatalyst.org  
617-455-5807

**8. Authorized Official**

Ms. Emily Stewart  
estewart@communitycatalyst.org  
617-455-5807

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Derick Wheeler, II  
Grants Management Specialist  
tie2@cdc.gov  
678-475-4972

**10. Program Official Contact Information**

Ms. Nma Ohiaeri  
Project Officer/Public Health Analyst  
ypv6@cdc.gov  
770.488.2930

**Federal Award Information**

**11. Award Number**

6 NH23IP922653-02-02

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922653

**13. Statutory Authority**

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

**14. Federal Award Project Title**

Community Catalyst Vaccine Equity and Access Program (VEAP)

**15. Assistance Listing Number**

93.185

**16. Assistance Listing Program Title**

Immunization Research, Demonstration, Public Information and Education, Training and Clinical Skills Improvement Projects

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	04/30/2022	<b>- End Date</b>	04/29/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$1,122,000.00		
20a. Direct Cost Amount	(b)(4)		
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$11,329,619.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$12,451,619.00		
<b>26. Period of Performance Start Date</b>	04/30/2021	<b>- End Date</b>	04/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>	\$28,041,619.00		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922653-02-02

FAIN# NH23IP922653

Federal Award Date: 09/15/2022

<b>Recipient Information</b>	
<b>Recipient Name</b> COMMUNITY CATALYST, INC. 1 Federal St FL 5 Boston, MA 02110-2003	
<b>Congressional District of Recipient</b> 08	
<b>Payment Account Number and Type</b> 1043355127A2	
<b>Employer Identification Number (EIN) Data</b> 043355127	
<b>Universal Numbering System (DUNS)</b> 015194475	
<b>Recipient's Unique Entity Identifier (UEI)</b> NX17DEXNUTC8	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$12,451,619.00
m. Federal Share	\$12,451,619.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390GLZ	21NH23IP922653C5	IP	41.51	93.185	\$0.00	75-2124-0943
2-93909KZ	21NH23IP922653	IP	41.51	93.185	\$1,122,000.00	75-X-0951



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922653-02-02

FAIN# NH23IP922653

Federal Award Date: 09/15/2022

**Direct Assistance**

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

# AWARD ATTACHMENTS

COMMUNITY CATALYST, INC.

6 NH23IP922653-02-02

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1. IP922653 Terms and Conditions for the \$1,122,000 Supplement

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2108, titled *Partnering with National Organizations to Support Community-Based Organizations to Increase Vaccination Coverage Across Different Racial and Ethnic Adult Populations Currently Experiencing Disparities*, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount of **\$1,122,000** is approved for the Year 02 budget period, which is April 30, 2022, through April 29, 2023.

**Budget Revision Requirement:** By **October 31, 2022**, the recipient must submit a revised budget with a narrative justification to include the following:

1. In the Contractor category, provide the names of the 80 CBOs, the amount of funding allocated to each CBO, and the 6 contractual elements (in a usable format) for each of the CBOs in accordance with the CDC Budget Preparation Guidelines.
2. In the Consultant category, provide the 7 consultant elements (in a usable format) in accordance with the CDC Budget Preparation Guidelines.

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

## REPORTING REQUIREMENTS

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

CDC, Office of Grants Services  
Derick Wheeler, II, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Email: [tie2@cdc.gov](mailto:tie2@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

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

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

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

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

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

#### **PAYMENT INFORMATION**

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

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

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

**STEWARDSHIP:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.



**CENTERS FOR DISEASE™  
CONTROL AND PREVENTION**

**Centers for Disease Control and Prevention**

National Center for Immunization and Respiratory Diseases

Developing and Disseminating Targeted Immunization Materials

CDC-RFA-IP21-2104

Application Due Date: 04/15/2021

Developing and Disseminating Targeted Immunization Materials  
CDC-RFA-IP21-2104  
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## Part I. Overview Information

Applicants must go to the synopsis page of this announcement at [www.grants.gov](http://www.grants.gov) and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-IP21-2104. Applicants also must provide an e-mail address to [www.grants.gov](http://www.grants.gov) to receive notifications of changes.

### A. Federal Agency Name:

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

### B. Notice of Funding Opportunity (NOFO) Title:

Developing and Disseminating Targeted Immunization Materials

### 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.govregs.com/regulations/title42\\_chapterI\\_part2\\_subpartD\\_section2.52](https://www.govregs.com/regulations/title42_chapterI_part2_subpartD_section2.52). Guidance on how CDC interprets the definition of research in the context of public health can be found at <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html> (See section 45 CFR 46.102(d)).

New-Type 1

### D. Agency Notice of Funding Opportunity Number:

CDC-RFA-IP21-2104

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

93.268

### F. Dates:

- |   |  |
|---|--|
| 1. Due Date for Letter of Intent (LOI): | N/A  |
| 2. Due Date for Applications:           | 04/15/2021, 11:59 p.m. U.S. Eastern Standard Time, at <a href="http://www.grants.gov">www.grants.gov</a> . |

### 3. Date for Informational Conference Call:

N/A.

### G. Executive Summary:

#### 1. Summary Paragraph:

This cooperative agreement, which supports CDC's need to develop and disseminate targeted immunization materials nationwide, is designed to reach health care providers, adults, adolescents, parents, immunization coalitions, and all others who require the most current information about vaccines.

The project activities include developing educational materials for providers to share with patients, parents, and the general public; disseminating materials on current immunization recommendations and practices; translating vaccine information statements (VISs) into foreign languages; developing training for and providing technical assistance to immunization coalitions; and providing rapid response to outbreaks, emergencies, or trending priorities.

One of these activities, translating VISs into languages other than English, supports the federal

requirement that VISs be provided to patients in their native/preferred language when they receive vaccines. With growing diversity in the United States and large populations whose primary language is not English, it is important to provide this critical information in languages that are preferred for receiving and implementing health information.

The outcomes of this cooperative agreement will increase knowledge, accessibility, and availability of timely resources for providers, parents, and the general public and, ultimately, increase vaccination coverage and decrease the prevalence of vaccine-preventable diseases across the life span.

<b>a. Eligible Applicants:</b>	Open Competition
<b>b. NOFO Type:</b>	Cooperative Agreement
<b>c. Approximate Number of Awards:</b>	1
<b>d. Total Period of Performance Funding:</b>	\$1,750,000
<b>e. Average One Year Award Amount:</b>	\$350,000
<b>f. Total Period of Performance Length:</b>	5
<b>g. Estimated Award Date:</b>	09/03/2021
<b>h. Cost Sharing and / or Matching Requirements:</b>	N

## Part II. Full Text

### A. Funding Opportunity Description

#### Part II. Full Text

##### 1. Background

###### a. Overview

Despite the availability of safe and effective vaccines and progress in reducing vaccine-preventable diseases, the acceptance of vaccinations by targeted populations is essential to further reducing and eliminating vaccine-preventable disease. The acceptance of recommended vaccinations is an ongoing challenge for health-care providers and public health systems. Additionally, research has shown that the importance of culturally and linguistically competent health promotion that respect cultural values, beliefs and practices of the intended audience, health care providers, health researchers and public health officials in the development and dissemination of messages and materials that reflect the health beliefs and practices of the intended audience (See Abdi, I., Murphy, B. and Seale, H., 2020. Evaluating the health literacy demand and cultural appropriateness of online immunisation information available to refugee and migrant communities in Australia. *Vaccine*, 38(41), pp.6410-6417.)

The goal of this NOFO is to develop immunization materials with the intent of providing healthcare professionals and the public with the timely, accurate, credible, and clear information they need for more effective immunization services across the life span.

The approach is to reach a wide range of provider and patient populations and additional targeted populations through the development and dissemination of targeted immunization resources. This opportunity is intended to provide technical assistance to immunization coalitions in support of various immunization and vaccination activities. This approach will provide timely communication on immunization priorities including outbreaks or trending issues.

The Immunization Services Division (ISD) mission is to protect individuals and communities from vaccine preventable diseases through the provision of technical and financial support of immunization programs, provider and public education, and evaluation. Included in the mission is developing and delivering informational/educational materials and programs through blended-media methodologies; and disseminating informational and educational offerings through a variety of communication media. CDC is a trusted and credible source for information and many people are influenced by immunization information from web-based communications or other electronic media resources, some of which is not scientific, accurate, or credible.

This cooperative agreement provides an alternate source of scientific, accurate and credible immunization information using electronic and/or digital formats, both to complement CDC's own web-based resources, and to provide information for persons who would prefer to receive immunization information from non-government sources.

The intended outcomes of this cooperative agreement will increase knowledge, accessibility, and availability of timely resources for providers, parents, and the general public and, ultimately, increase vaccination coverage and decrease the prevalence of vaccine-preventable diseases across the life span.

#### **b. Statutory Authorities**

The program is authorized under section 317(k)(1) of the Public Health Service Act (42 U.S.C. 247b(k)(1)).

#### **c. Healthy People 2030**

This NOFO aligns with Healthy People 2030 goals infectious disease, and health communication. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccination>).

The goals are:

##### **Infectious Disease**

Reduce rates of infectious diseases and improve health for people with chronic infections

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/infectious-disease>

##### **Health Communication**

Improve health communication

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-communication>

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

This NOFO supports the following national guidance documents:

- Recommendations of the Advisory Committee on Immunization Practices  
<https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>
- HHS National Vaccine Program Office, Nation Vaccine Plan  
<https://www.hhs.gov/nvpo/national-vaccine-plan/index.html>

The Vaccines for Children Program (VFC) <https://www.cdc.gov/vaccines>

### e. Relevant Work

This funding opportunity builds upon previous work conducted under CDC-RFA-IP16-1601 that focus on developing and disseminating targeted immunization materials.

## 2. CDC Project Description

### a. Approach

**Bold** indicates period of performance outcome.

CDC-RFA-IP21-2104 Logic Model: *Developing and Disseminating Targeted Immunization Materials*

**Bold** indicates period of performance outcome

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Develop educational materials for providers to share with patients, parents, and the general public. Include: <ul style="list-style-type: none"> <li>• <i>Materials focused on disease prevention, immunization practices, and quality improvement</i></li> <li>• <i>Translate Vaccine Information Statement (VIS) in various non-English</i></li> </ul>	<b>Increased knowledge to providers, parents, and the general public on vaccine recommendation and practices.</b>  <b>Increased provider access to current and updated immunization resources</b>  <b>Increased resources for providers to address immunization misinformation</b>	Vaccination prioritized at national, state, and local levels  Strong recommendations for vaccination across the life span  Improved effectiveness and efficiencies of immunization programs  Improved delivery of appropriate messages by providers and addressing misinformation related to immunization	Decreased missed opportunities by providers to share timely and updated immunization recommendations and messages  Increased vaccination coverage for recommended vaccines across the life span.

<p><i>languages</i></p> <p>Disseminate educational materials to providers and other partners on current immunization recommendations and practices.</p> <p>Include:</p> <ul style="list-style-type: none"> <li>• <i>Immunization-related topics in ongoing communications vehicles (e.g., newsletters, electronic communications)</i></li> </ul> <p>Develop training opportunities and implement technical assistance to immunization coalitions</p> <p>Include:</p> <ul style="list-style-type: none"> <li>• Technical assistance provided to immunization coalitions</li> <li>• Tools and resources for coalition work</li> </ul> <p>Provide rapid response communication on outbreaks, emergency response or trending immunization priorities.</p>	<p><b>Increased immunization coalitions use of evidence-based immunization strategy interventions and best practices</b></p> <p><b>Increased provider access to changing guidance during an outbreak, emergency response, or in response to trending immunization priorities.</b></p>		<p><b>IMPACT</b></p> <p>Decrease vaccine preventable diseases across the life span.</p>
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**i. Purpose**

The purpose is to provide support for the development and dissemination of immunization

information through electronic formats to enhance the effectiveness of disease prevention programs that reduce the annual burden of vaccine-preventable diseases. The recipient will develop educational materials for providers to share with patients, parents, and the general public; disseminate materials on current immunization recommendations and practices; provide technical assistance for immunization coalitions; and provide rapid response on outbreaks, emergency response, or trending priorities.

## **ii. Outcomes**

The recipient is expected to show progress on the following short-term outcomes.

- Increased knowledge to providers, parents, and the general public on vaccine recommendation and practices
- Increased provides access to current and updated immunization resources
- Increased resources for providers to address immunization misinformation
- Increased immunization coalitions use of evidence-based immunization strategy interventions and best practices
- Increased provider access to changing guidance during an outbreak, emergency response, or in response to trending immunization priorities

## **iii. Strategies and Activities**

The strategies and activities should be designed to achieve the period of performance outcomes.

- Develop educational materials for providers to share with patients, parents, and the general public. This includes:
  - Developing materials focused on disease prevention, immunization practices, and quality improvement
  - Translating Vaccine Information Statements (VIS) in various languages
- Disseminate educational materials to providers and other partners on current immunization recommendations and practices. This includes:
  - Disseminating immunization-related topics in ongoing communications vehicles (e.g., newsletters, electronic communications).
- Develop training opportunities and implement technical assistance to immunization coalitions. This includes:
  - Providing technical assistance to immunization coalitions
  - Disseminating tools and resources for coalition work
- Provide rapid response communication on outbreaks, emergency response, or trending immunization priorities.

## **1. Collaborations**

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

Collaboration is essential to fulfill the expectations of quality communications, materials, and distribution that provide support to state immunization programs across the country, and to avoid

duplication of these efforts.

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

Applicants must collaborate with programs, stakeholders, and organizations external to CDC. Collaboration with organizations that support the achievement of the NOFO strategies and outcomes is vital. Collaboration is required with national organizations to aid in the uptake of vaccines, the reduction of vaccine preventable disease, and technical assistance to immunization coalitions that reach immunization audiences. Optional agency annual reports or bylaws can be provided to show collaborations including the communities that they serve, uptake of vaccines, or reduction of vaccine preventable diseases at the national, state, and local levels. Letters of support should describe the organization's relationship to the applicant and include technical assistance experience specific to population-based efforts to reduce immunization disparities and capacity for addressing health equity, and evidence of participation in trainings or meeting organized by the applicant immunization disparities, health equity and the development/implementation of related policies. They should also include evidence of engagement with diverse populations at risk to immunization and vaccine disparities. Membership and affiliations can also be shared to show collaboration at the national, state, and local levels and with immunization coalitions.

Applicants must file the letters of support, agency annual reports, and bylaws as appropriate, name the file "Letters of Support", "Annual Report", "ByLaws", "Memberships" or "Affiliations", and upload it as a PDF file at [www.grants.gov](http://www.grants.gov)

**2. Target Populations**

Immunization healthcare providers, patients, immunization coalitions, the general public as well as state programs. This program is designed to identify disparities related to vaccination coverage and activities that will have the biggest impact on health. This includes populations with health disparities in the United States correlating with race, ethnicity, language, economic status and other demographic factors.

Activities addressing foreign language Vaccine Information Statement (VIS) are designed to target non-English speaking populations.

While there is no specific direction for the recipient to undertake specific activities to address individuals with disabilities, lesbian, gay, bisexual, and transgender (LGBT) populations, or people with health literacy issues, it may be necessary given the focus on those that are hesitant to take vaccines, unequal uptake of vaccines, or disproportionate incidence of specific vaccine preventable diseases.

**a. Health Disparities**

Immunization disparities are influenced by structural, intermediate, and healthcare-related social determinants which have an impact at the health system, provider, and individual levels.

Cultural values and health beliefs about vaccination and immunization can impact the ability of providers and organizations to effectively deliver healthcare services, materials and resources that meet the social, cultural, and linguistic needs of patients.

Therefore, effective interventions to promote immunization must understand cultural beliefs and practices

and use them to complement prevention, treatment and care strategies. Thereby allowing programs to:

- Respond to demographic changes in the U.S.,
- Reduce disparities in the health status of people of diverse racial, ethnic and cultural backgrounds,
- Improve the quality of services and health outcomes, and
- Advance the development of culturally appropriate population health policies.

Activities addressing foreign language Vaccine Information Statement (VIS) are designed to target non-English speaking populations.

While there is no specific direction for the recipient to undertake specific activities to address individuals with disabilities, lesbian, gay, bisexual, and transgender (LGBT) populations, or people with health literacy issues, it may be necessary given the focus on those that are hesitant to take vaccines, unequal uptake of vaccines, or disproportionate incidence of specific vaccine preventable diseases.

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

NA.

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

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

At the core of the evaluation and performance measurement strategy are a set of process and outcome measures the award recipients will use to track progress and monitor levels of success for the implementation of the NOFO activities and how they lead to the expected outcomes. The evaluation efforts will inform decision making, program planning, and quality improvement.

##### **Proposed process measures**

Activity 1: Develop educational materials for providers to share with patients, parents, and the general public.

Process measure: May include the number of messages and tools developed.

Process measure: May include the number of VIS translated into non-English languages.

OUTCOME MEASURE: May include the percent of increase of providers that indicate utilization of foreign language VIS to counsel patients.

Activity 2: Disseminate educational materials to providers and other partners on current immunization recommendations and practices.

Process measure: May include the number of materials or tools disseminated, when and where they were distributed.

Process measure: May include the number of downloads of materials and tools developed

Activity 3: Develop training opportunities and implement technical assistance to immunization coalitions and provide tools and resources for immunization.

Process measure: May include the number of immunization coalitions receiving technical assistance, training, or immunization resources.



Activity 4: Provide rapid response communication on outbreaks, emergency response or trending immunization priorities.

Process measure: May include the number of time sensitive notifications distributed.

#### **Proposed outcome measures**

Short-term outcome 1: Increased knowledge to providers, parents, and the general public on vaccine recommendation and practices.

Outcome measure: Percent of providers indicating improved recommendations using surveys of parents/patients.

Outcome measure: Percent of increase of providers that indicate utilization of foreign language VIS to counsel patients.

Short-term outcome 2: Increased provider access to current and updated immunization resources

Outcome measure: Percent of providers indicating materials are useful via feedback through the website, automated surveys, or other means.

Short-term outcome 3: Increased resources for providers to address immunization misinformation

Outcome measure: Percent of providers indicating a behavioral change in people who are hesitant to vaccinate.

Short-term outcome 4: Increased immunization coalitions use of evidence-based immunization strategy interventions and best practices

Outcome measure: Percent of immunization coalitions indicating improve communication strategies and resources.

Short-term outcome 5: Increased provider access to changing guidance during an outbreak, emergency response, or in response to trending immunization priorities.

Outcome measure: Percent of providers indicating the availability of timely immunization information during an emergency, outbreak or trending priority.

#### **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/additional-requirements/ar-25.html>.

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

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

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

Award recipient plan must address short-term outcomes included in the NOFO.

The plan must include specific applicant developed process and outcome measures to help award recipient and CDC track progress and success of planned activities.

For this NOFO, due to the funding authority, PRA is not required.

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

Success of this program will require technical knowledge relevant to the proposed strategies and activities. The recipient should also have, established relationships with health care communities and immunization coalitions. A record of successful programs related to immunization communications and distribution are relevant attributes to implement and maintain this program. Applicant should indicate the nature of participation, the period of performance, and names and titles of individuals who will be involved in the project. In addition to the basic eligibility criteria, an organization must:

- Have the relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes demonstrated in annual reports and agency organizational chart.
- Have at least a five year record of developing and disseminating immunization information and materials to segmented audiences including healthcare providers and the general public, as demonstrated by agency annual reports, or a listing of previous grants with a similar focus with dates and brief descriptions of each.
- Have at least a five year record of management and distribution of Vaccine Information Statements (VIS) to segmented audiences including healthcare providers, and the general public, as demonstrated by agency annual reports, or a listing of previous grants with a similar focus with dates and brief descriptions of each.
- Have a least a five-year record of collaborating with immunization coalitions including the ability to provide technical assistance and training to immunization coalitions and demonstrated in annual reports, previous grants with similar focus and a brief description

of each, or demonstrated through letters of support, memberships, or affiliations.

- Have at least a five-year record of operating nationally. The applicant should also show reach across all 50 states and have affiliations with state and local immunization coalitions. The applicant should have the ability to reach healthcare providers, patients, the general public, and all others who require the most current, up-to-date information about vaccines as demonstrated by agency annual reports, letters of support, bylaws, a letter from the Board of Directors stating that the organization has operated nationally for at least five years, or a listing of previous grants with a national focus, and through memberships or affiliations.

**d. Work Plan**

<b>Project Period Outcome:</b> <i>[[from Outcomes section and/or logic model]]</i>		<b>Outcome Measure:</b> <i>[[from Evaluation and Performance Measurement section]]</i>	
<b>Strategies and Activities</b>	<b>Process Measure</b> <i>[[from Evaluation and Performance Measurement section]]</i>	<b>Responsible Position/Party</b>	<b>Completion Date</b>
1.			
2.			
3.			
4.			
5.			
6.			

Applicants should provide a detailed work plan for the first year of the project and a high-level work plan for years 2-5.

**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.

Monitor the recipient's performance of program activities and progress toward program goals.

To fulfill the expectations of quality communications, materials, and distribution that provide support to state immunization programs across the country, and to avoid duplication of these efforts. Collaboration is also necessary with CDC/NCIRD Immunization Services Division including the branches as well as NCIRD OD Health Communications Science Office.

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

Provide technical assistance in identifying major immunization issues, setting program priorities, and implementing and evaluating project activities.

Assist in the review of immunization messages and materials both for technical accuracy and for compliance with proven health education and communication strategies.

Facilitate the transfer of successful prevention interventions and program models to other areas through meetings of recipients, workshops, conferences, newsletters, and communications with project officers.

Collaborate with the recipient to establish a system for prioritizing translations of VIS into non-English languages, based on relevant criteria (e.g., past usage, current and projected demand, available funds, potential timing of subsequent updates).

**B. Award Information**

<b>1. Funding Instrument Type:</b>	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
<b>2. Award Mechanism:</b>	H23
<b>3. Fiscal Year:</b>	2021
<b>4. Approximate Total Fiscal Year Funding:</b>	\$350,000
<b>5. Approximate Period of Performance Funding:</b>	\$1,750,000

This amount is subject to the availability of funds.

Estimated Total Funding:	\$1,750,000
<b>6. Approximate Period of Performance Length:</b>	5 year(s)
<b>7. Expected Number of Awards:</b>	1
<b>8. Approximate Average Award:</b>	\$350,000 Per Budget Period
<b>9. Award Ceiling:</b>	\$0 Per Project Period

This amount is subject to the availability of funds.

<b>10. Award Floor:</b>	\$350,000 Per Budget Period
<b>11. Estimated Award Date:</b>	09/03/2021
<b>12. Budget Period Length:</b>	12 month(s)

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

### **13. Direct Assistance**

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

## **C. Eligibility Information**

### **1. Eligible Applicants**

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

Additional Eligibility Category:

### **2. Additional Information on Eligibility**

States, political subdivisions of States, and other public and nonprofit private entities.

The award ceiling for this NOFO is \$350,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review.

### 3. Justification for Less than Maximum Competition

N/A.

### 4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

### 5. Maintenance of Effort

Maintenance of effort is not required for this program.

## D. Application and Submission Information

### 1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at [www.grants.gov](http://www.grants.gov).

#### a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided at no charge.

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

#### b. System for Award Management (SAM):

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

#### c. [Grants.gov](http://www.grants.gov):

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	<ol style="list-style-type: none"> <li>1. Click on <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a></li> <li>2. Select Begin DUNS search/request process</li> <li>3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit #</li> <li>4. Request appropriate staff member(s) to obtain DUNS number, verify &amp; update information under DUNS number</li> </ol>	1-2 Business Days	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
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	<ol style="list-style-type: none"> <li>1. Retrieve organizations DUNS number</li> <li>2. Go to <a href="https://www.sam.gov/index.html">https://www.sam.gov/index.html</a> and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)</li> </ol>	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact <a href="https://fsd.gov/home.do">https://fsd.gov/home.do</a> Calls: 866-606-8220
3	Grants.gov	<ol style="list-style-type: none"> <li>1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR)</li> <li>2. Once the account is set up the E-BIZ POC will be notified via email</li> <li>3. Log into grants.gov using the password the E-BIZ POC received and create new password</li> <li>4. This authorizes the AOR to submit applications on behalf of the organization</li> </ol>	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

## 2. Request Application Package

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

## 3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at [www.grants.gov](http://www.grants.gov).

## 4. Submission Dates and Times

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

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

Due Date for Letter of Intent: N/A

### b. Application Deadline

Due Date for Applications: **04/15/2021** , 11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov). If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

N/A.

## 5. CDC Assurances and Certifications

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51Inrv1hljjjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51Inrv1hljjjmaa))/Homepage.aspx).

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file “Assurances and Certifications” and upload it as a PDF file with at [www.grants.gov](http://www.grants.gov)
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51Inrv1hljjjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51Inrv1hljjjmaa))/Homepage.aspx)

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



### **Risk Assessment Questionnaire Requirement**

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (<https://www.fapiis.gov/>), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS. When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents \_ Procurement Policy.

### **Duplication of Efforts**

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

## **6. Content and Form of Application Submission**

Applicants are required to include all of the following documents with their application package at [www.grants.gov](http://www.grants.gov).

## **7. Letter of Intent**

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

## **8. Table of Contents**

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

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

## **9. Project Abstract Summary**

(Maximum 1 page)

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

## **10. Project Narrative**

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

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

### **a. Background**

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

### **b. Approach**

#### **i. Purpose**

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

#### **ii. Outcomes**

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

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

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

#### **1. Collaborations**

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

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

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

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

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The

Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA

see <https://www.cdc.gov/od/science/integrity/reducePublicBurden/>.

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

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

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

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

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

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

### **11. Work Plan**

(Included in the Project Narrative's page limit)

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

### **12. Budget Narrative**

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

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

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

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

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

Applicants must name this file "Budget Narrative" and upload it as a PDF file at [www.grants.gov](http://www.grants.gov). If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current

negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file “Indirect Cost Rate” and upload it at [www.grants.gov](http://www.grants.gov).

### **13. Funds Tracking**

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

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

### **14. Intergovernmental Review**

Executive Order 12372 does not apply to this program.

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

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

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

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

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

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

## 17. Funding Restrictions

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

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

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

## 18. Data Management Plan

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

## 19. Other Submission Requirements

### a. Electronic Submission:

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

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

**c. Validation Process:** Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by [www.grants.gov](http://www.grants.gov). A second e-mail message to applicants will then be generated by [www.grants.gov](http://www.grants.gov) that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred.



Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

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

<https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=GetStarted%2FGetStarted.htm>

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

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

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

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

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

## E. Review and Selection Process

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

#### a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to

Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

## **b. Phase II Review**

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

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

### **i. Approach**

Maximum Points:40

Evaluate the extent to which the applicant:

- Presents outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model. (4 points)
- Describes an overall strategy and activities consistent with the CDC Project Description and logic model. (3 points)
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable). (3 points)
- Describes the development of targeted educational materials using electronic, and/or digital formats for healthcare providers and the general public to increase immunization rates across the life span (in children, adolescents, adults). (5 points)
- Provides a realistic plan for the management, translation, and dissemination of foreign language Vaccine Information Statements. (5 points)
- Presents methods for disseminating immunization-related resources in ongoing communications vehicles (e.g., newsletters, electronic communications, VIS, and other resources). (4 points)
- Shows collaboration and the ability to provide training and technical assistance to immunization coalitions. (4 points)
- Has a realistic plan to disseminate critical immunization information in response to outbreaks of vaccine preventable disease, vaccine shortages, or other potential urgent or trending information concerning vaccines or vaccine preventable diseases within 24-48 hours of a CDC announcement. (3 points)
- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC. (4 points)
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes. (3 points)
- Describes how it will collaborate with CDC Immunization Program and external programs to advance immunization priorities. (2 points)

## ii. Evaluation and Performance Measurement

Maximum Points:25

Evaluate the extent to which the applicant:

- Shows the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach. (8 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (8 points)
- Describes how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. (5 points)
- Presents data that shows an overall performance measure to which the program changed immunization provider behaviors or impacted immunization rates) (4 points)

## iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points:35

Evaluate the extent to which the applicant:

- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes. (7 points)
- Shows a minimum of five years' experience developing and disseminating immunization information and materials to segmented audiences including healthcare providers and the general public. (7 points)
- Shows a minimum of 5 years of experience in working with and managing distribution of VISs. (10 points)
- Shows at least a five-year record of collaborating with immunization coalitions including the ability to provide technical assistance and training to immunization coalitions. (7 points)
- Shows at least a five-year record of operating nationally including the ability to show reach across all 50 states and with healthcare providers, patients, the general public, and immunization coalitions. (4 points)

## Budget

Evaluate whether the budget is reasonable and aligns with the proposed strategies and activities included in the work plan. (0 points)

## c. Phase III Review

Considerations for funding may include financial stability, history of performance, timeliness of compliance with reporting requirements and conformance to the terms and conditions of previous awards, reports and audit findings, and the applicant's ability to effectively implement requirements imposed on non-Federal entities.

CDC may fund out of order if risk is determined for a specific applicant. CDC will provide

justification for any decision to fund out of order.

**Review of risk posed by applicants.**

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

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

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

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

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

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

## 2. Announcement and Anticipated Award Dates

CDC will notify selected applicant of official award notice.  
Anticipated award date is September 3, 2021.

## F. Award Administration Information

### 1. Award Notices

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

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

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

### 2. Administrative and National Policy Requirements

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

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

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

AR-12: Lobbying Restrictions (June 2012)

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

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

### 3. Reporting

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;

- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Program is responsible to report progress and financial information to HHS and CDC required systems.

<b>Report</b>	<b>When?</b>	<b>Required?</b>
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	N/A
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	Yes

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

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

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

**Performance Measurement**

- Performance measures and targets
- The frequency that performance data are to be collected.

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

#### Evaluation

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

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

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

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

This report must include the following:

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

ability to complete the work plan activities and achieve the period of performance outcomes.

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

The recipients must submit the Annual Performance Report via <https://www.grantsolutions.gov> no later than 120 days prior to the end of the budget period.

**c. Performance Measure Reporting (optional)**

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

**d. Federal Financial Reporting (FFR) (required)**

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

**e. Final Performance and Financial Report (required)**

This Final Performance Report is due 120 days after the end of the period of performance. The final FFR is due 120 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.



- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

#### **4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)**

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- [https://www.frs.gov/documents/ffata\\_legislation\\_110\\_252.pdf](https://www.frs.gov/documents/ffata_legislation_110_252.pdf)
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

#### **5. Reporting of Foreign Taxes (International/Foreign projects only)**

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more

financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;

“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to [VATreporting@cdc.gov](mailto:VATreporting@cdc.gov).

5) Contents of Reports: The reports must contain:

a. recipient name;

b. contact name with phone, fax, and e-mail;

c. agreement number(s) if reporting by agreement(s);

d. reporting period;

e. amount of foreign taxes assessed by each foreign government;

f. amount of any foreign taxes reimbursed by each foreign government;

g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

## **G. Agency Contacts**

CDC encourages inquiries concerning this notice of funding opportunity.

### **Program Office Contact**

**For programmatic technical assistance, contact:**

Regina Edwards, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

1600 Clifton Road, NE, MS H24-6

Atlanta, Georgia, 30333

Telephone: (404) 498-6197

Email: [rdb1@cdc.gov](mailto:rdb1@cdc.gov)

## Grants Staff Contact

For **financial, awards management, or budget assistance**, contact:

Brandy Coffee, Grants Management Specialist  
Department of Health and Human Services  
Office of Grants Services  
Grant Management Specialist (Contractor)  
Time Solutions, LLC  
Office of Grants Services (OGS)  
Office of Financial Resources (OFR)  
2939 Flowers Rd., (TV-2)  
Atlanta, Georgia 30341

Telephone: (404) 498-4143

Email: [qpx7@cdc.gov](mailto:qpx7@cdc.gov)

For assistance with **submission difficulties related to** [www.grants.gov](http://www.grants.gov), contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

## H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at [www.grants.gov](http://www.grants.gov). Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A

- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Letters of Support
- Organization Charts
  
- Bylaws
- Agency Annual Report
- Memberships
- Affiliations
- Letter from Board of Directors

## I. Glossary

**Activities:** The actual events or actions that take place as a part of the program.

**Administrative and National Policy Requirements, Additional Requirements**

**(ARs):** Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see [http://www.cdc.gov/grants/additional\\_requirements/index.html](http://www.cdc.gov/grants/additional_requirements/index.html). Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

**Approved but Unfunded:** Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

**Assistance Listings (CFDA):** A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

**Assistance Listings (CFDA) Number:** A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

**Award:** Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

**Budget Period or Budget Year:** The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

**Carryover:** Unobligated federal funds remaining at the end of any budget period that, with the

approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

**CDC Assurances and Certifications:** Standard government-wide grant application forms.

**Competing Continuation Award:** A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the “life” of the award).

**Continuous Quality Improvement:** A system that seeks to improve the provision of services with an emphasis on future results.

**Contracts:** An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

**Cooperative Agreement:** A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

**Cost Sharing or Matching:** Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

**Direct Assistance:** A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. [http:// www.cdc.gov /grants /additionalrequirements /index.html](http://www.cdc.gov/grants/additionalrequirements/index.html).

**DUNS:** The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at [http://fedgov.dnb.com/ webform/displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do).

**Evaluation (program evaluation):** The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

**Evaluation Plan:** A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

**Federal Funding Accountability and Transparency Act of 2006 (FFATA):** Requires that information about federal awards, including awards, contracts, loans, and other assistance and

payments, be available to the public on a single website at [www.USAspending.gov](http://www.USAspending.gov).

**Fiscal Year:** The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

**Grant:** A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

**Grants.gov:** A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at [www.grants.gov](http://www.grants.gov).

**Grants Management Officer (GMO):** The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

**Grants Management Specialist (GMS):** A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

**Health Disparities:** Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

**Health Equity:** Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

**Health Inequities:** Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

**Healthy People 2030:** National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

**Inclusion:** Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

**Indirect Costs:** Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

**Intergovernmental Review:** Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list:

<https://www.whitehouse.gov/wp-content/uploads/2020/04/SPOC-4-13-20.pdf>.

**Letter of Intent (LOI):** A preliminary, non-binding indication of an organization's intent to submit an application.

**Lobbying:** Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

**Logic Model:** A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

**Maintenance of Effort:** A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

#### **Memorandum of Understanding (MOU) or Memorandum of Agreement**

**(MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

**Nonprofit Organization:** Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher education, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

**Notice of Award (NoA):** The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

**Objective Review:** A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

**Outcome:** The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced

morbidity and mortality.

**Performance Measurement:** The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

**Period of performance –formerly known as the project period - :** The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

**Period of Performance Outcome:** An outcome that will occur by the end of the NOFO’s funding period

**Plain Writing Act of 2010:** The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

**Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

**Program Official:** Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

**Public Health Accreditation Board (PHAB):** A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation <http://www.phaboard.org>.

**Social Determinants of Health:** Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

**Statute:** An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

**Statutory Authority:** Authority provided by legal statute that establishes a federal financial assistance program or award.

**System for Award Management (SAM):** The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing [www.grants.gov](http://www.grants.gov) to verify identity and pre-fill organizational information on grant applications.

**Technical Assistance:** Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

**Work Plan:** The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the



approved budget.

## **NOFO-specific Glossary and Acronyms**



**Recipient Information**

**1. Recipient Name**

IMMUNIZATION ACTION COALITION, INC.  
2550 University Ave W  
Grants Administration  
Saint Paul, MN 55114-1052  
[NO DATA]

**2. Congressional District of Recipient**

04

**3. Payment System Identifier (ID)**

1411768237A1

**4. Employer Identification Number (EIN)**

411768237

**5. Data Universal Numbering System (DUNS)**

869278796

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Mrs. Julie Murphy  
Senior Administrator for Grants and Leadership  
julie@immunize.org  
612-704-1767

**8. Authorized Official**

Mrs. Kelly Moore  
President and Chief Executive Officer  
kelly.moore@immunize.org  
651-647-9009

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Ackee Evans  
Grants Management Specialist  
qtq4@cdc.gov  
678-475-4564

**10. Program Official Contact Information**

Regina Edwards  
N/A  
rdb1@cdc.gov  
404-498-6197

**Federal Award Information**

**11. Award Number**

1 NH23IP922654-01-00

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922654

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Developing and Disseminating Targeted Immunization Materials

**15. Assistance Listing Number**

93.268

**16. Assistance Listing Program Title**

Immunization Cooperative Agreements

**17. Award Action Type**

New

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$350,000.00
20a. Direct Cost Amount			\$350,000.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$420,001.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$770,001.00
<b>26. Project Period Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<b>Recipient Information</b>	
<b>Recipient Name</b>	
IMMUNIZATION ACTION COALITION, INC. 2550 University Ave W Grants Administration Saint Paul, MN 55114-1052 [NO DATA]	
<b>Congressional District of Recipient</b>	
04	
<b>Payment Account Number and Type</b>	
1411768237A1	
<b>Employer Identification Number (EIN) Data</b>	
411768237	
<b>Universal Numbering System (DUNS)</b>	
869278796	
<b>Recipient's Unique Entity Identifier</b>	
Not Available	
<b>31. Assistance Type</b>	
Cooperative Agreement	
<b>32. Type of Award</b>	
Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$350,000.00
m. Federal Share	\$350,000.00
n. Non-Federal Share	\$420,001.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
1-93902CA	21NH23IP922654	IP	41.51	\$195,000.00	75-21-0951	
1-9390BK4	21NH23IP922654	IP	41.51	\$105,000.00	75-75-X-0512-009	
1-939ZVDW	21NH23IP922654	IP	41.51	\$50,000.00	75-21-0951	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 1 NH23IP922654-01-00

FAIN# NH23IP922654

Federal Award Date: 07/28/2021

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</b>
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

IMMUNIZATION ACTION COALITION, INC.

1 NH23IP922654-01-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2104, entitled Developing and Disseminating Targeted Immunization Materials, and application dated April 15, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of \$350,000 is approved for the Year 1 budget period, which is September 30, 2021 through September 29, 2022. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

Provide technical assistance in identifying major immunization issues, setting program priorities, and implementing and evaluating project activities.

Assist in the review of immunization messages and materials both for technical accuracy and for compliance with proven health education and communication strategies.

Facilitate the transfer of successful prevention interventions and program models to other areas through meetings of recipients, workshops, conferences, newsletters, and communications with project officers.

Collaborate with the recipient to establish a system for prioritizing translations of VIS into non-English languages, based on relevant criteria (e.g., past usage, current and projected demand, available funds, potential timing of subsequent updates).

**Expanded Authority:** The recipient is permitted the following expanded authority in the administration of the award.

- X Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

#### **FUNDING RESTRICTIONS AND LIMITATIONS**

**Indirect Cost:** Indirect costs are not approved for this award, because indirect costs were not requested or an approved Indirect Cost Rate Agreement has not been established.

#### **REPORTING REQUIREMENTS**

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022.** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>.

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Ackeem Evans, Grants Management Specialist  
Centers for Disease Control & Prevention  
Infectious Disease Services Branch  
2939 Flowers Rd., Rm 2147, MS-TV2  
Atlanta, GA 30341  
Phone: 678-475-4564  
Email: [qtq4@cdc.gov](mailto:qtq4@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

## **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds:

## **CDC Staff Contacts**

**Grants Management Specialist:** The GMS is the federal staff member responsible for the day- to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

### **GMS Contact:**

Ackeem Evans, Grants Management Specialist  
Centers for Disease Control and Prevention  
Infectious Disease Service Branch  
2939 Flowers Road South, MS  
TV-2 Atlanta, GA 30341  
Telephone: 678-475-4564  
Fax: 770-488-2728  
Email: [mm19@cdc.gov](mailto:mm19@cdc.gov)

**Program/Project Officer:** The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

### **Programmatic Contact:**

Regina Edwards, Project Officer  
Centers for Disease Control and Prevention  
Division of Violence Protection  
4770 Buford Highway Chamblee GA 30341  
Telephone: 404-498-6197  
Email: [rdb1@cdc.gov](mailto:rdb1@cdc.gov)



**Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

**GMO Contact:**

Kathy Raible, Grants Management Officer  
Centers for Disease Control and Prevention  
Infectious Disease Service Branch

2939 Flowers Road South, MS.TV-2

Atlanta, GA 30341

Telephone: 770-488-2045

Email: [kraible@cdc.gov](mailto:kraible@cdc.gov)



**Recipient Information**

**1. Recipient Name**

IMMUNIZATION ACTION COALITION, INC.  
2550 University Ave W  
Grants Administration  
Saint Paul, MN 55114-1052  
[NO DATA]

**2. Congressional District of Recipient**

04

**3. Payment System Identifier (ID)**

1411768237A1

**4. Employer Identification Number (EIN)**

411768237

**5. Data Universal Numbering System (DUNS)**

869278796

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Dr. Kelly Moore  
President and Chief Executive Officer  
kelly.moore@immunize.org  
615-973-2327

**8. Authorized Official**

Ms. Julie R. Murphy  
julie@immunize.org  
6127041767

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Ackeeem Evans  
Grants Management Specialist  
qtq4@cdc.gov  
678-475-4564

**10. Program Official Contact Information**

Regina Edwards  
N/A  
rdb1@cdc.gov  
404-498-6197

**Federal Award Information**

**11. Award Number**

6 NH23IP922654-01-01

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922654

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Developing and Disseminating Targeted Immunization Materials

**15. Assistance Listing Number**

93.268

**16. Assistance Listing Program Title**

Immunization Cooperative Agreements

**17. Award Action Type**

Change in Key Personnel

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$350,000.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$420,001.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$770,001.00
<b>26. Project Period Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<p><b>Recipient Information</b></p> <p><b>Recipient Name</b>          IMMUNIZATION ACTION COALITION, INC.          2550 University Ave W          Grants Administration          Saint Paul, MN 55114-1052          [NO DATA]</p> <p><b>Congressional District of Recipient</b>          04</p> <p><b>Payment Account Number and Type</b>          1411768237A1</p> <p><b>Employer Identification Number (EIN) Data</b>          411768237</p> <p><b>Universal Numbering System (DUNS)</b>          869278796</p> <p><b>Recipient's Unique Entity Identifier</b>          Not Available</p>
<p><b>31. Assistance Type</b>          Cooperative Agreement</p> <p><b>32. Type of Award</b>          Other</p>

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages b. Fringe Benefits c. Total Personnel Costs d. Equipment e. Supplies f. Travel g. Construction h. Other i. Contractual	(b)(4)
<b>j. TOTAL DIRECT COSTS</b>	\$350,000.00
<b>k. INDIRECT COSTS</b>	\$0.00
<b>l. TOTAL APPROVED BUDGET</b>	\$350,000.00
<b>m. Federal Share</b>	\$350,000.00
<b>n. Non-Federal Share</b>	\$420,001.00

<b>34. Accounting Classification Codes</b>					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-93902CA	21NH23IP922654	IP	41.51	\$0.00	75-21-0951
1-9390BK4	21NH23IP922654	IP	41.51	\$0.00	75-75-X-0512-009
1-939ZVDW	21NH23IP922654	IP	41.51	\$0.00	75-21-0951



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922654-01-01

FAIN# NH23IP922654

Federal Award Date: 09/01/2021

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

IMMUNIZATION ACTION COALITION, INC.

6 NH23IP922654-01-01

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1. Terms and Conditions

## AWARD INFORMATION

**Key Personnel:** The purpose of this amendment is to approve the Authorizing Official change to Julie R. Murphy. As well as to approve the Principle Investigator change to Kelly L. Moore. This is in response to the request submitted by your organization dated August 25, 2021.

Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to the cooperative agreement are allowable, allocable, necessary, and reasonable.

All other terms and conditions issued with the original Notice of Award remain in effect throughout the budget period unless changed, in writing, by the CDC Grants Management Officer.

PLEASE REFERENCE THE GRANT NUMBER ON ALL CORRESPONDENCE.



**Recipient Information**

**1. Recipient Name**

Immunization Action Coalition  
2550 University Ave W  
Grants Administration  
Saint Paul, MN 55114-1052  
[NO DATA]

**2. Congressional District of Recipient**  
04

**3. Payment System Identifier (ID)**  
1411768237A1

**4. Employer Identification Number (EIN)**  
411768237

**5. Data Universal Numbering System (DUNS)**  
869278796

**6. Recipient's Unique Entity Identifier (UEI)**  
SGJUKTB3NER3

**7. Project Director or Principal Investigator**

Dr. Kelly Moore  
President and Chief Executive Officer  
kelly.moore@immunize.org  
615-973-2327

**8. Authorized Official**

Ms. Julie R. Murphy  
julie@immunize.org  
6127041767

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Romero Stokes  
Inj0@cdc.gov  
770-488-2075

**10. Program Official Contact Information**

Regina Edwards  
N/A  
rdbl@cdc.gov  
404-498-6197

**Federal Award Information**

**11. Award Number**

5 NH23IP922654-02-00

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922654

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Developing and Disseminating Targeted Immunization Materials

**15. Assistance Listing Number**

93.268

**16. Assistance Listing Program Title**

Immunization Cooperative Agreements

**17. Award Action Type**

Non-Competing Continuation

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2022	<b>- End Date</b>	09/29/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$350,000.00
20a. Direct Cost Amount			\$350,000.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$420,000.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$770,000.00
<b>26. Period of Performance Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$1,540,001.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Brownie Anderson-Rana  
Grants Management Officer

**30. Remarks**

Continuation Application: Approved.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 5 NH23IP922654-02-00

FAIN# NH23IP922654

Federal Award Date: 07/01/2022

<b>Recipient Information</b>	
<b>Recipient Name</b> Immunization Action Coalition 2550 University Ave W Grants Administration Saint Paul, MN 55114-1052 [NO DATA]	
<b>Congressional District of Recipient</b> 04	
<b>Payment Account Number and Type</b> 1411768237A1	
<b>Employer Identification Number (EIN) Data</b> 411768237	
<b>Universal Numbering System (DUNS)</b> 869278796	
<b>Recipient's Unique Entity Identifier (UEI)</b> SGJUKTB3NER3	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$350,000.00
m. Federal Share	\$350,000.00
n. Non-Federal Share	\$420,000.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-93902CA	21NH23IP922654	IP	41.51	93.268	\$0.00	75-21-0951
1-9390BK4	21NH23IP922654	IP	41.51	93.268	\$0.00	75-75-X-0512-009
1-939ZVDW	21NH23IP922654	IP	41.51	93.268	\$0.00	75-21-0951
2-93902CA	21NH23IP922654	IP	41.51	93.268	\$153,000.00	75-22-0951
2-9390BK4	21NH23IP922654	IP	41.51	93.268	\$147,000.00	75-75-X-0512-009
2-9390JLP	21NH23IP922654	IP	41.51	93.268	\$50,000.00	75-X-0951





**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 5 NH23IP922654-02-00

FAIN# NH23IP922654

Federal Award Date: 07/01/2022

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

Immunization Action Coalition

5 NH23IP922654-02-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **CDC-RFA-IP21-2104**, entitled **Developing and Disseminating Targeted Immunization Materials**, and application dated **April 15, 2022**, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of **\$350,000** is approved for the **Year 02** budget period, which is **September 30, 2022** through **September 29, 2023**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

- Provide technical assistance in identifying major immunization issues, setting program priorities, and implementing and evaluating project activities.
- Assist in the review of immunization messages and materials both for technical accuracy and for compliance with proven health education and communication strategies.
- Facilitate the transfer of successful prevention interventions and program models to other areas through meetings of recipients, workshops, conferences, newsletters, and communications with project officers.
- Collaborate with the recipient to establish a system for prioritizing translations of VIS into non-English languages, based on relevant criteria (e.g., past usage, current and projected demand, available funds, potential timing of subsequent updates).

**Budget Revision Requirement:** By **October 31, 2022** the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date. The requirements include the following:

- **Certifications:** Signed Certifications were not submitted with the continuation application, nor were they found in sam.gov. Please submit a current and signed copy of your organization's Certifications **as a Grant Note** by the date above.

- **Consultant:** Please add the Period of Performance for each identified Consultant.
- **Other:** Translation services should be listed as a **Contractual Cost**. The recipient must provide a revised budget that moves this cost to the appropriate budget cost category. Please submit your revised budget and justification as a **Prior Approval Request** in Grant Solutions.

**Expanded Authority:** The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

**Addition alternative:** Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

### FUNDING RESTRICTIONS AND LIMITATIONS

**Indirect Costs:** Indirect costs are not approved for this award, because indirect costs were not requested or an approved Indirect Cost Rate Agreement has not been established. To have indirect costs approved for this grant, submit an approved indirect cost rate agreement to the grants management specialist no later than **October 31, 2022**.

### REPORTING REQUIREMENTS

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report"**, **Expiration Date 10/31/2022**. The components of the PPMR are available for download at: <https://www.cdc.gov/grants/already-have-grant/Reporting.html>

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Romero Stokes, Grants Management Officer/Specialist  
Centers for Disease Control and Prevention  
**Branch 1**  
2939 Flowers Road, MS-TV2  
Atlanta, Georgia 30341  
Phone: 770-488-2075  
Email: [lnj0@cdc.gov](mailto:lnj0@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.



**Recipient Information**

**1. Recipient Name**

IMMUNIZATION ACTION COALITION  
2550 University Ave W  
Grants Administration  
Saint Paul, MN 55114-1052  
[NO DATA]

**2. Congressional District of Recipient**  
04

**3. Payment System Identifier (ID)**  
1411768237A1

**4. Employer Identification Number (EIN)**  
411768237

**5. Data Universal Numbering System (DUNS)**  
869278796

**6. Recipient's Unique Entity Identifier (UEI)**  
SGJUKTB3NER3

**7. Project Director or Principal Investigator**  
Dr. Kelly Moore  
President and Chief Executive Officer  
kelly.moore@immunize.org  
615-973-2327

**8. Authorized Official**

Ms. Julie R. Murphy  
julie@immunize.org  
6127041767

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Romero Stokes  
Inj0@cdc.gov  
770-488-2075

**10. Program Official Contact Information**

Regina Edwards  
N/A  
rdbl@cdc.gov  
404-498-6197

**Federal Award Information**

**11. Award Number**

6 NH23IP922654-02-01

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922654

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

Developing and Disseminating Targeted Immunization Materials

**15. Assistance Listing Number**

93.268

**16. Assistance Listing Program Title**

Immunization Cooperative Agreements

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2022	<b>- End Date</b>	09/29/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$800,000.00
20a. Direct Cost Amount			\$800,000.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$350,000.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$420,000.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$1,570,000.00
<b>26. Period of Performance Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$2,340,001.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Brownie Anderson-Rana  
Grants Management Officer

**30. Remarks**

Supplement Award: \$800,000.00 - Approved.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922654-02-01

FAIN# NH23IP922654

Federal Award Date: 08/30/2022

<b>Recipient Information</b>	
<b>Recipient Name</b> IMMUNIZATION ACTION COALITION 2550 University Ave W Grants Administration Saint Paul, MN 55114-1052 [NO DATA]	
<b>Congressional District of Recipient</b> 04	
<b>Payment Account Number and Type</b> 1411768237A1	
<b>Employer Identification Number (EIN) Data</b> 411768237	
<b>Universal Numbering System (DUNS)</b> 869278796	
<b>Recipient's Unique Entity Identifier (UEI)</b> SGJUKTB3NER3	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$1,150,000.00
m. Federal Share	\$1,150,000.00
n. Non-Federal Share	(b)(4)

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-93902CA	21NH23IP922654	IP	41.51	93.268	\$0.00	75-21-0951
1-9390BK4	21NH23IP922654	IP	41.51	93.268	\$0.00	75-75-X-0512-009
1-939ZVDW	21NH23IP922654	IP	41.51	93.268	\$0.00	75-21-0951
2-93902CA	21NH23IP922654	IP	41.51	93.268	\$0.00	75-22-0951
2-9390BK4	21NH23IP922654	IP	41.51	93.268	\$0.00	75-75-X-0512-009
2-9390JLP	21NH23IP922654	IP	41.51	93.268	\$0.00	75-X-0951
2-93909KZ	21NH23IP922654	IP	41.51	93.268	\$400,000.00	75-X-0951
2-9390K9L	21NH23IP922654C6	IP	41.51	93.268	\$400,000.00	75-X-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922654-02-01

FAIN# NH23IP922654

Federal Award Date: 08/30/2022

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</b>
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>



# AWARD ATTACHMENTS

IMMUNIZATION ACTION COALITION

6 NH23IP922654-02-01

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1. Terms and Conditions

**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **CDC-RFA-IP21-2104**, titled **Developing and Disseminating Targeted Immunization Materials**, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount of **\$800,00.00** is approved for the **Year 02** budget period, which is **September 30, 2022** through **September 29, 2023**.

<b>Funding Source</b>	<b>Amount</b>
COVID Funding	\$400,000.00
Non-COVID Funding	\$400,000.00

**Recipients have until September 29, 2023, to expend funds awarded under this supplement.**

**Coronavirus Disease 2019 (COVID-19) Funds:** A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition,

recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

**Administrative Requirement:** By October 31, 2022, the recipient must respond to the OGS Budget Comments in accordance with the recommendations provided in GrantSolutions as a Grant Note. If the date falls on a weekend or holiday, the submission will be due the following business day. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Awarding Agency Contact Information section on the first page before the due date.

## REPORTING REQUIREMENTS

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Wayne Woods, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV-2  
Atlanta, GA 30341  
Email: kuv1@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b)).

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application. The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

**STEWARDSHIP:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program. All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.



**CENTERS FOR DISEASE™  
CONTROL AND PREVENTION**

**Centers for Disease Control and Prevention**

**NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES**

**Improving Adult Immunization Rates for COVID-19, Influenza, and Routine Adult Vaccinations  
through Partnerships with Medical Subspecialty Professional Societies and the Long-Term Care  
Professional Society**

**CDC-RFA-IP21-2111**

*Application Due Date will be submitted as: date based on the value specified for Due Date for  
Applications*

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### Part I. Overview

Applicants must go to the synopsis page of this announcement at [www.grants.gov](http://www.grants.gov) and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-IP21-2111. Applicants also must provide an e-mail address to [www.grants.gov](http://www.grants.gov) to receive notifications of changes.

#### A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

#### B. Notice of Funding Opportunity (NOFO) Title:

Improving Adult Immunization Rates for COVID-19, Influenza, and Routine Adult Vaccinations through Partnerships with Medical Subspecialty Professional Societies and the Long-Term Care Professional Society

#### 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-IP21-2111

#### E. Assistance Listings Number:

93.185

#### F. Dates:

#### I. Due Date for Letter of Intent (LOI):

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

**2. Due Date for Applications:**

*Application Due Date will be submitted as: date based on the value specified for Due Date for Applications*

11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov).

**3. Due Date for Informational Conference Call:**

N/A

**G. Executive Summary:**

**1. Summary Paragraph**

This 5-year NOFO will increase COVID-19, influenza, and routine adult vaccination coverage in adults with chronic medical conditions, in occupational health clinics, and in adults working and residing in long-term care (LTC) facilities. The Council of Medical Specialty Societies (CMSS) and the Society for Post-Acute and Long-Term Care Medicine (AMDA) will incorporate adult vaccination into the standard of care for subspecialty providers (including occupational health and LTC). CMSS will focus on activities leading to adoption of the Standards for Adult Immunization Practice in its 45 societies, and AMDA will focus on the same with its affiliate organization, the Foundation for Post-Acute and Long-Term Care Medicine. CMSS and AMDA will develop/update vaccine policy statements, develop/promote continuing education on adult immunization for their membership, and award funds to up to 7 subspecialty societies (for CMSS) and to the Foundation (for AMDA) to systematize routine delivery of adult immunizations. Similar to expectations of CMSS and AMDA as a whole, funded CMSS subspecialty societies and AMDA's Foundation should fund staff at the national level and in regional chapters to update vaccination policies and encourage use of adult vaccinations as quality measures. Funded CMSS subspecialty societies and AMDA's Foundation should also contract with 7-10 healthcare systems or 7-10 LTC chains each, respectively, to implement adult immunization quality improvement interventions.

**a. Eligible Applicants:**

Single

**b. Funding Instrument Type:**

CA (Cooperative Agreement)

**c. Approximate Number of Awards**

2

**d. Total Period of Performance Funding:**

\$ 66,000,000

\$26 million for Year 1 (\$22 million for CMSS, \$4 million for AMDA), and \$40 million for Years 2-5.

**e. Average One Year Award Amount:**

\$ 26,000,000

CMSS: \$22 million, AMDA: \$4 million

**f. Total Period of Performance Length:**

**g. Estimated Award Date:**

September 30, 2021

**h. Cost Sharing and / or Matching Requirements:**

No

**Part II. Full Text****A. Funding Opportunity Description****1. Background****a. Overview**

During the COVID-19 pandemic and in past influenza seasons, morbidity and mortality were high in persons with chronic medical conditions and in older adults in long-term care facilities (LTCFs). Vaccination reduces hospitalizations and deaths related to vaccine-preventable diseases. Vaccination of patients and healthcare personnel reduces the risk of outbreaks in LTC facilities, and vaccination of patients reduces hospitalizations and deaths related to vaccine-preventable diseases. However, improvements in adult vaccination rates are needed.

We do not have data on COVID-19 vaccination coverage in persons with chronic medical conditions, but during 2019-2020, influenza vaccination coverage for adults aged 18-64 years with chronic medical conditions was: 46.9% (chronic obstructive pulmonary disease, COPD), 50.8% (asthma), 56.2% (diabetes), 49% (heart disease), 56.4% (cancer), and 54.5% (chronic kidney disease). Rates for other routine adult vaccines were also low; 22.6% (pneumococcal vaccination coverage in adults aged 19-64 years with chronic medical conditions), and 24.1% (herpes zoster vaccination coverage for adults aged  $\geq 50$  years). Additionally, flu vaccination coverage continues to be lower among healthcare personnel in LTCFs (69.3%) versus hospitals (93.2%). Early reports of COVID-19 vaccination in LTCFs found 77.8% vaccination of residents, but only 37.5% among staff.

The “Standards for Adult Immunization Practice” recommend that each patient visit should incorporate the Standards including: assessing immunization status, recommending needed vaccines, administering vaccines or referring patients, and documenting vaccines administered in the immunization information system (<https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html>). Implementation of this framework has not been universal; especially among subspecialty providers (including those in occupational health and in LTCFs).

CMSS and AMDA will be funded to increase COVID-19, influenza, and routine vaccines in adults with chronic medical conditions (e.g., COPD, asthma, diabetes, heart disease, cancer, and renal disease), increase workplace vaccination (occupational health settings), and increase vaccination among adults working and residing in LTCFs through implementation of immunization quality improvement interventions:

This NOFO aims to work with CMSS and AMDA to incorporate adult vaccination into the standard of care of subspecialty providers (including those in occupational health and LTCFs).

CMSS will focus on activities leading to adoption of the Standards for Adult Immunization Practice in its 45 societies, and AMDA will focus on the same with its affiliate organization, the Foundation for Post-Acute and Long-Term Care Medicine. CMSS and AMDA will



develop/update vaccine policy statements, develop/promote continuing education on adult immunization for their membership, and award funds to up to 7 subspecialty societies (for CMSS) and to the Foundation (for AMDA) to systematize routine delivery of adult immunizations. Similar to expectations of CMSS and AMDA as a whole, funded CMSS subspecialty societies and AMDA's Foundation should fund staff at the national level and in regional chapters to update vaccination policies and encourage use of adult vaccinations as quality measures. Funded CMSS subspecialty societies and AMDA's Foundation should also contract with 7-10 healthcare systems or 7-10 LTC chains each, respectively, to implement adult immunization quality improvement interventions.

#### **b. Statutory Authorities**

This program is authorized under section 317(k)(1) of the Public Health Service Act [42 US. C. 247b(k)(1)]. Under this statutory authority, for-profit entities are not eligible.

#### **c. Healthy People 2030**

Healthy People 2030 includes one general objective related to improving influenza vaccination coverage including the baseline objective: Increase the proportion of people who get the flu vaccine every year-IID-09. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccination/increase-proportion-people-who-get-flu-vaccine-every-year-iid-09>. In addition, there is the developmental objective: Increase the proportion of people with vaccination records in an immunization information system-IID-D02. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccination/increase-proportion-people-vaccination-records-information-system-iid-d02>.

#### **d. Other National Public Health Priorities and Strategies**

Advisory Committee on Immunization Practices recommendations and guidelines at: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

Community Preventive Services Task Force findings and systematic reviews on evidence-based interventions to improve vaccinations at: <http://www.thecommunityguide.org/vaccines/vpd-jphpm-recs-IIS.pdf>

Standards for Adult Immunization Practice at: <http://www.cdc.gov/vaccines/hcp/patient-ed/adults/for-practice/standards/index.html>.

National Adult and Influenza Immunization Summit to address and resolve adult and influenza immunization issues at: <https://www.izsummitpartners.org/>

#### **e. Relevant Work**

CDC-RFA-IP15-1503-Improving Adult Immunization Rates through Partnerships with Providers and National Organizations

## **2. CDC Project Description**

### **a. Approach**

**Bold** indicates period of performance outcome.

CDC-RFA- IP 21-2111 Logic Model: Improving Adult Immunization Rates for COVID-19, Influenza, and Routine Adult Vaccinations through partnerships with Medical Subspecialty Professional Societies and the Long-Term Care Professional Society

**Bold** indicates period of performance outcome

<u>Strategies and Activities</u>	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<p>Fund and have dedicated staffing to oversee immunization issues and activities for this project</p> <p>Fund up to 7 medical subspecialty societies (CMSS) and the AMDA foundation (*see narrative for requirements when working with specific subspecialties) to assess, implement, and promote improvements and practices to increase COVID-19, influenza, and routine adult vaccination.</p> <p><b>Clinical Education and Outreach</b> Develop, promote, and implement culturally and linguistically appropriate continuing education, resources, and strategies focused on adult immunization and implementation</p> <p>Train and maintain vaccine immunization champions to conduct outreach to</p>	<p><b>Increased availability of continuing education resources, and strategies focused on incorporating Standards of Adult Immunization Practice into standards of care and workflows</b></p> <p><b>Increased engagement in adult immunization by subspecialty care providers, occupational health providers, and long-term care providers.</b></p> <p><b>Increased understanding and awareness of vaccination recommendations and available resources among members</b></p> <p><b>Increased uptake of culturally and linguistically appropriate materials and strategies by subspecialty care</b></p>	<p><b>Increased focus on immunization delivery at the national level and in regional chapters through updated vaccination policy statements</b></p> <p><b>Increased partners' implementation of quality improvement interventions</b></p> <p><b>Improved provider adult vaccine assessment and recommendations by healthcare providers</b></p> <p><b>Improved health care providers' implementation of quality improvement, procedures, and practices that align with the Standards for Adult Immunization Practice</b></p>	<p><b>Increased influenza, COVID-19 and routine vaccination coverage among high-risk adults nationally</b></p> <p>Reduced morbidity and mortality from influenza, adult vaccine-preventable diseases, and COVID-19 among adults including those who have chronic medical conditions, adults in the workplace, and adults in LTCFs nationally</p>

<p>subspecialty and LTC healthcare providers</p> <p>Convene national and regional meetings to share best practices and success stories</p> <p>Disseminate best practices and findings through other platforms</p> <p><b>Quality Improvement</b> Develop and/or update vaccine policy statements and standards regarding implementation of the Standards for Adult Immunization Practice</p> <p>Develop, promote, and implement quality improvement platforms to improve adult vaccination</p> <p><b>Changes in Adult Patient Care Procedures</b> Promote member clinicians to implement quality improvement programs for adult immunizations** (please see narrative for further requirements)</p>	<p><b>providers, occupational health providers, and long-term care providers</b></p> <p><b>Increased understanding of vaccine coverage, vaccine hesitancy, and strategies to address vaccine hesitancy</b></p>		
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**i. Purpose**

Adults with chronic medical conditions and adults residing/working in long-term care (LTC) facilities are at high risk of vaccine-preventable disease complications. However, vaccination coverage in these groups remains low. This NOFO will implement quality improvement interventions designed to increase immunization rates in adults with chronic medical conditions, increase vaccination in occupational health clinics, and increase vaccination in adults working and residing in LTC facilities through implementation of the Standards for Adult Immunization Practice.

## ii. Outcomes

The logic model for this project identifies short, intermediate, and long-term outcomes. Overall, the long-term outcome is an increased number of adult patients who are up to date on the vaccines recommended to them by the Advisory Committee on Immunization Practices (ACIP).

Recipients are expected to show progress on all the short-term, intermediate, and long-term outcomes during the period of performance. The following outcomes will be achieved by the end of the period of performance by the funded subspecialty professional societies and the selected health care systems:

### Short Term Outcomes:

Increased availability of continuing education resources, and strategies focused on incorporating Standards of Adult Immunization Practice into standards of care and workflows

Increased engagement in adult immunization by subspecialty care providers, occupational health providers, and long-term care providers.

Increased understanding and awareness of vaccination recommendations and available resources among members

Increased uptake of culturally and linguistically appropriate materials and strategies by subspecialty care providers, occupational health providers, and long-term care providers

Increased understanding of vaccine coverage, vaccine hesitancy, and strategies to address vaccine hesitancy

### Intermediate Outcomes:

Increased focus on immunization delivery at the national level through updated vaccination policy statements

Increased partners' implementation of quality improvement interventions

Improved provider adult vaccine assessment and recommendations by healthcare providers

Improved health care providers' implementation of quality improvement, procedures, and practices that align with the Standards for Adult Immunization Practice

### Long Term Outcomes:

Increased influenza, COVID-19 and routine vaccination coverage among high-risk adults nationally

Reduced morbidity and mortality from influenza, adult vaccine-preventable diseases, and COVID-19 among adults including those who have chronic medical conditions, adults in the workplace, and adults in LTCFs nationally

## iii. Strategies and Activities

1. **NOFO Recipient (CMSS and AMDA)**

A. Fund dedicated staff to:

- a. oversee immunization-related issues at CMSS and AMDA
- b. develop and/or update vaccination policy statements for their members regarding implementation of the Standards for Adult Immunization Practice
- c. develop and/or promote existing quality improvement platforms for measuring and improving adult vaccination, and
- d. encourage clinician members to implement adult immunization quality improvement programs for adult immunizations; including measuring and improving vaccination of their patients and LTCF staff as part of their quality improvement efforts.

B. Develop, promote, and implement culturally and linguistically appropriate continuing education, resources, and strategies focused on adult immunization and implementation of the Standards for Adult Immunization Practices for CMSS' and AMDA's membership. Seek input from key stakeholders on content already developed to identify existing educational materials on adult immunization and vaccine implementation, identify gaps in materials and formats, and meet members' educational needs.

- C. Train and maintain vaccine immunization champions and conducting national outreach to subspecialist providers who are members of CMSS and AMDA to promote adult immunizations, implementation of the Standards for Adult Immunization, and evidence-based strategies for improving adult immunizations.
- D. Convene at least 1 national and/or 3 regional meetings to share best practices and highlight adult vaccination success stories over the course of the cooperative agreement.
- E. Award funds to up to 7 medical subspecialty societies (for CMSS) or with the Foundation for Post-Acute and Long-Term Care Medicine (for AMDA) for more intensive efforts to systematize the routine delivery of COVID-19, influenza, and routine adult immunizations among subspecialists; occupational health providers, and long-term care providers (outlined below).

2. **Funded subspecialty societies (CMSS) or the Foundation (AMDA)**

- A. Conduct the same activities as outlined above in 1A- 1D, but at the subspecialty society-level.
- B. The 7 medical subspecialty societies shall each fund 7-10 healthcare systems and AMDA's Foundation shall fund 7-10 LTC chains over the course of the 5-year period that represent broad geographic, racial/ethnic, rural/urban, and economic diversity in their patient population to facilitate the implementation of the Standards for Adult Immunization Practice into the routine workflow. Once the healthcare systems or LTC chains are identified, the healthcare system/LTC chain will select 1-2 clinics or 1-2 LTC facilities in the first year (e.g., adult nephrology clinics, if a nephrology professional society is selected), and collect baseline vaccination rates of their patient population, including vaccinations given outside of the practice/facility. Additional clinics/LTCFs from within the selected healthcare

systems/LTCF chains will be added each subsequent year. Similarly, COVID-19 and influenza vaccinations should be the primary focus for this project (year 1), but additional routine adult vaccinations should be added each subsequent year.

3. **Funded healthcare systems/ LTC chains**

A. Conduct a comprehensive overview of the vaccination assessment and delivery process in the healthcare systems' specialty clinics relevant to the subspecialty that was awarded (or in the LTCFs within the chains). This could include identifying best practices for systemizing vaccine needs assessment (e.g., routinely reviewing vaccinations included in the electronic health record and jurisdictions immunization information system), and review of vaccine needs with patients and with staff in LTCFs. (For subspecialty societies focused on older adults, this would also include developing vaccination plans at transitions of care.)

B. Determine baseline coverage of influenza, COVID-19, and routine adult vaccination among adults with chronic medical conditions of the healthcare systems' clinics relevant to the subspecialty that was awarded (or within the LTCF chains), using the health system's/LTCF's electronic health record (EHR) and Immunization Information Systems (IIS). Using the IIS will help with capturing immunizations delivered outside of the healthcare system/LTCF chain to obtain accurate and comprehensive vaccination status of their patients (or residents and staff for LTCFs). As part of this, support and facilitate onboarding of adult practice sites to individual jurisdiction IIS or to Immunization gateway (ref: <https://www.cdc.gov/vaccines/covid-19/reporting/iz-gateway/>).

C. Conduct monthly electronic health record (EHR) or Immunization Information Systems (IIS) vaccine coverage assessments and measure changes.

D. Assess and address challenges/barriers to vaccine hesitancy and confidence among health care personnel and their patients in the relevant clinics/LTC chains.

E. Develop and implement effective quality improvement interventions to increase vaccination coverage in the relevant clinics/LTCFs, including but not limited to: using identified immunization champions in the relevant clinics/LTCFs, peer educators, developing protocols which streamline immunization delivery in clinical practice and throughout patient flow, funding enhancements in practices' electronic health records (EHRs) to incorporate immunization protocols/templates in standing orders, coordinate onboarding/reporting to IIS in bidirectional manner or directly to immunization gateway, collecting data to develop and/or support quality improvement (QI) measures and report these measures to national partners, implementing reminder/recall systems.

F. Develop, implement, and evaluate culturally and linguistically appropriate provider resources that incorporate the principles of the Standards for Adult Immunization Practice <https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html> in the relevant

clinics/LTCFs.

G. Disseminate findings on best practices either through a manuscript, presentation at national and/or regional conferences, and/or via a newsletter to the society's membership (or other method of dissemination to the membership).

The above activities at minimum are expected, however the applicant, the subspecialty societies, and the funded healthcare systems and LTC chains may propose additional strategies and activities in order to achieve the stated outcomes. The applicant will propose a combination of activities, in the following areas: 1. Quality improvement; 2. Clinician education and outreach and 3. Changes in adult patient care procedures to ensure implementation of the Standards for Adult Immunization Practice (immunization assessment, recommendation, offer/referral and/or documentation in the IIS).

When possible, applicants, the subspecialty societies, and the funded healthcare systems and LTC chains should use evidence-based strategies as identified by the Community Guide. Applicants may propose strategies and activities to achieve project outcomes that are not described in the Community Guide, but they must then describe the rationale for developing and evaluating new strategies or practice-based interventions. While many evidence-based strategies have been identified, new approaches are needed for selecting, combining, and implementing the most effective impact-driven set of activities for increasing adult immunization rates. Whenever possible, work plans should demonstrate ways to make system changes through more automatic or electronic methodologies (e.g., tracking immunization rate increases using chart pulls generated from electronic health records, rather than manual chart pulls.)

## **1. Collaborations**

### **a. With other CDC programs and CDC-funded organizations:**

N/A

### **b. With organizations not funded by CDC:**

Applicants are required to collaborate with external partners and organizations that have a role in achieving the outcomes and proposed activities in this NOFO. Collaboration with healthcare systems (CMSS)/ long-term care chains (AMDA) and professional organizations representing adult patients with chronic medical conditions and/or older adults living or working in long-term care facilities to reinforce vaccine recommendations and encourage adult vaccination is required. Applicants should include details on their proposed collaborations with external partners and organizations.

Concrete evidence of relationship between collaborating partners, such as memorandum of understanding, memorandum of agreement, or letter of support should be submitted with the application. Applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs," and upload it as a PDF file at [www.grants.gov](http://www.grants.gov).

## **2. Target Populations**

Applicants should define and identify target groups that will benefit from the outcomes specified in the logic model, including adults and other populations that are at risk for vaccine-preventable diseases. Through the efforts of subspecialist healthcare providers and subspecialist professional society organizations, this NOFO is designed to ensure adult patients are up-to-date on their recommended vaccinations.

The target populations fall into 4 main categories:

1. The larger national audience of healthcare personnel who are members of CMSS and AMDA.
2. The larger national audience of healthcare personnel who are members of the funded subspecialty medical professional organizations.
3. Subspecialist healthcare personnel (who are the same medical subspecialty as the societies that are funded) who are working in the funded healthcare systems or healthcare personnel working in the funded long-term care facility chains.
4. The adult patients of subspecialist healthcare personnel and residents/staff in long-term care facilities.

This NOFO provides general parameters about the target groups. It is the applicant's job to further refine and specify the definitions of their selected target groups. These definitions should include rationale for defining the populations, estimated cost of reaching the target populations, and how selection of these groups will contribute to making an impact on a national level.

**Definitions:**

The larger national audience of healthcare personnel who are MEMBERS of CMSS and AMDA includes all members of CMSS and AMDA, even those whose societies are not specifically funded.

The larger national audience of healthcare personnel who are MEMBERS of the FUNDED SUBSPECIALTY MEDICAL PROFESSIONAL ORGANIZATIONS, which includes all members of the funded organizations.

The SUBSPECIALIST HEALTHCARE PERSONNEL: must be clinicians licensed to administer vaccines, and they must serve a population of adult patients that aligns with the funded subspecialty society in one of the contracted healthcare systems or in a funded long-term care chain (e.g., if a renal subspecialty professional organization is selected, then the subspecialty healthcare personnel would be nephrologists in the contracted health systems' adult renal and dialysis clinics).

The ADULT PATIENTS of SUBSPECIALIST HEALTHCARE PERSONNEL and RESIDENTS/STAFF in LONG-TERM CARE FACILITIES: The applicant should describe the adult patient population served by the SUBSPECIALIST HEALTHCARE PERSONNEL and residents/staff in long-term care facilities, including an explanation of how immunization rates will be determined at baseline and the post-intervention points:

In defining the SUBSPECIALIST HEALTHCARE PERSONNEL and their ADULT PATIENT population and RESIDENTS/STAFF in LONG-TERM CARE FACILITIES, the applicant



should explain per capita costs designated to reach this group. If relevant, the applicant may document evidence of disparate immunization rates and include actions in their work plan to reduce such immunization rates disparities.

**a. Health Disparities**

Racial and ethnic minorities and uninsured and underinsured populations generally have the lowest vaccination coverage. Applicants should define and identify populations that are at increased risk for vaccine-preventable diseases and develop strategies to increase their vaccine uptake to help reduce health disparities.

**iv. Funding Strategy**

**b. Evaluation and Performance Measurement**

**i. CDC Evaluation and Performance Measurement Strategy**

CDC will monitor applicants’ implementation of proposed activities (process evaluation) and determine applicants’ progress on achieving proposed outcomes (outcome evaluation). Evaluation of the project should align with the project’s short- and intermediate-term outcomes.

At the start of the project, CDC and the recipient will review the project work plan and evaluation strategy, ensuring process and outcome measures are concrete and achievable, and represent the best use of funding. Project modifications may occur, if warranted. Recipients will submit further details or revisions to their Recipient Evaluation and Performance Management Plan six months following the award date.

The CDC Strategy for monitoring and evaluating program and recipient performance will include several activities, spanning both process and outcome evaluation and will be consistent with the logic model and approach presented earlier.

CDC will monitor process and outcome measures of progress throughout the course of the project. Evaluation of the project should align with the project’s short-term outcomes.

At the start of the project, CDC and the recipient will review the project work plan and evaluation strategy, ensuring process and outcome measures are concrete and achievable, and represent the best use of funding. Project modifications may occur, if merited. Recipients will submit further details or revisions to their Recipient Evaluation and Performance Management Plan six months following the award date.

**Example Process Measures**

Strategies and Activities	Process Measures
<b>Clinical Education and Outreach</b>	
Develop, promote, and implement culturally and linguistically appropriate continuing education, resources, and strategies focused on adult immunization and implementation	# and types of materials created Clarity of content for target audience
Train and maintain vaccine immunization champions to conduct	# of trainings delivered # of healthcare providers reached by trainings

outreach to subspecialty healthcare providers	
Convene national and regional meetings to share best practice sand success stories	#, %, and types of health care providers reached
Disseminate best practices and findings through other platforms	Demonstrated application of lessons learned Reach of these best practices
<b>Quality Improvement</b>	
Develop and/or update vaccine policy statements and standards regarding implementation of the Standards for Adult Immunization Practice	# and % of societies/member organizations demonstrating focus or improved focus on vaccination
Develop, promote, and implement quality improvement platforms for to improve adult vaccination	Types of new technologies or procedures used to streamline the vaccine assessment  Reported improved efficiencies from updated procedures  Changes in clinic set up or patient flow that resulted better provider recommendation to patients (e.g., documentation of vaccine referrals; follow up with patients on next visit to determine outcome of vaccine referral  Changes in patient care procedures either before, during or after the office visit
<b>Changes in Adult Patient Care Procedures</b>	
Promote member clinicians to implement quality improvement programs for adult immunizations	Changes in adult patient care procedures to ensure appropriate immunization assessment, recommendation, vaccine offers and/or documentation  # and types of improvements to referral systems/procedures  Changes in how immunizations are documented in Immunization Information Systems (IIS) or in electronic health records (EHR); # of patient records in IIS  # of new users in IIS

	# and types of exchange of immunization information among multiple categories of providers
	# and % patients reporting access to their own immunization records

### Example Outcome Measures

Outcomes	Outcome Measures
<b>Short-Term Outcomes</b>	
Increased availability of continuing education resources, and strategies focused on incorporating Standards of Adult Immunization Practice into standards of care and workflows	#, %, and types of health care providers received products
Increased engagement in adult immunization by subspecialty care providers, occupational health providers, and long-term care providers.	# and % of societies and healthcare providers engaged in adult immunization improvement efforts
Increased understanding and awareness of vaccination recommendations and available resources among members	# and % reported aware of vaccination recommendations # and % reported aware of available resources # and % reported understanding the need for vaccination improvement efforts
Increased uptake of culturally and linguistically appropriate materials and strategies by subspecialty care providers, occupational health providers, and long-term care providers	# and % of providers who have downloaded/used the specific tools # and % of subspecialty providers, occupational health providers, and long-term care providers who view influenza, COVID-19 and routine adult immunizations as part of their scope of practice
Increased understanding of vaccine coverage, vaccine hesitancy, and strategies to address vaccine hesitancy	#, %, and types of healthcare personnel who reported better understanding of vaccine hesitancy (e.g., focus groups of health care personnel to assess awareness)

<b>Intermediate Outcomes</b>	
Increased focus on immunization delivery at the national level and in regional chapters through updated vaccination policy statements	% of member societies who demonstrate commitment to improving policy statements
Increased partners' implementation of quality improvement interventions	#, %, and types of organizations and healthcare providers implementing vaccination quality improvement interventions
Improved provider adult vaccine assessment and recommendations by healthcare providers	# and % of patients who have documented vaccine assessment in their record  # of provider made recommendations about vaccination; frequency of provider recommendations  # and % of providers' recommendations that resulted in immunization  Frequency (stronger way or more routine way) and quality of the provider recommendations through patient assessments/surveys
Improved health care providers' implementation of quality improvement, procedures, and practices that align with the Standards for Adult Immunization Practice	# and % of healthcare provider using EHR and/or IIS to screen or forecast vaccination needs  # and types of new technologies or procedures utilized to streamline the vaccine assessment
<b>Long-term Outcomes</b>	
Increased influenza, COVID-19 and routine vaccination coverage among high-risk adults nationally.	Rates of immunization among adult patients over specific time period  Improvements in immunization rates among the adult patients targeted  Types/areas of disparities in immunization coverage  # and % of adult patients with chronic medical conditions, in occupational health clinics, or in long-term care facilities who receive adult vaccinations (through subspecialists, occupational health providers, and long-term care providers)  # and % of adult patients within funded healthcare systems/LTC chains who receive vaccinations

(through subspecialists, occupational health providers, and long-term care providers)

**These evaluation and performance measures should help answer questions such as the following:**

**1. Routine Immunization Assessment:**

- Was there an increase in the routine vaccination assessment, as measured through documentation in patient records?
- Did healthcare provider use the electronic health record (EHR) and/or the immunization information systems (IIS) to prospectively screen or forecast for vaccination needs?

**2. Stronger Provider Vaccine Recommendations:**

- Were the immunization recommendations that providers make to their patients improved? (e.g., determine baseline of provider recommendation frequency and track/monitor progress over time – 5% increase in provider recommendations leading to vaccination)
- Were the immunization recommendations made in a stronger way or in a more routine way? (e.g., evaluate and refine the quality of the provider recommendations through patient assessments/surveys)
- flow procedures that resulted in a strong provider recommendation?
- Can a stronger provider recommendation be demonstrated through changes in patient care procedures either before, during or after the office visit?
- Can stronger provider recommendations be demonstrated by an increase in immunization rates?
- Was there an increased understanding of vaccine hesitancy among health care personnel? (e.g., focus groups of health care personnel to assess awareness)

**3. Improvements in Immunization Services:**

- Were improvements in adult immunization services achieved?
- Did immunization rates increase among the adult patients targeted?
- Did quality improvement efforts result in increased immunization rates?
- If immunization rates did not increase, were the resulting lessons learned acted upon?
- Did referral procedures improve? (e.g., documentation of vaccine referrals; follow up with patients on next visit to determine outcome of vaccine referral)
- If relevant, were disparities in immunization rates detectable?
- Could disparities be monitored and/or addressed through these quality improvement activities?

**4. Changes in Patient Care Procedures:**

- Were there changes in adult patient care procedures to ensure appropriate immunization assessment, recommendation, vaccine offers and/or documentation?
- Were new or improved systems and procedures put in place either before, during or after the patient encounter?

- Did new patient care procedures result in increases in adult immunization rates?

#### 5. Immunization Documentation:

- Were there changes in how immunizations are documented in Immunization Information Systems (IIS) or in electronic health records (EHR)?
- Did providers increase the exchange of immunization information among multiple categories of providers?
- Did providers use IIS or EHR data to help them forecast vaccine needs or ensure appropriate minimum intervals between vaccine doses?
- Did patients have better access to their own immunization records?

#### 6. Use of IIS:

- Was there an increased number of providers documenting adult immunizations in state immunization registries?
- Was there an increased number of patient records in the IIS?
- Was there an increased number of adult providers who registered as new users in their state IIS?
- Did different categories of healthcare providers share patient information about a shared pool of patients?

### **Development of products/model/tools/resources that are developed, hereafter referred to as the "national-level products."**

What the applicant develops and disseminates is applicant-defined. National-level products could be some combination of websites, learning collaboratives, resources, toolkits, examples of patient care protocol changes, peer-to-peer engagement, "how-to" type roadmaps, expert opinions, interactive coaching. National-level products should reflect best practices or models of success but should propose innovative methodologies for influencing national uptake of such best practices. National-level products do not need to be limited to paper-based or web-based methodologies. National-level products could be a model of change. If the applicant proposes to develop a model of change, they must carefully define this, including the methodology for upscaling the model for a national audience. Innovation on how to engage providers is encouraged.

Evaluation measures should reflect an expert understanding of the national landscape. Applicants should make the case for why and how their national-level products will make a national impact, in contrast to any prior comparable efforts that have not. Careful attention should be taken to ensure non-duplication of efforts or repetition of efforts that have previously been unsuccessful. For example, the [Community Preventive Services Task Force](#) finds insufficient evidence to determine the effectiveness of provider education interventions when implemented alone. At the start of the project, CDC and the recipient will review the plans for developing and disseminating national-level products to ensure effort is directed towards the most effective and state-of-art efforts.

#### 1. Creation of national-level products:

- Did the project identify and develop useful national-level products to increase adult immunization rates?
- If the project is developing a model of change, is it clear what the model consists of, and why it will be used by healthcare providers?
- Does the definition of the national-level products reflect an expert understanding of the landscape of adult immunization?
- Does the definition of the national-level products demonstrate expert knowledge of the state of the art and of the successes and failures to date in the field of immunization?

## **2. Verification of the usefulness of product/models/tools:**

- Did the project evaluate the effectiveness or utility of their national-level products?
- Will healthcare providers perceive the national-level products as helpful to them?
- Did the project demonstrate that the national-level products will be used or have been used by a national-level audience of healthcare providers?
- Did the project demonstrate that use of the national-level products contributes to improved immunization rates?

## **3. Dissemination and promotion of national-level products:**

- Did the project disseminate their national-level products to their national target audience?
- Did the project demonstrate use of the national-level products among their target audience?
- Did the project demonstrate changes in knowledge or behavior of their target audience?

### **ii. Applicant Evaluation and Performance Measurement Plan**

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see <https://www.cdc.gov/grants/additionalrequirements/ar-25.html>.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, the applicant should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

### **c. Organizational Capacity of Recipients to Implement the Approach**

Applicants for funding within these overarching organizations should demonstrate that they are a national (U.S.) subspecialist professional organization society representing a significant membership of healthcare providers focused on patients with chronic medical conditions or older adults, focused on occupational health, or focused on residents of long-term care facilities who are licensed to immunize, such as cardiologists, pulmonologists, nephrologists, oncologists, endocrinologists, occupational health providers, and gerontologists. The applicant must demonstrate national and state-level membership of this category of healthcare provider, in 2/3rds of U. S States. They should have an active membership, typically dues paying status. They should provide evidence of a substantial national role that their constituency/membership plays in adult immunization.

The applicant must provide documentation of a proven track record of outreach, education and implementation of behavior and systems change among the target population of healthcare providers. The applicant should provide evidence of past achievement when they have mobilized their constituency/membership to bring about measurable improvements in relevant health indicators.

In the first year of the project, the applicant should select a smaller target group in which they can demonstrate success. In the subsequent years, they must demonstrate the ability to disseminate findings and practical tools that will be utilized by a national level of their constituent category of healthcare provider. Thus, they must demonstrate reach into both the clinical setting on a local level, as well as the capacity for making impact on a national level. They must explain their capacity to track immunization rates of the adult patient population served by the SUBSPECIALIST HEALTHCARE PERSONNEL and/or STAFF in LONG-TERM CARE FACILITIES.

Applicant should provide a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles. Applicant should provide an organizational chart. Applicant should also provide CVs of key staff.

### **d. Work Plan**

Applicants must identify and address the activities under this NOFO in no more than 15 pages. Specific details on how the proposed strategies will achieve the outcomes should be included. CDC will provide feedback and technical assistance to recipients to finalize the workplan post award. Workplans must include the following:

a. For each selected activity, a descriptive plan, process and timeline with milestones/measures for efforts related to each short-term outcome in the logic model, for the Year-One detailed work



- plan. A high-level work plan for Years 2 through 5 should address how progress will continue.
- b. A description of the staff and administrative roles and functions to support the project work plan and the outcomes. Recipients should identify and assign staff, contractors, and/or consultants, sufficient in number and expertise, to carry out the activities of this NOFO.
  - c. A description of administrative and assessment processes to ensure successful implementation, reporting and quality assurance.
  - d. A description of organizational capacity to successfully achieve the project outcomes, including demonstrated experience leading to collective action.
  - e. A description of capacity and plans to successfully implement sustainable practices that result in the improved immunization rates of the target population.

<b><u>Period of Performance Outcome:</u></b> <i>[[from Outcomes section and/or logic model]]</i>		<b><u>Outcome Measure:</u></b> <i>[[from Evaluation and Performance Measurement section]]</i>	
<b><u>Strategies and Activities</u></b>	<b><u>Process Measure</u></b> <i>[[from Evaluation and Performance Measurement section]]</i>	<b><u>Responsible Position / Party</u></b>	<b><u>Completion Date</u></b>
1.			
2.			
3.			
4.			
5.			
6.			

**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.

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee 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 awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee 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:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees 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.
- Other activities deemed necessary to monitor the award, if applicable.

These activities may include 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 grantees.

#### f. CDC Program Support to Recipients

CDC will provide the following to the applicant:

- 1) provide technical assistance in identifying major immunization issues, setting program priorities, and implementing and evaluating project activities.
- 2) Assist in the review of immunization messages and materials both for technical accuracy and for compliance with proven health education and communication strategies.
- 3) Facilitate the transfer of successful prevention interventions and program models to other areas through meetings of grantees, workshops, conferences, newsletters, and communications with project officers.
- 4) Monitor the recipient's performance of program activities and progress toward program goals.

## **B. Award Information**

### **1. Funding Instrument Type:**

CA (Cooperative Agreement)

CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

**2. Award Mechanism:**

Activity Code U66

Immunization Demonstration Projects Cooperative Agreements

**3. Fiscal Year:**

2021

**4. Approximate Total Fiscal Year Funding:**

\$ 26,000,000

**5. Total Period of Performance Funding:**

\$ 66,000,000

This amount is subject to the availability of funds.

\$26 million for Year 1 (\$22 million for CMSS, \$4 million for AMDA), and \$40 million for Years 2-5.

Estimated Total Funding:

\$ 66,000,000

**6. Total Period of Performance Length:**

5

year(s)

**7. Expected Number of Awards:**

2

**8. Approximate Average Award:**

\$ 26,000,000

Per Budget Period

CMSS: \$22 million, AMDA: \$4 million

**9. Award Ceiling:**

\$ 0

Per Budget Period

This amount is subject to the availability of funds.

**10. Award Floor:**

\$ 0

Per Budget Period

**11. Estimated Award Date:**

September 30, 2021

**12. Budget Period Length:**

12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

**13. Direct Assistance**

Direct Assistance (DA) is not available through this NOFO.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

**C. Eligibility Information**

**1. Eligible Applicants**

Eligibility Category:

25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))

**2. Additional Information on Eligibility**

Single-- A sole source justification has been made for the Council of Medical Subspecialty Societies (CMSS) and the Society for Post-Acute and Long-Term Care Medicine (AMDA)

**3. Justification for Less than Maximum Competition**

CMSS (Council of Medical Specialty Societies) and AMDA (American Medical Director Association or Society for Post-Acute and Long Term Care Medicine) are uniquely positioned as the sole groups with experience and reach to complete the work outlined in the NOFO. CMSS is the one organization which includes 45 medical subspecialties serving subspecialty providers and their patients with high-risk medical conditions throughout the US. AMDA is the sole overarching organization which provides guidance and leadership in US long-term care and post-acute care facilities and their medical directors.

**4. Cost Sharing or Matching**

Cost Sharing / Matching Requirement:

No

**5. Maintenance of Effort**

Maintenance of effort is not required for this program.

## D. Application and Submission Information

### 1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at [www.grants.gov](http://www.grants.gov).

#### a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at [http:// fedgov.dnb. com/ webform/ displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do). The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

#### b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at [SAM.gov](http://SAM.gov) and the [SAM.gov Knowledge Base](#).

#### c. [Grants.gov](http://www.grants.gov):

The first step in submitting an application online is registering your organization at [www.grants.gov](http://www.grants.gov), the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at [www.grants.gov](http://www.grants.gov).

All applicant organizations must register at [www.grants.gov](http://www.grants.gov). The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on <a href="http://fedgov.dnb.com/webform">http:// fedgov.dnb. com/ webform</a> 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff	1-2 Business Days	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

		member(s) to obtain DUNS number, verify & update information under DUNS number		call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to <a href="https://sam.gov">SAM.gov</a> and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact <a href="https://fsd.gov/fsd-gov/home.do">https://fsd.gov/fsd-gov/home.do</a> Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

## 2. Request Application Package

Applicants may access the application package at [www.grants.gov](http://www.grants.gov).

## 3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at [www.grants.gov](http://www.grants.gov).

## 4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

### a. Letter of Intent Deadline (must be emailed or postmarked by)

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

### b. Application Deadline

Due Date for Applications 08/16/2021

*Application Due Date will be submitted as: date based on the value specified for Due Date for Applications*

11:59 pm U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov). If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

#### **Due Date for Information Conference Call**

N/A

### **5. Pre-Award Assessments**

#### **Risk Assessment Questionnaire Requirement**

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (<https://www.fapiis.gov/>), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents \_ Procurement Policy.

#### **Duplication of Efforts**

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding

consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

## **6. Content and Form of Application Submission**

Applicants are required to include all of the following documents with their application package at [www.grants.gov](http://www.grants.gov).

### **7. Letter of Intent**

*LOI is not requested or required as part of the application for this NOFO.*

### **8. Table of Contents**

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at [www.grants.gov](http://www.grants.gov).

### **9. Project Abstract Summary**

A project abstract is included on the mandatory documents list and must be submitted at [www.grants.gov](http://www.grants.gov). The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at [www.grants.gov](http://www.grants.gov).

### **10. Project Narrative**

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at [www.grants.gov](http://www.grants.gov). The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities



to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

### **a. Background**

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

### **b. Approach**

#### **i. Purpose**

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

#### **ii. Outcomes**

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

#### **iii. Strategies and Activities**

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

### **1. Collaborations**

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

### **2. Target Populations and Health Disparities**

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

### **c. Applicant Evaluation and Performance Measurement Plan**

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance

Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see <http://www.hhs.gov/ocio/policy/collection/>.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

#### **d. Organizational Capacity of Applicants to Implement the Approach**

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

#### **11. Work Plan**

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

#### **12. Budget Narrative**

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://www.phaboard.org>). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity

through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file “Budget Narrative” and upload it as a PDF file at [www.grants.gov](http://www.grants.gov). If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file “Indirect Cost Rate” and upload it at [www.grants.gov](http://www.grants.gov).

Year 1:  
\$ 26,000,000

CMSS: \$22 million, AMDA: \$4 million

- CMSS and AMDA each have \$1M each to hire staff, work on resources, put on a conference, etc. (Thus, \$2M total for this line item.)
- Each subspecialty society has \$1M to do the same (hire staff, work on resources, put on conferences, etc.) (Thus, \$8M total for this line item since we’d like CMSS and AMDA to give out 8 subawards total—7 for CMSS and 1 for AMDA).
- Each subspecialty society has \$2M to contract out to the 7-10 health systems/LTCF chains (which would give each health system/LTCF chain ~\$200K). (Thus, \$16M for this line item.)

Years 2-5:

- \$1M total for CMSS and AMDA (\$500,000 for CMSS and \$500,000 for AMDA) for resource development/conferences
- \$9,000,000 for 8 societies-- \$1,125,000 for each society
  - \$125,000 for society staff to do project management and oversight of the contracts with the health systems and LTCF chains
  - \$100,000 for society staff to do resource development/plan adult immunization conferences
  - \$900,000 to contract with 9 healthcare systems/LTCF chains (\$100,000 for each health system/LTCF chain if contracting with 9 systems/chains—can be as few as 7 or as many as 10)

### **13. Funds Tracking**

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub

accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

#### **14. Pilot Program for Enhancement of Employee Whistleblower Protections**

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

#### **15. Copyright Interests Provisions**

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS

identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

## 16. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

## 17. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:

<https://www.cdc.gov/grants/additionalrequirements/ar-25.html>

## 18. Other Submission Requirements

### a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at [www.grants.gov](http://www.grants.gov). Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at [www.grants.gov](http://www.grants.gov) under the "Workspace Overview" option.

**b. Tracking Number:** Applications submitted through [www.grants.gov](http://www.grants.gov) are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when [www.grants.gov](http://www.grants.gov) receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

**c. Validation Process:** Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by [www.grants.gov](http://www.grants.gov). A second e-mail message to applicants will then be generated by [www.grants.gov](http://www.grants.gov) that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact [www.grants.gov](http://www.grants.gov). For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

[https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=Get\\_Started%2FGet\\_Started.htm](https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=Get_Started%2FGet_Started.htm)

**d. Technical Difficulties:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should contact Customer Service at [www.grants.gov](http://www.grants.gov). The [www.grants.gov](http://www.grants.gov) Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at [support@grants.gov](mailto:support@grants.gov). Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that [www.grants.gov](http://www.grants.gov) is managed by HHS.

**e. Paper Submission:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should call the [www.grants.gov](http://www.grants.gov) Contact Center at 1-800-518-4726 or e-mail them at [support@grants.gov](mailto:support@grants.gov) for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the [www.grants.gov](http://www.grants.gov) case number assigned to the inquiry

2. Describe the difficulties that prevent electronic submission and the efforts taken with the [www.grants.gov](http://www.grants.gov) Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

## **E. Review and Selection Process**

### **1. Review and Selection Process: Applications will be reviewed in three phases**

#### **a. Phase I Review**

All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

#### **b. Phase II Review**

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

- i. Approach
- ii. Evaluation and Performance Measurement
- iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements

<b>i. Approach</b>	<b>Maximum Points: 30</b>
<b>ii. Evaluation and Performance Measurement</b>	<b>Maximum Points: 30</b>
<b>iii. Applicant's Organizational Capacity to Implement the Approach</b>	<b>Maximum Points: 40</b>
<b>Budget</b>	<b>Maximum Points: 0</b>

#### **c. Phase III Review**

N/A- sole source justification

#### **Review of risk posed by applicants.**

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.



In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

## **2. Announcement and Anticipated Award Dates**

9/30/2021

## **F. Award Administration Information**

### **1. Award Notices**

*Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed*

in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

## 2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at <http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17>.

The HHS Grants Policy Statement is available at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.

AR-8 (public health system reporting requirements) and AR-11 (Healthy People 2030)

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: <https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>

## 3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the “Agency Contacts” section of the NOFO copying the CDC Project Officer.

Report	When?	Required?
Recipient Evaluation and Performance Measurement	6 months into award	Yes

Plan, including Data Management Plan (DMP)		
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	Quarterly	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

Quarterly reporting is important because of the rapidly changing environment of COVID-19. This will allow CDC to ensure that the applicant is adjusting appropriately with the current state of the pandemic. CDC will use the data to help the applicant readjust, if necessary, depending on updates to the vaccination schedule (e.g., booster doses and other new vaccine recommendations).

**a. Recipient Evaluation and Performance Measurement Plan (required)**

With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient’s monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

**Performance Measurement**

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

**Evaluation**

- The types of evaluations to be conducted (e.g. process or outcome evaluations).

- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a publically available website.
- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

**b. Annual Performance Report (APR) (required)**

The recipient must submit the APR via [www.Grantsolutions.gov](http://www.Grantsolutions.gov) no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
  - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
  - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
  - Recipients must describe success stories.
- **Challenges**
  - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
  - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**

- Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting (No page limit)**
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost Rate Agreement.

The recipients must submit the Annual Performance Report via [www.Grantsolutions.gov](http://www.Grantsolutions.gov) no later than 120 days prior to the end of the budget period.

**c. Performance Measure Reporting (optional)**

CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

**d. Federal Financial Reporting (FFR) (required)**

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

**e. Final Performance and Financial Report (required)**

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)

- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

#### **4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)**

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- [https://www.frs.gov/documents/ffata\\_legislation\\_110\\_252.pdf](https://www.frs.gov/documents/ffata_legislation_110_252.pdf)
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

#### **5. Reporting of Foreign Taxes (International/Foreign projects only)**

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October

15 and January 15.

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;

“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

a. recipient name;

b. contact name with phone, fax, and e-mail;

c. agreement number(s) if reporting by agreement(s);

d. reporting period;

e. amount of foreign taxes assessed by each foreign government;

f. amount of any foreign taxes reimbursed by each foreign government;

g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

## **6. Termination**

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

## **G. Agency Contacts**

CDC encourages inquiries concerning this notice of funding opportunity.

### **Program Office Contact**

**For programmatic technical assistance, contact:**

First Name:

Amy

Last Name:

Parker Kiebelkorn

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

1600 Clifton Road, Building 24, Room #4210, MS H24-4, Atlanta, GA

Telephone:

404-639-8593

Email:

dez8@cdc.gov

### **Grants Staff Contact**

**For financial, awards management, or budget assistance, contact:**

First Name:

Kathy

Last Name:

Raible

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

2920 Brandywine Road, Atlanta, GA 30341

Telephone:

(770) 488-2045

Email:

kcr8@cdc.gov

For assistance with **submission difficulties related to** [www.grants.gov](http://www.grants.gov), contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

### **H. Other Information**



Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at [www.grants.gov](http://www.grants.gov). Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- 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:

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).

- Project Abstract
- Project Narrative
- Budget Narrative
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

Optional attachments can be submitted by applicants, including MOUs/MOAs, letters of support, and any documents requested as evidence in the Organizational Capacity section.

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

## I. Glossary

**Activities:** The actual events or actions that take place as a part of the program.

### **Administrative and National Policy Requirements, Additional Requirements**

**(ARs):** Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see [http://www.cdc.gov/grants/additional\\_requirements/index.html](http://www.cdc.gov/grants/additional_requirements/index.html). Note that 2 CFR 200 supersedes the administrative

requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

**Approved but Unfunded:** Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

**Assistance Listings:** A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

**Assistance Listings Number:** A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

**Award:** Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

**Budget Period or Budget Year:** The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

**Carryover:** Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

**Competing Continuation Award:** A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).

**Continuous Quality Improvement:** A system that seeks to improve the provision of services with an emphasis on future results.

**Contracts:** An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

**Cooperative Agreement:** A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

**Cost Sharing or Matching:** Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

**Direct Assistance:** A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to

STLT health agencies allow for the use of DA. [http:// www.cdc.gov /grants /additionalrequirements /index.html](http://www.cdc.gov/grants/additionalrequirements/index.html).

**DUNS:** The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at [http://fedgov.dnb.com/ webform/displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do).

**Evaluation (program evaluation):** The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

**Evaluation Plan:** A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

**Federal Funding Accountability and Transparency Act of 2006 (FFATA):** Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at [www.USAspending.gov](http://www.USAspending.gov).

**Fiscal Year:** The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

**Grant:** A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

**Grants.gov:** A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at [www.grants.gov](http://www.grants.gov).

**Grants Management Officer (GMO):** The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

**Grants Management Specialist (GMS):** A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

**Health Disparities:** Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

**Health Equity:** Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

**Health Inequities:** Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

**Healthy People 2030:** National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

**Inclusion:** Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

**Indirect Costs:** Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

**Letter of Intent (LOI):** A preliminary, non-binding indication of an organization's intent to submit an application.

**Lobbying:** Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

**Logic Model:** A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

**Maintenance of Effort:** A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

### **Memorandum of Understanding (MOU) or Memorandum of Agreement**

**(MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

**Nonprofit Organization:** Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher education, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

**Notice of Award (NoA):** The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

**Objective Review:** A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

**Outcome:** The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

**Performance Measurement:** The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

**Period of performance –formerly known as the project period - :** The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

**Period of Performance Outcome:** An outcome that will occur by the end of the NOFO's funding period

**Plain Writing Act of 2010:** The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

**Program Strategies:** Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

**Program Official:** Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

**Public Health Accreditation Board (PHAB):** A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation <http://www.phaboard.org>.

**Social Determinants of Health:** Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

**Statute:** An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

**Statutory Authority:** Authority provided by legal statute that establishes a federal financial assistance program or award.

**System for Award Management (SAM):** The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing [www.grants.gov](http://www.grants.gov) to verify identity and pre-fill organizational information on grant applications.

**Technical Assistance:** Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

**Work Plan:** The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

### NOFO-specific Glossary and Acronyms

Amendment to [NOFO number and title] – [date]

Immunization Gateway:

The Immunization Gateway (IZ Gateway) is a cloud-based message routing service intended to enable data exchange among jurisdiction IIS, other provider systems, and the CDC Immunization Data Clearinghouse (IZ Data Clearinghouse). The IZ Gateway enables IISs, federal agencies, and private partners to connect and share immunization information. It also enables providers to update, query, and report immunization data to an IIS. By using centralized data exchange, it avoids the need for multiple, individual, point-to-point connections.

Long-term care facilities (LTCFs): LTCFs provide rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living. Post-acute and LTCFs can include nursing homes, rehabilitation facilities, inpatient behavioral health facilities, assisted living communities, and long-term chronic care hospitals.

CDC USE ONLY



**Recipient Information**

**1. Recipient Name**

AMDA - The Society for Post-Acute and Long-Term  
Care Medicine  
10500 Little Patuxent Pkwy Ste 210  
Columbia, MD 21044-3596

**2. Congressional District of Recipient**

07

**3. Payment System Identifier (ID)**

1521950426A1

**4. Employer Identification Number (EIN)**

521950426

**5. Data Universal Numbering System (DUNS)**

175185230

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Christopher Laxton  
claxton@palte.org  
410-992-3104

**8. Authorized Official**

Ms. Debbie Addison  
daddison@palte.org  
410-740-9743

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Ms. Joelle Cadet  
Grants Management Specialist  
qrx2@cdc.gov  
(404) 498-4349

**10. Program Official Contact Information**

Amy Parker Fiebelkorn  
dez8@cdc.gov  
404-639-8593

**Federal Award Information**

**11. Award Number**

1 NH23IP922655-01-00

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922655

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

CDC-RFA-IP21-2111 IMPROVING ADULT IMMUNIZATION RATES FOR COVID-19 INFLUENZA,  
AN

**15. Assistance Listing Number**

93.083

**16. Assistance Listing Program Title**

Prevention of Disease, Disability, and Death through Immunization and Control of Respiratory and Related  
Diseases

**17. Award Action Type**

New

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$1,608,786.00
20a. Direct Cost Amount			\$1,608,786.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$1,608,786.00
<b>26. Project Period Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**





<b>Recipient Information</b>	
<b>Recipient Name</b>	
AMDA - The Society for Post-Acute and Long-Term Care Medicine 10500 Little Patuxent Pkwy Ste 210 Columbia, MD 21044-3596	
<b>Congressional District of Recipient</b>	
07	
<b>Payment Account Number and Type</b>	
1521950426A1	
<b>Employer Identification Number (EIN) Data</b>	
521950426	
<b>Universal Numbering System (DUNS)</b>	
175185230	
<b>Recipient's Unique Entity Identifier</b>	
Not Available	
<b>31. Assistance Type</b>	
Cooperative Agreement	
<b>32. Type of Award</b>	
Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$1,608,786.00
m. Federal Share	\$1,608,786.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GLZ	21NH23IP922655C5	IP	41.51		\$1,608,786.00	75-2124-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 1 NH23IP922655-01-00

FAIN# NH23IP922655

Federal Award Date: 09/09/2021

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

AMDA - The Society for Post-Acute and Long-Term Care Medicine

1 NH23IP922655-01-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number IP21-2111, entitled Improving Adult Immunization Rates for Covid-19, Influenza, and Routine Adult Vaccinations through Partnerships with Medical Subspecialty Professional Societies and the Long Term Care Professional Society, an application dated August 16, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount \$1,608,786 is approved for the Year 01 budget period, which is September 30, 2021 through September 29, 2022. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Coronavirus Disease 2019 (COVID-19) Funds:** A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

- Provide technical assistance in identifying major immunization issues, setting program priorities, and implementing and evaluating project activities.
- Assist in the review of immunization messages and materials both for technical accuracy and for compliance with proven health education and communication strategies.
- Facilitate the transfer of successful prevention interventions and program models to other areas through meetings of grantees, workshops, conferences, newsletters, and communications with project officers.
- Monitor the recipient's performance of program activities and progress toward program goals.

**Budget Revision Requirement:** By October 15, 2021, the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Indirect costs are not approved for this award because the indirect cost rate agreement that was submitted with the application expired December 31, 2020. To have indirect cost approved, a current indirect cost rate agreement must be submitted to the grants management specialist no later than October 15, 2021. Funds in the amount of 316,718 have been redirected to other cost category.

**Expanded Authority:** The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period.

Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

#### **FUNDING RESTRICTIONS AND LIMITATIONS**

**Indirect Cost:** Indirect costs are not approved for this award, because the indirect cost rate agreement that was submitted with the application expired December 31, 2020. To have indirect cost approved, a current indirect cost rate agreement must be submitted to the grants management specialist no later than October 15, 2021. Funds in the amount of 316,718 have been redirected to other cost category.

#### **REPORTING REQUIREMENTS**

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022.** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>.

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Joëlle Cadet, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Rd., Rm 2147, MS-TV2  
Atlanta, GA 30341  
Phone: 404-498-4349  
Email: [grx2@cdc.gov](mailto:grx2@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201  
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

#### **CDC Staff Contacts**

**Grants Management Specialist:** The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

**GMS Contact:** This information is located on page 1 of the NoA.

**Program/Project Officer:** The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

**Programmatic Contact:** This information is located on page 1 of the NoA.

**Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

**GMO Contact:** This information is located on page 1 of the NoA.



**Recipient Information**

**1. Recipient Name**

AMDA-The Society For Post-Acute and Long-Term  
Care Medicine, Inc.  
10500 Little Patuxent Pkwy Ste 210  
Columbia, MD 21044-3585

**2. Congressional District of Recipient**

07

**3. Payment System Identifier (ID)**

1521950426A1

**4. Employer Identification Number (EIN)**

521950426

**5. Data Universal Numbering System (DUNS)**

175185230

**6. Recipient's Unique Entity Identifier (UEI)**

XKFSELF8BLX6

**7. Project Director or Principal Investigator**

Ms. Elizabeth Sobczyk  
esobczyk@palte.org  
410-992-3151

**8. Authorized Official**

Mr. jeff Eckert  
jeekert@palte.org  
410-992-3102

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Sharlene Sanders  
GMS  
qxl2@cdc.gov  
678-475-4650

**10. Program Official Contact Information**

Debra Blog  
Program Officer  
pyo8@cdc.gov  
5185225715

**Federal Award Information**

**11. Award Number**

6 NH23IP922655-01-01

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922655

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

CDC-RFA-IP21-2111 IMPROVING ADULT IMMUNIZATION RATES FOR COVID-19 INFLUENZA,  
AN

**15. Assistance Listing Number**

93.083

**16. Assistance Listing Program Title**

Prevention of Disease, Disability, and Death through Immunization and Control of Respiratory and Related  
Diseases

**17. Award Action Type**

Change in Key Personnel

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$1,608,786.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$1,608,786.00
<b>26. Period of Performance Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$1,608,786.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**





<p><b>Recipient Information</b></p> <p><b>Recipient Name</b>          AMDA-The Society For Post-Acute and Long-Term Care Medicine, Inc.          10500 Little Patuxent Pkwy Ste 210          Columbia, MD 21044-3585</p> <p><b>Congressional District of Recipient</b>          07</p> <p><b>Payment Account Number and Type</b>          1521950426A1</p> <p><b>Employer Identification Number (EIN) Data</b>          521950426</p> <p><b>Universal Numbering System (DUNS)</b>          175185230</p> <p><b>Recipient's Unique Entity Identifier (UEI)</b>          XKFSELF8BLX6</p>
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<p><b>31. Assistance Type</b>          Cooperative Agreement</p> <p><b>32. Type of Award</b>          Other</p>
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<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
<p>a. Salaries and Wages</p> <p>b. Fringe Benefits</p> <p>c. Total Personnel Costs</p> <p>d. Equipment</p> <p>e. Supplies</p> <p>f. Travel</p> <p>g. Construction</p> <p>h. Other</p> <p>i. Contractual</p>	(b)(4)
<b>j. TOTAL DIRECT COSTS</b>	\$1,608,786.00
<b>k. INDIRECT COSTS</b>	\$0.00
<b>l. TOTAL APPROVED BUDGET</b>	\$1,608,786.00
<b>m. Federal Share</b>	\$1,608,786.00
<b>n. Non-Federal Share</b>	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
I-9390GLZ	21NH23IP922655C5	IP	41.51	93.083	\$0.00	75-2124-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922655-01-01

FAIN# NH23IP922655

Federal Award Date: 06/21/2022

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

AMDA-The Society For Post-Acute and Long-Term Care Medicine, Inc.

6 NH23IP922655-01-01

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1. Terms and Conditions\_KP 2655

## **ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD**

**Key Personnel:** The purpose of this amendment is to approve Jeff Eckert as the primary Authorizing Official. This is in response to the request submitted by your organization May 27, 2021.

### **HHS Non-Discrimination Legal Requirements for Recipients of Federal Financial Assistance**

You must administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- You must take reasonable steps to ensure that your project provides meaningful access to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov/>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

If you have questions or concerns regarding this notification, please contact the Grants Management Officer assigned to your award.

**Stewardship:** Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to the cooperative agreement are allowable, allocable, necessary, and reasonable.

All other terms and conditions issued with the original Notice of Award remain in effect throughout the budget period unless changed, in writing, by the CDC Grants Management Officer.

**PLEASE REFERENCE THE GRANT NUMBER ON ALL CORRESPONDENCE.**

1. DATE ISSUED MM/DD/YYYY 06/29/2022		1a. SUPERSEDES AWARD NOTICE dated 06/21/2022 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA NO. 93.083 - Prevention of Disease, Disability, and Death through Immunization and Control of Respiratory and Related Diseases			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 6 NH23IP922655-01-02 Formerly		5. TYPE OF AWARD Other	
4a. FAIN NH23IP922655		5a. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD From MM/DD/YYYY 09/30/2021		Through MM/DD/YYYY 09/29/2026	
7. BUDGET PERIOD From MM/DD/YYYY 09/30/2021		Through MM/DD/YYYY 09/29/2022	

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
CDC Office of Financial Resources**

2939 Brandywine Road  
Atlanta, GA 30341

**NOTICE OF AWARD  
AUTHORIZATION (Legislation/Regulations)  
Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322**

8. TITLE OF PROJECT (OR PROGRAM)  
CDC-RFA-IP21-2111 IMPROVING ADULT IMMUNIZATION RATES FOR COVID-19 INFLUENZA, AN

9a. GRANTEE NAME AND ADDRESS AMDA-The Society For Post-Acute and Long-Term Care Medicine, Inc. 10500 Little Patuxent Pkwy Ste 210 Columbia, MD 21044-3585	9b. GRANTEE PROJECT DIRECTOR Ms. Elizabeth Sobczyk 10500 Little Patuxent Pkwy Ste 210 Columbia, MD 21044-3585 Phone: 410-992-3151
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10a. GRANTEE AUTHORIZING OFFICIAL Mr. Jeff Eckert 10500 Little Patuxent Pkwy Ste 210 Columbia, MD 21044-3585 Phone: 410-992-3102	10b. FEDERAL PROJECT OFFICER Debra Blog 1600 Clifton Rd NE Atlanta, GA 30329-4018 Phone: 5185225715
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**ALL AMOUNTS ARE SHOWN IN USD**

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION								
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 3,999,265.00								
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods 0.00								
a. Salaries and Wages	(b)(4)	c. Less Cumulative Prior Award(s) This Budget Period 1,608,786.00								
b. Fringe Benefits		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 2,390,479.00								
c. Total Personnel Costs		13. Total Federal Funds Awarded to Date for Project Period 3,999,265.00								
d. Equipment		14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):								
e. Supplies		YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS					
f. Travel		a. 2		d. 5						
g. Construction		b. 3		e. 6						
h. Other		c. 4		f. 7						
i. Contractual		15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:								
j. TOTAL DIRECT COSTS		<table border="1"> <tr> <td>a. DEDUCTION</td> <td rowspan="5" style="background-color: yellow; text-align: center; vertical-align: middle;">b</td> </tr> <tr> <td>b. ADDITIONAL COSTS</td> </tr> <tr> <td>c. MATCHING</td> </tr> <tr> <td>d. OTHER RESEARCH (Add / Deduct Option)</td> </tr> <tr> <td>e. OTHER (See REMARKS)</td> </tr> </table>				a. DEDUCTION	b	b. ADDITIONAL COSTS	c. MATCHING	d. OTHER RESEARCH (Add / Deduct Option)
a. DEDUCTION	b									
b. ADDITIONAL COSTS										
c. MATCHING										
d. OTHER RESEARCH (Add / Deduct Option)										
e. OTHER (See REMARKS)										
k. INDIRECT COSTS	16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:									
l. TOTAL APPROVED BUDGET	3,999,265.00	<table border="1"> <tr> <td>a. The grant program legislation</td> </tr> <tr> <td>b. The grant program regulations</td> </tr> <tr> <td>c. The award notice including terms and conditions, if any, noted below under REMARKS.</td> </tr> <tr> <td>d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.</td> </tr> </table>			a. The grant program legislation	b. The grant program regulations	c. The award notice including terms and conditions, if any, noted below under REMARKS.	d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.		
a. The grant program legislation										
b. The grant program regulations										
c. The award notice including terms and conditions, if any, noted below under REMARKS.										
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.										
m. Federal Share	3,999,265.00	In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.								
n. Non-Federal Share	0.00									

REMARKS (Other Terms and Conditions Attached -  Yes  No)

**GRANTS MANAGEMENT OFFICIAL:**

Kathy Raible  
2920 Brandywine Rd  
Mailstop E09  
Atlanta, GA 30341-5539  
Phone: 770-488-2045

17. OBJ CLASS 41.51	18a. VENDOR CODE 1521950426A1	18b. EIN 521950426	19a. UEI XKFSELF8BLX6	19b. DUNS 175185230	20. CONG. DIST. 07
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION	
21. a. 2-9390GLZ	b. 21NH23IP922655C5	c. IP	d. \$2,390,479.00	e. 75-2124-0943	
22. a.	b.	c.	d.	e.	
23. a.	b.	c.	d.	e.	

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 06/29/2022
GRANT NO. 6 NH23IP922655-01-02	

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

AMDA-The Society For Post-Acute and Long-Term Care Medicine, Inc.

6 NH23IP922655-01-02

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1. Terms and Conditions

## AWARD INFORMATION

This amended Notice of Award is in response to your request dated March 1, 2022, for supplemental funds.

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at, <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number IP21-2111, entitled, Improving Adult Immunization Rates for COVID-19, Influenza and Routine Adult Vaccinations through Partnerships with Medical Subspecialty Professional Societies and the Long-Term Care Professional Society, which are hereby made a part of this non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount of \$2,390,479 is approved for the Year 01 budget period, which is September 30, 2021, through September 29, 2022. Funds have been distributed as indicated in the approved budget of this Notice of Award.

**Coronavirus Disease 2019 (COVID-19) Funds:** A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.



### **HHS Non-Discrimination Legal Requirements for Recipients of Federal Financial**

**Assistance:** This is to notify you that the Centers for Disease Control and Prevention (CDC) incorporated Department of Health and Human Services (HHS) non-discrimination legal requirements for recipients of federal financial assistance into the CDC General Terms and Conditions within your Notice of Award. The new requirements are effective immediately. The requirements are in the General Requirements section of the General Terms and Conditions and are also listed below.

You must administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- You must take reasonable steps to ensure that your project provides meaningful access to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov/>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

### **REPORTING REQUIREMENTS**

#### **Required Disclosures for Federal Awardee Performance and Integrity Information System**

**(FAPIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Sharlene Sanders, Grants Management Specialist

Cherokee Nation Operational Solutions (CNOS)  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS-TV  
Atlanta, GA 30341  
Email: [qx12@cdc.gov](mailto:qx12@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330  
Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201  
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

**Stewardship:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to the cooperative agreement are allowable, allocable,

necessary, and reasonable.

All other terms and conditions issued with the original Notice of Award remain in effect throughout the budget period unless changed, in writing, by the CDC Grants Management Officer.



**Recipient Information**

**1. Recipient Name**

AMDA-The Society For Post-Acute and Long-Term  
Care Medicine, Inc.  
10500 Little Patuxent Pkwy Ste 210  
Columbia, MD 21044-3585

**2. Congressional District of Recipient**

07

**3. Payment System Identifier (ID)**

1521950426A1

**4. Employer Identification Number (EIN)**

521950426

**5. Data Universal Numbering System (DUNS)**

175185230

**6. Recipient's Unique Entity Identifier (UEI)**

XKFSELF8BLX6

**7. Project Director or Principal Investigator**

Ms. Elizabeth Sobczyk  
esobczyk@palte.org  
410-992-3151

**8. Authorized Official**

Mr. jeff Eckert  
jeekert@palte.org  
410-992-3102

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Sharlene Sanders  
GMS  
qx12@cdc.gov  
678-475-4650

**10. Program Official Contact Information**

Debra Blog  
Program Officer  
pyo8@cdc.gov  
5185225715

**Federal Award Information**

**11. Award Number**

5 NH23IP922655-02-00

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922655

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

CDC-RFA-IP21-2111 IMPROVING ADULT IMMUNIZATION RATES FOR COVID-19 INFLUENZA,  
AN

**15. Assistance Listing Number**

93.083

**16. Assistance Listing Program Title**

Prevention of Disease, Disability, and Death through Immunization and Control of Respiratory and Related  
Diseases

**17. Award Action Type**

Non-Competing Continuation

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2022	<b>- End Date</b>	09/29/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$1,985,000.00		
20a. Direct Cost Amount	(b)(4)		
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$0.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$1,985,000.00		
<b>26. Period of Performance Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>	\$5,984,265.00		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 5 NH23IP922655-02-00

FAIN# NH23IP922655

Federal Award Date: 08/18/2022

<b>Recipient Information</b>	
<b>Recipient Name</b> AMDA-The Society For Post-Acute and Long-Term Care Medicine, Inc. 10500 Little Patuxent Pkwy Ste 210 Columbia, MD 21044-3585	
<b>Congressional District of Recipient</b> 07	
<b>Payment Account Number and Type</b> 1521950426A1	
<b>Employer Identification Number (EIN) Data</b> 521950426	
<b>Universal Numbering System (DUNS)</b> 175185230	
<b>Recipient's Unique Entity Identifier (UEI)</b> XKFSELF8BLX6	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)		
I. Financial Assistance from the Federal Awarding Agency Only		
II. Total project costs including grant funds and all other financial participation		
a. Salaries and Wages		(b)(4)
b. Fringe Benefits		
c. Total Personnel Costs		
d. Equipment		
e. Supplies		
f. Travel		
g. Construction		
h. Other		
i. Contractual		
j. TOTAL DIRECT COSTS		
k. INDIRECT COSTS		
l. TOTAL APPROVED BUDGET		\$1,985,000.00
m. Federal Share		\$1,985,000.00
n. Non-Federal Share		\$0.00

<b>34. Accounting Classification Codes</b>							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
2-9390GLZ	21NH23IP922655C5	IP	41.51	93.083	\$1,634,479.00	75-2124-0943	
2-939ZMLF	21NH23IP922655C5	IP	41.51	93.083	\$350,521.00	75-22-0951	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 5 NH23IP922655-02-00

FAIN# NH23IP922655

Federal Award Date: 08/18/2022

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</b>
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

## AWARD ATTACHMENTS

AMDA-The Society For Post-Acute and Long-Term Care Medicine, Inc.

5 NH23IP922655-02-00

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1. Terms and Conditions\_2655

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2111, entitled Improving Adult Immunization Rates for COVID-19, Influenza, and Routine Adult Vaccinations through Partnerships with Medical Subspecialty Professional Societies and the Long-Term Care Professional Society dated May 2, 2022, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of \$1,985,000 is approved for the Year 02 budget period, which is September 30, 2022 through September 29, 2023. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Coronavirus Disease 2019 (COVID-19) Funds:** A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

**HHS Non-Discrimination Legal Requirements for Recipients of Federal Financial Assistance:** The purpose of this Notice of Award amendment is to notify you that the Centers for Disease Control and Prevention (CDC) incorporated Department of Health and Human Services (HHS) non-discrimination



legal requirements for recipients of federal financial assistance into the CDC General Terms and Conditions within your Notice of Award. The new requirements are effective immediately. The requirements are in the General Requirements section of the General Terms and Conditions, and are also listed below.

You must administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- You must take reasonable steps to ensure that your project provides meaningful access to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov/>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

**Expanded Authority:** The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition Alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

## FUNDING RESTRICTIONS AND LIMITATIONS

### Indirect Costs:

Indirect costs are approved based on the negotiated indirect cost rate agreement dated December 20, 2021, which calculates indirect costs as follows, a Provisional is approved at a rate of 33.90% of the base, which includes, total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000. The effective dates of this indirect cost rate are from September 1, 2021 to December 31, 2022

## REPORTING REQUIREMENTS

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022.** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/already-have-grant/Reporting.html> .

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Sharlene Sanders, Grants Management Specialist  
Cherokee Nation Operational Solutions (CNOS)  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS T-02  
Atlanta, GA 30341  
Email: [gxl2@cdc.gov](mailto:gxl2@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527

Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of **Page 2** of the Notice of Award must be known in order to draw down funds.



**Recipient Information**

**1. Recipient Name**

AMDA-THE SOCIETY FOR POST-ACUTE AND  
LONG-TERM CARE MEDICINE, INC.  
10500 Little Patuxent Pkwy Ste 210  
Columbia, MD 21044-3585

**2. Congressional District of Recipient**

07

**3. Payment System Identifier (ID)**

1521950426A1

**4. Employer Identification Number (EIN)**

521950426

**5. Data Universal Numbering System (DUNS)**

175185230

**6. Recipient's Unique Entity Identifier (UEI)**

XKFSSELF8BLX6

**7. Project Director or Principal Investigator**

Ms. Elizabeth Sobczyk  
esobczyk@palte.org  
410-992-3151

**8. Authorized Official**

Mr. jeff Eckert  
jeekert@palte.org  
410-992-3102

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Sharlene Sanders  
GMS  
qxl2@cdc.gov  
678-475-4650

**10. Program Official Contact Information**

Debra Blog  
Program Officer  
pyo8@cdc.gov  
5185225715

**Federal Award Information**

**11. Award Number**

6 NH23IP922655-02-01

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922655

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

CDC-RFA-IP21-2111 IMPROVING ADULT IMMUNIZATION RATES FOR COVID-19 INFLUENZA,  
AN

**15. Assistance Listing Number**

93.083

**16. Assistance Listing Program Title**

Prevention of Disease, Disability, and Death through Immunization and Control of Respiratory and Related  
Diseases

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2022	<b>- End Date</b>	09/29/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$326,191.00
20a. Direct Cost Amount			(b)(4)
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$1,985,000.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$2,311,191.00
<b>26. Period of Performance Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$6,310,456.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NH23IP922655-02-01

FAIN# NH23IP922655

Federal Award Date: 09/08/2022

<b>Recipient Information</b>	
<b>Recipient Name</b> AMDA-THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE, INC. 10500 Little Patuxent Pkwy Ste 210 Columbia, MD 21044-3585	
<b>Congressional District of Recipient</b> 07	
<b>Payment Account Number and Type</b> 1521950426A1	
<b>Employer Identification Number (EIN) Data</b> 521950426	
<b>Universal Numbering System (DUNS)</b> 175185230	
<b>Recipient's Unique Entity Identifier (UEI)</b> XKFSELF8BLX6	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$2,311,191.00
m. Federal Share	\$2,311,191.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
2-9390GLZ	21NH23IP922655C5	IP	41.51	93.083	\$0.00	75-2124-0943	
2-939ZMLF	21NH23IP922655C5	IP	41.51	93.083	\$0.00	75-22-0951	
2-93909KZ	21NH23IP922655	IP	41.51	93.083	\$326,191.00	75-X-0951	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922655-02-01

FAIN# NH23IP922655

Federal Award Date: 09/08/2022

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</b>
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

## AWARD ATTACHMENTS

AMDA-THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE  
MEDICINE, INC.

6 NH23IP922655-02-  
01

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1. Terms and Conditions\_2655

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number IP21-2111, entitled To Increase COVID-19, Influenza, and Other Adult Vaccination Coverage Among Older Adults and Adults with Chronic Diseases, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount of \$326,191 is approved for the Year 02 budget period, which is September 30, 2022 through September 29, 2023.

**Budget Revision Requirement:** By October 31, 2022, the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

#### REPORTING REQUIREMENTS

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Sharlene Sanders, Grants Management Specialist  
Cherokee Nation Operational Solutions (CNOS)  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS T-02  
Atlanta, GA 30341  
Email: [qxl2@cdc.gov](mailto:qxl2@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)



Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b)).

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

**STEWARDSHIP:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.



**Recipient Information**

**1. Recipient Name**

Council of Medical Specialty Societies  
633 N Saint Clair St Ste 2400  
Chicago, IL 60611-3295  
202-672-1513

**2. Congressional District of Recipient**

07

**3. Payment System Identifier (ID)**

1362868605A1

**4. Employer Identification Number (EIN)**

362868605

**5. Data Universal Numbering System (DUNS)**

070160411

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Helen Burstin  
hburstin@cmss.org  
202-672-1513

**8. Authorized Official**

Helen Burstin  
hburstin@cmss.org  
202-672-1513

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Ms. Joelle Cadet  
Grants Management Specialist  
qrx2@cdc.gov  
(404) 498-4349

**10. Program Official Contact Information**

Amy Parker Fiebelkorn  
dez8t@cdc.gov  
404-639-8593

**Federal Award Information**

**11. Award Number**

1 NH23IP922656-01-00

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922656

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

CDC-RFA-IP21-2111 IMPROVING ADULT IMMUNIZATION RATES FOR COVID-19 INFLUENZA,  
AN

**15. Assistance Listing Number**

93.083

**16. Assistance Listing Program Title**

Prevention of Disease, Disability, and Death through Immunization and Control of Respiratory and Related  
Diseases

**17. Award Action Type**

New

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$22,000,000.00
20a. Direct Cost Amount			\$22,000,000.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$22,000,000.00
<b>26. Project Period Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<b>Recipient Information</b>	
<b>Recipient Name</b>	
Council of Medical Specialty Societies 633 N Saint Clair St Ste 2400 Chicago, IL 60611-3295 202-672-1513	
<b>Congressional District of Recipient</b>	
07	
<b>Payment Account Number and Type</b>	
1362868605A1	
<b>Employer Identification Number (EIN) Data</b>	
362868605	
<b>Universal Numbering System (DUNS)</b>	
070160411	
<b>Recipient's Unique Entity Identifier</b>	
Not Available	
<b>31. Assistance Type</b>	
Cooperative Agreement	
<b>32. Type of Award</b>	
Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)		
I. Financial Assistance from the Federal Awarding Agency Only		
II. Total project costs including grant funds and all other financial participation		
a. Salaries and Wages		(b)(4)
b. Fringe Benefits		
c. Total Personnel Costs		
d. Equipment		
e. Supplies		
f. Travel		
g. Construction		
h. Other		
i. Contractual		
<b>j. TOTAL DIRECT COSTS</b>		
<b>k. INDIRECT COSTS</b>		\$0.00
<b>l. TOTAL APPROVED BUDGET</b>		\$22,000,000.00
<b>m. Federal Share</b>		\$22,000,000.00
<b>n. Non-Federal Share</b>		\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION	FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GLZ	21NH23IP922656C5	IP	41.51		\$22,000,000.00	75-2124-0943



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 1 NH23IP922656-01-00

FAIN# NH23IP922656

Federal Award Date: 09/13/2021

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</b>
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

Council of Medical Specialty Societies

1 NH23IP922656-01-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number IP21-2111, entitled Improving Adult Immunization Rates for Covid-19, Influenza, and Routine Adult Vaccinations through Partnerships with Medical Subspecialty Professional Societies and the Long Term Care Professional Society, an application dated August 16, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of \$22,000,000 is approved for the Year 01 budget period, which is September 30, 2021 through September 29, 2022. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Coronavirus Disease 2019 (COVID-19) Funds:** A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

- Provide technical assistance in identifying major immunization issues, setting program priorities, and implementing and evaluating project activities.
- Assist in the review of immunization messages and materials both for technical accuracy and for compliance with proven health education and communication strategies.
- Facilitate the transfer of successful prevention interventions and program models to other areas through meetings of grantees, workshops, conferences, newsletters, and communications with project officers.
- Monitor the recipient's performance of program activities and progress toward program goals.

**Budget Revision Requirement:** By October 15, 2021, the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

**Expanded Authority:** The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

**Addition alternative:** Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

## FUNDING RESTRICTIONS AND LIMITATIONS

**Indirect Cost:** Not applicable to this award.

## REPORTING REQUIREMENTS

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022.** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html> .

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Joëlle Cadet, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Rd., Rm 2147, MS-TV2  
Atlanta, GA 30341  
Phone: 404-498-4349  
Email: [grx2@cdc.gov](mailto:grx2@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201  
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)  
Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS), (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for



failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P- Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

#### **CDC Staff Contacts**

**Grants Management Specialist:** The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

**GMS Contact:** This information is located on page 1 of the NoA

**Program/Project Officer:** The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

**Programmatic Contact:** This information is located on page 1 of the NoA

**Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

**GMO Contact:** This information is located on page 1 of the NoA



**Recipient Information**

**1. Recipient Name**

Council of Medical Specialty Societies  
633 N Saint Clair St Ste 2400  
Chicago, IL 60611-3295  
202-672-1513

**2. Congressional District of Recipient**

07

**3. Payment System Identifier (ID)**

1362868605A1

**4. Employer Identification Number (EIN)**

362868605

**5. Data Universal Numbering System (DUNS)**

070160411

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Helen Burstin  
hburstin@cmss.org  
202-672-1513

**8. Authorized Official**

Ms. Julia Peterson  
Operations Manager  
jpeterson@cmss.org  
3122025580

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Althea Hart  
Grantor  
sqi0@cdc.gov  
7692414631

**10. Program Official Contact Information**

Debra Blog  
Program Officer  
pyo8@cdc.gov  
5185225715

**Federal Award Information**

**11. Award Number**

6 NH23IP922656-01-01

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922656

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

CDC-RFA-IP21-2111 IMPROVING ADULT IMMUNIZATION RATES FOR COVID-19, INFLUENZA,  
AND ROUTINE ADULT VACCINATION THROUGH PARTNERSHIPS WITH MEDICAL  
SUBSPECIALTY SOCIETIES

**15. Assistance Listing Number**

93.083

**16. Assistance Listing Program Title**

Prevention of Disease, Disability, and Death through Immunization and Control of Respiratory and Related  
Diseases

**17. Award Action Type**

Budget Revision

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2021	- End Date	09/29/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$0.00		
20a. Direct Cost Amount	(b)(4)		
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$22,000,000.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$22,000,000.00		
<b>26. Project Period Start Date</b>	09/30/2021	- End Date	09/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	Not Available		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<b>Recipient Information</b>	
<b>Recipient Name</b>	
Council of Medical Specialty Societies 633 N Saint Clair St Ste 2400 Chicago, IL 60611-3295 202-672-1513	
<b>Congressional District of Recipient</b>	
07	
<b>Payment Account Number and Type</b>	
1362868605A1	
<b>Employer Identification Number (EIN) Data</b>	
362868605	
<b>Universal Numbering System (DUNS)</b>	
070160411	
<b>Recipient's Unique Entity Identifier</b>	
Not Available	
<b>31. Assistance Type</b>	
Cooperative Agreement	
<b>32. Type of Award</b>	
Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)		
I. Financial Assistance from the Federal Awarding Agency Only		
II. Total project costs including grant funds and all other financial participation		
a. Salaries and Wages		(b)(4)
b. Fringe Benefits		
c. Total Personnel Costs		
d. Equipment		
e. Supplies		
f. Travel		
g. Construction		
h. Other		
i. Contractual		
j. TOTAL DIRECT COSTS		
k. INDIRECT COSTS		
l. TOTAL APPROVED BUDGET		\$22,000,000.00
m. Federal Share		\$22,000,000.00
n. Non-Federal Share		\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
1-9390GLZ	21NH23IP922656C5	IP	41.51	\$0.00	75-2124-0943	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922656-01-01

FAIN# NH23IP922656

Federal Award Date: 01/10/2022

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</b>
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

Council of Medical Specialty Societies

6 NH23IP922656-01-01

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1. Terms and Conditions - Revised Budget

## ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

**REVISED BUDGET:** The purpose of this amended Notice of Award is to approve the revised budget submitted by your organization dated December 9, 2021. Funds have been distributed as indicated in the approved budget of this Notice of Award.

The recipient's indirect costs are approved and based on a de minimis rate of ten (10) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2,

Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all cost charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed in writing, by the Grants Management Officer.



**Recipient Information**

**1. Recipient Name**

Council Of Medical Specialty Societies  
633 N Saint Clair St Ste 2400  
Chicago, IL 60611-3295  
202-672-1513

**2. Congressional District of Recipient**

07

**3. Payment System Identifier (ID)**

1362868605A1

**4. Employer Identification Number (EIN)**

362868605

**5. Data Universal Numbering System (DUNS)**

070160411

**6. Recipient's Unique Entity Identifier (UEI)**

Q3PPBQVCKLH1

**7. Project Director or Principal Investigator**

Helen Burstin  
hburstin@cmss.org  
202-672-1513

**8. Authorized Official**

Ms. Julia Peterson  
Operations Manager  
jpeterson@cmss.org  
3122025580

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Sharlene Sanders  
GMS  
qxl2@cdc.gov  
678-475-4650

**10. Program Official Contact Information**

Debra Blog  
Program Officer  
pyo8@cdc.gov  
5185225715

**Federal Award Information**

**11. Award Number**

5 NH23IP922656-02-00

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922656

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

CDC-RFA-IP21-2111 IMPROVING ADULT IMMUNIZATION RATES FOR COVID-19, INFLUENZA,  
AND ROUTINE ADULT VACCINATION THROUGH PARTNERSHIPS WITH MEDICAL  
SUBSPECIALTY SOCIETIES

**15. Assistance Listing Number**

93.083

**16. Assistance Listing Program Title**

Prevention of Disease, Disability, and Death through Immunization and Control of Respiratory and Related  
Diseases

**17. Award Action Type**

Non-Competing Continuation

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2022	<b>- End Date</b>	09/29/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	S8,475,000.00		
20a. Direct Cost Amount	(b)(4)		
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$0.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	S8,475,000.00		
<b>26. Period of Performance Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>	S30,475,000.00		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<b>Recipient Information</b>	
<b>Recipient Name</b> Council Of Medical Specialty Societies 633 N Saint Clair St Ste 2400 Chicago, IL 60611-3295 202-672-1513	
<b>Congressional District of Recipient</b> 07	
<b>Payment Account Number and Type</b> 1362868605A1	
<b>Employer Identification Number (EIN) Data</b> 362868605	
<b>Universal Numbering System (DUNS)</b> 070160411	
<b>Recipient's Unique Entity Identifier (UEI)</b> Q3PPBQVCKLH1	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$8,475,000.00
m. Federal Share	\$8,475,000.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GLZ	21NH23IP922656C5	IP	41.51	93.083	\$0.00	75-2124-0943
2-9390GLZ	21NH23IP922656C5	IP	41.51	93.083	\$8,475,000.00	75-2124-0943





**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 5 NH23IP922656-02-00

FAIN# NH23IP922656

Federal Award Date: 07/28/2022

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

Council Of Medical Specialty Societies

5 NH23IP922656-02-00

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1. Terms and Conditions\_2656

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-IP21-2111, entitled Improving Adult Immunization Rates for COVID-19, Influenza, and Routine Adult Vaccinations through Partnerships with Medical Subspecialty Professional Societies and the Long-Term Care Professional Society dated May 2, 2022, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of \$8,475,000 is approved for the Year 02 budget period, which is September 30, 2022 through September 29, 2023. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Coronavirus Disease 2019 (COVID-19) Funds:** A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

**HHS Non-Discrimination Legal Requirements for Recipients of Federal Financial Assistance:** The purpose of this Notice of Award amendment is to notify you that the Centers for Disease Control and Prevention (CDC) incorporated Department of Health and Human Services (HHS) non-discrimination

legal requirements for recipients of federal financial assistance into the CDC General Terms and Conditions within your Notice of Award. The new requirements are effective immediately. The requirements are in the General Requirements section of the General Terms and Conditions, and are also listed below.

You must administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- You must take reasonable steps to ensure that your project provides meaningful access to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov/>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

**Expanded Authority:** The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition Alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

## FUNDING RESTRICTIONS AND LIMITATIONS

### Indirect Costs:

The recipient's indirect costs are approved and based on a de minimis rate of ten (10) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2, effective September 30, 2022.

## REPORTING REQUIREMENTS

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022.** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/already-have-grant/Reporting.html> .

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Sharlene Sanders, Grants Management Specialist  
Cherokee Nation Operational Solutions (CNOS)  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS T-02  
Atlanta, GA 30341  
Email: [gx12@cdc.gov](mailto:gx12@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of **Page 2** of the Notice of Award must be known in order to draw down funds.



**Recipient Information**

**1. Recipient Name**

COUNCIL OF MEDICAL SPECIALTY SOCIETIES  
633 N Saint Clair St Ste 2400  
Chicago, IL 60611-3295  
202-672-1513

**2. Congressional District of Recipient**

07

**3. Payment System Identifier (ID)**

I362868605A1

**4. Employer Identification Number (EIN)**

362868605

**5. Data Universal Numbering System (DUNS)**

070160411

**6. Recipient's Unique Entity Identifier (UEI)**

Q3PPBQVCKLH1

**7. Project Director or Principal Investigator**

Helen Burstin  
hburstin@cmss.org  
202-672-1513

**8. Authorized Official**

Ms. Julia Peterson  
Operations Manager  
jpeterson@cmss.org  
3122025580

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Sharlene Sanders  
GMS  
qxl2@cdc.gov  
678-475-4650

**10. Program Official Contact Information**

Debra Blog  
Program Officer  
pyo8@cdc.gov  
5185225715

**Federal Award Information**

**11. Award Number**

6 NH23IP922656-02-01

**12. Unique Federal Award Identification Number (FAIN)**

NH23IP922656

**13. Statutory Authority**

Sec 317A, 317B, & 317(k) (2) PHS Act CFDA: 93.322

**14. Federal Award Project Title**

CDC-RFA-IP21-2111 IMPROVING ADULT IMMUNIZATION RATES FOR COVID-19, INFLUENZA, AND ROUTINE ADULT VACCINATION THROUGH PARTNERSHIPS WITH MEDICAL SUBSPECIALTY SOCIETIES

**15. Assistance Listing Number**

93.083

**16. Assistance Listing Program Title**

Prevention of Disease, Disability, and Death through Immunization and Control of Respiratory and Related Diseases

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/30/2022	<b>- End Date</b>	09/29/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$3,173,809.00		
20a. Direct Cost Amount	(b)(4)		
20b. Indirect Cost Amount			
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$8,475,000.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$11,648,809.00		
<b>26. Period of Performance Start Date</b>	09/30/2021	<b>- End Date</b>	09/29/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>	\$33,648,809.00		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Kathy Raible

**30. Remarks**



<b>Recipient Information</b>	
<b>Recipient Name</b> COUNCIL OF MEDICAL SPECIALTY SOCIETIES 633 N Saint Clair St Ste 2400 Chicago, IL 60611-3295 202-672-1513	
<b>Congressional District of Recipient</b> 07	
<b>Payment Account Number and Type</b> 1362868605A1	
<b>Employer Identification Number (EIN) Data</b> 362868605	
<b>Universal Numbering System (DUNS)</b> 070160411	
<b>Recipient's Unique Entity Identifier (UEI)</b> Q3PPBQVCKLHI	
<b>31. Assistance Type</b> Cooperative Agreement	
<b>32. Type of Award</b> Other	

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	(b)(4)
b. Fringe Benefits	
c. Total Personnel Costs	
d. Equipment	
e. Supplies	
f. Travel	
g. Construction	
h. Other	
i. Contractual	
j. TOTAL DIRECT COSTS	
k. INDIRECT COSTS	
l. TOTAL APPROVED BUDGET	\$11,648,809.00
m. Federal Share	\$11,648,809.00
n. Non-Federal Share	\$0.00

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GLZ	21NH23IP922656C5	IP	41.51	93.083	\$0.00	75-2124-0943
2-9390GLZ	21NH23IP922656C5	IP	41.51	93.083	\$0.00	75-2124-0943
2-93909KZ	21NH23IP922656	IP	41.51	93.083	\$3,173,809.00	75-X-0951





**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922656-02-01

FAIN# NH23IP922656

Federal Award Date: 09/08/2022

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</b>
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

COUNCIL OF MEDICAL SPECIALTY SOCIETIES

6 NH23IP922656-02-01

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1. Terms and Conditions\_2656

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number IP21-2111, entitled To Increase COVID-19, Influenza, and Other Adult Vaccination Coverage Among Older Adults and Adults with Chronic Diseases, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Supplemental Funding:** Additional funding in the amount of \$3,173,809 is approved for the Year 02 budget period, which is September 30, 2022 through September 29, 2023.

**Budget Revision Requirement:** By October 31, 2022, the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

## REPORTING REQUIREMENTS

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC; with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

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Sharlene Sanders, Grants Management Specialist  
Cherokee Nation Operational Solutions (CNOS)  
Centers for Disease Control and Prevention  
Branch 1  
2939 Flowers Road, MS T-02  
Atlanta, GA 30341  
Email: [qxl2@cdc.gov](mailto:qxl2@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS), (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b)).

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**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

**STEWARDSHIP:** The recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to your cooperative agreement are allowable, allocable, and reasonable and that they address the highest priority needs as they relate to this program.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.