



Centers for Disease Control and Prevention

National Center for Emerging and Zoonotic Infectious Diseases

Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and
Control Emerging and Re-Emerging Infectious Disease Threats

CDC-RFA-CK20-2003

Application Due Date: 07/31/2020

Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and
Control Emerging and Re-Emerging Infectious Disease Threats

CDC-RFA-CK20-2003

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-CK20-2003. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats

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; competitive, non-research

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CK20-2003

E. Assistance Listings (CFDA) Number:

93.318

F. Dates:

- | | |
|---|--|
| 1. Due Date for Letter of Intent (LOI): | 07/14/2020 |
| 2. Due Date for Applications: | 07/31/2020, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov . |

3. Date for Informational Conference Call:

July 7, 2020 at 4:00 PM – 5:00 PM ET

(b)(6)

G. Executive Summary:

1. Summary Paragraph:

Through this Notice of Funding Opportunity (NOFO), CDC will continue to protect America from health, safety and security threats, both foreign and in the U.S. This NOFO supports NCEZID's strategic priorities to prevent the spread of infectious disease. This NOFO is intended to establish a roster of organizations that would be pre-identified and pre-approved for rapid funding to address emerging and re-emerging infectious disease threats through the program strategies. Organizations should have the capacity to reach frontline personnel to inform the development, adaptation, and use of guidance for infectious disease prevention and control. The organizations include, but is not limited to clinicians, other healthcare professionals, healthcare systems, and other organizations and institutions responsible for patient care and infectious disease prevention and control in the United States. This NOFO will establish an Approved-But-Unfunded (ABU) list of recipients, which will be used to effectively respond to public health threats. There is limited funding available at the time of this announcement. Additional funding will be contingent upon the availability of appropriations, at CDC's sole discretion. CDC will provide additional information to ABU recipients, as public health needs arise.

- a. Eligible Applicants:** Open Competition
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 24

Approximately 5-10 applicants will initially be awarded in response to this NOFO. The initial recipients will respond to at least two of five program strategies in response to COVID-19. All other approved applicants will be added to the ABU roster listing. ABUs will be funded in response to other emerging and re-emerging public health threats as the need arise. Applicants may apply for 2 and/or any combination of the 5 strategies.

- d. Total Period of Performance Funding:** \$0

This amount is subject to the availability of funds. It is not possible to approximate an amount of funding due to the nature of this NOFO (i.e., the intent to establish a quick funding mechanism for pre-approved recipients faced with a public health threat).

- e. Average One Year Award Amount:** \$1,000,000

- f. Total Period of Performance Length:** 5

- g. Estimated Award Date:** 09/30/2020

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

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

Part II. Full Text

1. Background

a. Overview

The Centers for Disease Control and Prevention works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. The proposed cooperative agreement would fund organizations that reach professionals at the front-line of preventing and controlling the spread of emerging and re-emerging infectious disease threats such as COVID-19, including clinicians, other healthcare professionals, healthcare systems, and other organizations and institutions responsible for infectious disease prevention and control in U.S. communities and across health and occupational settings.

This NOFO is intended to establish a roster of organizations that would be pre-identified and pre-approved for rapid funding to undertake activities set forth by this funding opportunity. This NOFO will establish an Approved-But-Unfunded (ABU) list of recipients. A limited amount of funding is available at the time of this award, with additional funding made available as public health threats emerge. This ABU list will be utilized by CDC to effectively respond to, manage, and address the identified public health threat, in partnership with national and regional organizations. Applications seeking to conduct activities outside the scope of the program activities will be deemed non-responsive and will not be considered.

Under the proposed umbrella cooperative agreement, CDC would provide funding, as available, in support of a set of strategies that target prevention and control of emerging and re-emerging infectious diseases, including COVID-19. Collaborative activities would extend from the following program strategies:

1. **DISSEMINATE AND ADOPT** – Support CDC in the dissemination and adoption or implementation of guidance, clinical guidelines, and best practices for the prevention and control of emerging and re-emerging infectious diseases. Non-CDC documents should be shared with CDC for federal purposes, CDC 45 CFR 75.322.
2. **INFORM AND ADAPT** – Inform and support CDC in the development and adaptation of guidance, tools, and best practices, including collecting and communicating individual expert opinions that can inform updates to existing guidance that consider the needs of specific patient populations, clinical specialties, and industry sectors.
3. **TARGET AND TRAIN** – Engage frontline personnel and lead training in CDC best practices for the broader workforce supporting the prevention and control of emerging and re-emerging infectious diseases. Target guidance and tools to better reach communities or populations at increased risk for infectious diseases and reduce disease spread in targeted workplaces or settings.
4. **INTEGRATE AND EXTEND** – Develop integrated and cross-sub-specialty networks for information sharing, problem-solving, and sharing of promising practices, including the development of rapid or living learning networks. Extend networks to reach populations that are at increased risk for infectious diseases.
5. **EVALUATE AND IMPROVE** – Evaluate the impact and effectiveness of strategies for improved infection prevention and control practices. Implement continuous improvement by assessing and monitoring performance metrics related to prevention programs and program strategy.

b. Statutory Authorities

This program is authorized under Public Health Service Act sections 301(a), 307 and 317, as amended [42 U.S.C. sections 241(a), 242I, and 247b]. Authority may also stem from an applicable emergency supplemental appropriation; such appropriation and any requirements and/or limitation associated with that emergency supplemental will be added to the notice of award.

P.L. 116-123 - Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020
Pub. L. [March 6, 2020]

P.L. 116-136 - Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Pub.L.[
March 27, 2020]

P.L. 116-139 – Paycheck Protection Program and Healthcare Enhancement Act, 2020 [April 24,
2020]

c. Healthy People 2030

- HP2030 has a goal to increase immunization rates and reduce preventable infectious diseases.
- HP 2030 has many metrics related to avoiding workplace injury, which is related to any adverse infection-associated outcomes in a workplace setting.
- HP 2030 has two healthcare-associated infection metrics that are specific to bloodstream infections and MRSA.

d. Other National Public Health Priorities and Strategies

National Emergency COVID-19 Declaration <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>;

U.S. National Strategy for Combating Antibiotic-Resistant Bacteria (<https://www.cdc.gov/drugresistance/us-activities/national-strategy.html>);

e. Relevant Work

This cooperative agreement supports NCEZID's strategic priorities to prevent the spread of infectious disease, and in particular Strategy 3: Enhance preparedness, outbreak detection and outbreak response, 3.2 Strengthen outbreak prevention, management and response in collaboration with clinical and public health partners.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-CK20-2003

Logic Model: Improving Clinical and Public Health Outcomes through National Partnerships to

Prevent and Control Emerging and Re-Emerging Infectious Disease Threats

Bold indicates period of performance outcome

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<p>1. DISSEMINATE AND ADOPT – Support CDC in the dissemination and adoption or implementation of guidance, clinical guidelines, and best practices for the prevention and control of emerging and re-emerging infectious diseases.</p> <p>2. INFORM AND ADAPT – Inform and support CDC in the development and adaptation of guidance, tools, and best practices, including collecting and communicating individual expert opinions that can inform updates to existing guidance that consider the needs of specific patient populations, clinical specialties, and industry sectors.</p> <p>3. TARGET AND TRAIN – Engage frontline personnel and lead training in CDC best practices for the broader workforce supporting the prevention and control of emerging and re-emerging infectious</p>	<p>1) Increased distribution of existing guidance for the prevention and control of emerging and re-emerging infectious diseases to workers in the partner’s target audience</p> <p>2) Adaptation of existing guidance to increase adoption in occupations who regularly engage in the prevention and control of emerging and re-emerging infectious diseases</p> <p>3) New guidance is informed by target frontline prevention and control personnel</p> <p>4) Rapid/living learning networks are established that engage both infectious disease prevention and control specialists and frontline workers</p>	<p>1) Increased number of HCP who are trained and understand best practices for the prevention and control of infectious diseases</p> <p>2) Increased adoption of guidance by workers and workplace leaders to implement best practices that protect workers and community members from infectious diseases</p> <p>3) Expanded participation and reach of living-learning networks among populations in environments that increase risk for infectious diseases</p> <p>4) New and existing infectious disease prevention and control resources are evaluated within the environment that they are used by evaluation professionals, with feedback from frontline workers and community members as needed</p>	<p>1) Fewer healthcare associated infections among patients and healthcare workers</p> <p>2) Fewer community-acquired infections across public and private settings</p> <p>3) Improved clinical outcomes among patients with or who are at increased risk for emerging infectious diseases</p>

<p>diseases. Target guidance and tools to better reach communities and populations at increased risk for infectious diseases and reduce disease spread in targeted workplaces or settings.</p> <p>4. INTEGRATE AND EXTEND– Develop integrated and cross-sub-specialty networks for information sharing, problem-solving, and sharing of promising practices, including the development of rapid or living learning networks. Extend networks to reach populations at increased risk for infectious diseases.</p> <p>5. EVALUATE AND IMPROVE – Evaluate the impact and effectiveness of strategies for improved infection prevention and control practices. Implement continuous improvement by assessing and monitoring performance metrics related to prevention practices and program strategy.</p>			
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i. Purpose

This cooperative agreement will ultimately improve public health and clinical outcomes through national partnerships that seek to prevent and control emerging or re-emerging infectious

diseases, like COVID-19.

Collaborative activities would extend from program strategies that disseminate & adopt, inform & adapt, target & train, integrate & extend, and evaluate and improve the delivery of program activities related to Public Health guidance.

ii. Outcomes

The outcomes below are the short-term and intermediate outcomes from the logic model that recipients are expected to make progress toward achieving during the project period. Not all outcomes will be relevant to every recipient's project plan and will depend on the program strategies used by the recipient.

- Increased distribution of existing guidance for the prevention and control of emerging and re-emerging infectious diseases to workers in the organization's target audience
- Adaptation of existing guidance to increase adoption in occupations who regularly engage in the prevention and control of emerging and re-emerging infectious diseases
- New guidance is informed by target frontline prevention and control personnel
- Rapid/living learning networks are established that engage both infectious disease prevention and control specialists and frontline workers
- Increased number of personnel who are trained and understand best practices for the prevention and control of infectious diseases
- Increased adoption of guidance by workers and workplace leaders to implement best practices that protect workers and community members from infectious diseases
- Expanded participation and reach of living-learning networks among populations in environments that increase risk for infectious diseases
- New and existing infectious disease prevention and control resources are evaluated within the environment that they are used by evaluation professionals, with feedback from frontline workers and community members as needed

iii. Strategies and Activities

Applicants should propose activities that track to at least two of the five program strategies:

1. DISSEMINATE AND ADOPT – Support CDC in the dissemination and adoption or implementation of guidance, clinical guidelines, and best practices for the prevention and control of emerging and re-emerging infectious diseases. Non-CDC documents should be shared with CDC for federal purposes, CDC 45 CFR, 75.322.

2. **INFORM AND ADAPT** – Inform and support CDC in the development and adaptation of guidance, tools, and best practices, including tailoring existing guidance to the needs of specific patient populations, clinical specialties, and industry sectors.
3. **TARGET AND TRAIN** – Engage frontline personnel and lead training in CDC best practices for the broader workforce supporting the prevention and control of emerging and re-emerging infectious diseases. Target guidance and tools to better reach communities or populations at increased risk for infectious diseases and reduce disease spread in targeted workplaces or settings.
4. **INTEGRATE AND EXTEND** – Develop integrated and cross-sub-specialty networks for information sharing, problem-solving, and sharing of promising practices, including the development of rapid or living learning networks. Extend networks to reach populations that are at increased risk for infectious diseases.
5. **EVALUATE AND IMPROVE** – Evaluate the impact and effectiveness of all strategies for improved infection prevention and control practices. Implement continuous improvement by assessing and monitoring performance metrics related to prevention practices and program strategy.

Activities will vary based on the expertise and target audience of the applicant, and the program goals of the CDC programs funding partner work and projects.

1. Collaborations

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

Recipients are required to collaborate with other non-funding CDC program that may have content area expertise pertaining to the infectious disease of interest.

b. With organizations not funded by CDC:

This funding opportunity may support multiple organizations to address a public health threat from an emerging or re-emerging infectious disease. Applicants should expect to coordinate with other recipients to amplify the goals of the program, as described in the program's guidance.

2. Target Populations

Target populations will vary depending on the particular public health threat(s) funded under this NOFO. This cooperative agreement should directly impact the health of the public, through prevention and control activities within the occupational field. This cooperative agreement seeks to fund organizations that reach clinical specialties, healthcare provider groups (e.g., doctors, physical therapists, nurses, nurse assistants), and/or occupational groups (e.g., sanitation workers, hospital associations, correctional health care workers, purchasing organizations, facility design and engineering associations, entomologists, vector control professionals, and occupational health and safety professional associations) to ensure the development, adaptation, and use of infection prevention and control guidance for improved public health outcomes.

a. Health Disparities

This cooperative agreement includes program activities that can be used to target occupational groups that serve populations at disproportionate risk of infectious disease and/or adverse outcomes. In targeting specialty and subspecialty organizations, efforts could reach groups that are currently unable to access guidance for the prevention and control of emerging or re-emerging infectious diseases. In addition, CDC seeks to fund organizations that specialize in reaching populations that may be lower income, in rural areas without easy access to healthcare or other healthcare organizations, and/or members of racial and ethnic minority communities who have been put at increased risk for higher rates of preventable infectious diseases or adverse outcomes.

Applicants should have a plan in place to be inclusive of these populations that may be directly impacted or have increased risk for various infectious diseases, including but not limited to rural and native populations with disabilities; justice-involved; non-English speaking populations; lesbian, gay, bisexual, and transgender (LGBT) populations; people with limited health literacy; immunocompromised persons; and/or other populations with increased risk.

iv. Funding Strategy

The funding strategy is designed to collect proposals from approved applicants and designate them as “approved but unfunded” (ABU). The NOFO will only be funded upon program identification of a public health need to address an emerging or re-emerging infectious disease threat. Depending on the nature of the threat, specific applicants and specific components of their applications will be selected for funding. These funding decisions will take into account various relevant factors such as geographic location of the emergency, expectations of spread, applicant’s capabilities, national priorities, etc. Recipients may be funded out of rank order, depending on the infectious disease threat. Recipients will be provided with an opportunity to develop a customized project plan that builds off of their initial project plan, once the infectious disease threat is identified.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The evaluation and performance measurement will help demonstrate achievement of program outcomes; build a stronger evidence base for specific program strategies; clarify applicability of the evidence base to different populations, settings, and contexts; and drive continuous program improvement. Evaluation findings and performance measures will be used to demonstrate the value of this program and describe effective implementation of the NOFO.

Recipients will be responsible for data collection and reporting. Recipients will submit to CDC the required data and any other information required. These data and information will be used by CDC to monitor indicators, document progress, and generate feedback reports regarding program accomplishments.

At the core of the evaluation and performance measure strategy is a set of process measures and outputs to track implementation of the strategies, and outcome measures to monitor achievement of the outcomes expected in the period of performance.

Proposed process measures for an applicant’s performance plan might include:

DISSEMINATE AND ADOPT:

1. Proportion of priority best practices, clinical guidelines documents, or guidance documents released from CDC and promoted/disseminated by the recipient within 2 weeks of release
2. Number of dissemination networks and dissemination plans to reach target audiences with desired information (reporting metric: plan, network map, target audience analysis, or other outcome of an activity designed to determine reach and penetrance)

INFORM AND ADAPT:

1. Number of key stakeholder engagement meetings (formal and informal) held in advance of guidance development or adaptation
2. Number of new best practices/guidance documents that are vetted by the target audience's practitioners/specialists before release
3. Number of existing guidance documents that were adapted to incorporate input from the target audience

TARGET AND TRAIN:

1. Number of trainings held to educate the target audience for the guidance or recommendation
2. Number of training tools (modules, online courses, guidance documents, etc.) created during period of performance

INTEGRATE AND EXTEND:

1. Number of target audience engaged in rapid or living learning networks to connect specialists and share promising practices
2. Development of tools to engage underrepresented populations; integration of feedback from target populations into guidance documents, etc
3. Number of designs/plans developed to expand the reach of public health guidance to populations who have been put at increased risk for higher rates of preventable infectious diseases
4. Number of guidance documents that contain materials designed to address disparities and extend the reach of dissemination activities to rural and/or low-income audiences

EVALUATE AND IMPROVE:

1. Number of process evaluations conducted, assessing program evaluation metrics (above)
2. Evaluation findings are included in performance monitoring reports to CDC

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.

Given the wide range of potential recipients and their target audiences, evaluations plans will have to be tailored if and when partners are funded by CDC programs. However, each evaluation plan will include some elements that are consistent across recipients (as outlined in the logic model). Funding recipients will be required to provide regular output measures that indicate programmatic progress towards the strategy(ies) their work fulfills.

Applicant Evaluation and Performance Measurement Plan will be developed in concert with CDC based on the nature of the event. Companion guidance will be released by CDC with Public Health threat-specific guidance.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must possess the organizational capacity and skills needed to implement the award including the capability to:

- Reach a national or regional network of an occupational category(ies) that is an integral part of the prevention and control of emerging or re-emerging infectious disease;
- Implement a functional response to a public health threat, including distributing public

health guidance, recommendations, and tools and providing support to implement these resources.

- Inform, educate, and empower frontline staff engaged in the prevention and control of infectious diseases.
- Assemble and provide individual expert opinions from occupational groups regarding opportunities for adaptations to existing public health guidance, recommendations, and tools to achieve more successful implementation.

In support of these capabilities, applicants must provide documentation on their capacity to implement the required activities and provide information that:

- Demonstrates existing organizational capacity for program and staffing management; performance measurement, and evaluation systems; financial reporting systems; communication, technological, and data systems required to implement the activities in an effective and expedited manner; physical infrastructure and equipment; and workforce capacity to successfully execute all proposed strategies and activities based on the planning scenario.
- Demonstrates the organizational capacity to manage partnerships with other organizations to ensure a coordinated response to the identified public health threat.
- Depicts the current organizational chart for their public health program.

Recipients must have the ability to (1) submit an amended budget within 14 days of notice of CDC's intent to make an award, (2) procure equipment, services, etc., (3) hire or contract for temporary staffing, and (4) execute a contract within 30 days. Applicants must agree to submit quarterly spend reports for any awards made under this NOFO.

Applicants must provide copies of organizational charts for their organization and relevant public health programs within their structure. A letter signed by the organization's President or CEO on organization letterhead, attesting to the existing capacity and capability for rapid procurement, hiring, and contracting is also required.

Applicants may not be recipients of existing CDC cooperative agreements in a similar focus area or capacity.

Applicants must name the files "Organizational Chart," "PH Program Organizational Chart," and "Administrative Requirement Capability Letter". Applicants must upload them as PDF files at www.grants.gov.

d. Work Plan

Planning Scenario: For planning purposes, applicants should develop their work plans to address the capabilities required to respond to a scenario involving the emergence or re-emergence of an infectious disease.

The work plan should address the activities related to two or more of the program strategies. Applicants should assume that response to the threat is supported by interim guidance, recommendations, or tools released by CDC for general healthcare providers and occupational groups engaged in the prevention and control of the infectious disease. Negative outcomes of the infectious disease are often associated with select socio-economic groups, including racial and

ethnic minorities, those with disabilities, and those living in rural areas. The emerging infectious disease has a high rate of attack and hospitalization rate, and either a countermeasure and/or pharmaceutical and/or vector control and/or an oral prophylaxes component.

General Work Plan Guidance: Applicants must develop and submit a high-level work plan that addresses the proposed scenario. The plans and activities should align with the program strategies in the logic model. Applicants should be able to revise the plans and activities in the work plan based on supplement guidance issued by CDC for an identified public health threat. The high-level plan should reflect the strategies, outcomes, evaluation, and performance measures described in the NOFO. Recipients must provide at least one proposed long-term outcome. The proposed short-term and intermediate outcomes should directly relate to the expected results of completing the planned response activity. Planned activities must be associated with functions or objectives related to the program strategy(ies).

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.

For any set of activities funded under this NOFO, recipients should collaborate closely with the Division of Healthcare Quality and Promotion's project officers and sponsor CDC programs as well as other organizations funded by CDC to address the public health threat, as appropriate.

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, specialists, and project officers) in the identification, notification, and management of high-risk recipients.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

In this cooperative agreement, CDC staff will be substantially involved in the program activities beyond routine grant monitoring. CDC's National Center for Emerging and Zoonotic Infectious Diseases, Division of Healthcare Quality and Promotion (DHQP) project officers and subject matter experts will work with other Division and CIO subject matter experts that may serve in a technical monitoring role for specific activities, segments, or aspects of a specific public health threat.

DHQP will coordinate the review of applications to ensure activities are in scope and do not duplicate those funded by other CDC cooperative agreements. CDC will use application submission information to identify strengths and weaknesses, coordinate with the applicant to update work plans, and to establish priorities for site visits and technical assistance.

To assist recipients in achieving the purpose of this award, CDC will conduct the following activities.

1. Provide ongoing guidance, programmatic support, training, and technical assistance as related to activities outlined in this funding announcement.
2. Conduct conference calls, site visits, and other communications as applicable with recipients.
3. Facilitate communication among recipients to advance the sharing of expertise on response activities.
4. Coordinate planning and implementation activities with other organizational and/or federal partners as needed, based on the specific public health threat.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U50 Special Cooperative Investigations/Assessment of Control/Prevention Methods
3. Fiscal Year:	2020
4. Approximate Total Fiscal Year Funding:	\$10,000,000
5. Approximate Period of Performance Funding:	\$0

This amount is subject to the availability of funds.

This amount is subject to the availability of funds. It is not possible to approximate an amount of funding due to the nature of this NOFO (i.e., the intent to establish a quick funding

mechanism for pre-approved recipients faced with a public health threat).

Estimated Total Funding: \$0

6. Approximate Period of Performance Length: 5 year(s)

7. Expected Number of Awards: 24

Approximately 5-10 applicants will initially be awarded in response to this NOFO. The initial recipients will respond to at least two of five program strategies in response to COVID-19. All other approved applicants will be added to the ABU roster listing. ABUs will be funded in response to other emerging and re-emerging public health threats as the need arise. Applicants may apply for 2 and/or any combination of the 5 strategies.

8. Approximate Average Award: \$1,000,000 Per Budget Period

9. Award Ceiling: \$0 Per Budget Period

This amount is subject to the availability of funds.

This amount is subject to the availability of funds.

No ceiling is established for the outset of this NOFO. CDC may establish a ceiling when a public health threat is identified and supplemental guidance will provide additional information on this topic

10. Award Floor: \$0 Per Budget Period

For planning and budgeting purposes, one may use \$1,000,000 for the initial budget period.

11. Estimated Award Date: 09/30/2020

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 available through this NOFO.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

- State governments
- County governments
- City or township governments
- Special district governments

Independent school districts
Public and State controlled institutions
of higher education
Native American tribal governments
(Federally recognized)
Public housing authorities/Indian
housing authorities
Native American tribal organizations
(other than Federally recognized tribal
governments)
Nonprofits having a 501(c)(3) status
with the IRS, other than institutions of
higher education
Nonprofits without 501(c)(3) status with
the IRS, other than institutions of higher
education
Private institutions of higher education
For profit organizations other than small
businesses
Small businesses
Others (see text field entitled "Additional
Information on Eligibility" for
clarification)
Unrestricted (i.e., open to any type of
entity above), subject to any clarification
in text field entitled "Additional
Information on Eligibility"

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide
agents (includes the District of
Columbia)
Local governments or their bona fide
agents
Territorial governments or their bona
fide agents in the Commonwealth of
Puerto Rico, the Virgin Islands, the
Commonwealth of the Northern
Marianna Islands, American Samoa,
Guam, the Federated States of
Micronesia, the Republic of the Marshall
Islands, and the Republic of Palau.

State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

Other:

Ministries of Health

2. Additional Information on Eligibility

All organizations are eligible.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System:

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. 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, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

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

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

		you can register on grants.gov)		
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **07/14/2020**

b. Application Deadline

Due Date for Applications: **07/31/2020** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first

business day on which grants.gov operations resume.

Date for Information Conference Call

July 7, 2020 at 4:00 PM – 5:00 PM ET

(b)(6)

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\(mj444mxct51lnrv1hljjjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx).

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file “Assurances and Certifications” and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx)

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

Risk Assessment Questionnaire Requirement

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS. When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Letter of Intent is Requested but Optional

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. Failure to submit LOI will not impact review of application.

LOI should be sent via email to:

Shanda Blue

CDC, NCEZID

Address: MS H16-5, 1600 Clifton Road

Telephone number: 404-639-1709

Fax: 404-718-1900

Email address: RFA-CK20-2003@cdc.gov

Please Cc:

Robert Williams

Grants Management Specialist

Office of Grants Services

2939 Flowers Road, MS TV-2

Atlanta, GA 30341

Email address: Qji0@cdc.gov

8. Table of Contents

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

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

9. Project Abstract Summary

(Maximum 1 page)

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC

Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://www.phaboard.org>). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated

organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

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

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

The budget narrative should be structured at a high level, addressing those activities associated with the prevention and control of an emerging or re-emerging infectious disease threat. It should address how the funding will not be duplicative of other federal funding, e.g., CSTLTS; it should address new activities that will improve the impact of public health efforts; and other identified issues that the applicant thinks will be critical to responding to the public health threat. The budget narrative should utilize real costs from previous, related activities such as response to H1N1, Ebola, Zika, or COVID-19 to the extent practical.

Recipients must provide sub-recipient contracts, if applicable.

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 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>).

Additional information applicable to Covid19

Additional Term and Condition:

A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief,

and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); and/or the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.

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

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

Funding source is not yet established and will be determined at the time CDC decides to implement the NOFO, additional funding restrictions may be added as required by appropriation language used to make awards.

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

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

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

a. Phase I Review

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

b. Phase II Review

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

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach

Maximum Points:35

- Does the applicant clearly identify their target population? (6 points)
- How clearly does the work plan identify and quantify existing operational gaps and the root cause of the gaps to be addressed within the target population? (6 points)
- To what extent does the applicant clearly describe their proposed approach to accomplish activities in support of at least two program strategies? (6 points)
- Has the applicant described their approach to engage target populations that are at increased risk for infectious diseases? (6 points)
- Has the applicant included estimated timelines for completion of all performance and work plan activities as well as obligation and liquidation of funds within the budget and period of performance? (6 points)
- To what extent does the applicant provide evidence for the likely success of their proposed approach? (5 points)

ii. Evaluation and Performance Measurement

Maximum Points:25

- For each targeted program strategy, how well do the planned activities (short-term,

intermediate, or long-term) align with successfully addressing the problem or gap within the target population? (10 points)

- To what extent is evidence provided that demonstrates that the activities and outcomes can be achieved during the period of performance? (5 points)
- How clearly does the evaluation and performance monitoring plan include the assessment and monitoring of appropriate performance metrics? (10 points)

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points:40

- To what extent does the applicant describe in detail the type(s) of occupational categories they can reach, the extent of their reach, and how the organization relates to the prevention and control of infectious diseases in the US.? (5 points)
- To what extent does the applicant demonstrate existing organizational capacity to implement a functional response to a public health threat, including distributing public health guidance, recommendations, and tools and providing support to implement these resources? (8 points)
- To what extent does the applicant demonstrate the organizational capacity to inform, educate, and empower frontline staff engaged in the prevention and control of infectious diseases? (5 points)
- To what extent does the applicant demonstrate the organizational capacity to assemble and provide individual expert opinions from occupational groups to achieve more successful implementation of public health recommendations and tools? (5 points)
- To what extent does the applicant provide evidence of existing organizational capacity for program and staffing management; performance measurement, and evaluation systems; financial reporting systems; communication, technological, and data systems required to implement the activities in an effective and expedited manner; physical infrastructure and equipment; and workforce capacity to successfully execute all proposed strategies and activities based on the planning scenario. (7 points)
- Demonstrates the organizational capacity to manage partnerships with other organizations to ensure a coordinated response to the identified public health threat. (5 points)
- Does the applicant provide a clear organizational chart that is relevant for completion of the proposed project plan? (5 points)

Budget

To what extent is the proposed budget consistent with stated program strategies and planned program activities?

To what extent is the proposed budget adequately justified?

c. Phase III Review

All applicants will be subject to CDC's standard objective review process using the criteria identified above. In order to successfully implement a national strategy to combat public health threats, CDC recognizes the need to fund out of rank order based on the nature of the emergency, geographic need, disease burden, and/or populations disproportionately impacted by public health emergencies

This funding opportunity will result in a list of ABU organizations. Any funding tied to this NOFO will only be made available once CDC has determined a public health threat exists. Thus, there is limited funding available at the time of this announcement. Additional funding will be contingent upon the availability of appropriations and is at CDC's sole discretion.

Review of risk posed by applicants.

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

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

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

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

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

imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Announcement: July 1st; application process closes July 31th; funds disbursed to select recipients by September 30th.

CDC will provide additional information regarding when and how the awards will be announced, as determined by the emerging or re-emerging public health threat. While email from the Grants Management Office will be the official route of communications, additional communications will be made through a variety of media to ensure awareness by ABU organizations that CDC will be implementing the provisions of this NOFO.

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>.

Funding source is not yet established and will be determined at the time CDC decides to implement this NOFO; the list of administrative and national policy requirements may need to be amended to bring into compliance.

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
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

- **Performance Measures:** Recipients must report on performance measures for each

budget period and update measures, if needed.

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

N/A

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

c. Performance Measure Reporting (optional)

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

N/A

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash

transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

N/A

e. Final Performance and Financial Report (required)

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

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the 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).

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

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

Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.

Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the period of performance, and can include some success stories.

A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)

Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and

organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000. For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

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

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

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

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

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

3) Terms: For purposes of this clause:

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

“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government

on a commodity. It does not include foreign sales taxes.

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

5) Contents of Reports: The reports must contain:

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Shanda Blue, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
MS H16-5, 1600 Clifton Road

Telephone: (404) 639-1709

Email: RFA-CK20-2003@cdc.gov

Grants Staff Contact

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

Robert Williams, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2939 Flowers Road, MS TV-2
Atlanta, GA 30341

Email: Qji0@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

-Letter signed by the CEO or President of the organization on organizational letterhead attesting to the existing capacity and capability for rapid procurement, hiring, and contracting

-Organizational chart reflecting organizational make up and placement of the public health program

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>.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-_Review-SPOC_01_2018_OFFM.pdf.

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

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

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

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

Memorandum of Understanding (MOU) or Memorandum of Agreement

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

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization

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

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

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

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

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

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

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

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

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

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

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

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

Statute: An act of the legislature; a particular law enacted and established by the will of the

legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

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

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

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

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

NOFO-specific Glossary and Acronyms

N/A

CK20-2003: Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats

Frequently Asked Questions for Potential Applicants

1) Who is eligible for this funding opportunity?

Answer: This funding opportunity has maximum competition. There are no eligibility requirements for this funding opportunity.

The strongest applicant will:

- provide critical services, training, and/or organizational support to improve clinical and public health outcomes through the prevention and control of emerging or re-emerging infectious diseases;
- must clearly identify their target occupational group;
- demonstrate the capacity to reach a regional or national network of their target population;
- conduct activities that align with at least two of the program strategies; and
- demonstrate an ability to impact and engage populations who may have occupational, ethnic or geographic factors that increase their risk of contracting infectious diseases.

2) Will applicants who submit a project plan with more than 2 strategies be scored higher than those who submit only 2 strategies?

Answer: Possibly. Each applicant must propose activities that track to at least 2 program strategies. Applicants who include activities that track to more than 2 program strategies may have a stronger overall approach, which could result in stronger application evaluation scores. However, applicants will not automatically receive more evaluation points for proposing activities that track to more program strategies.

3) What does it mean to be approved but unfunded (ABU)?

Answer: All applicants who receive a notice of award will be approved to receive funding under this cooperative agreement and will be included on a list of approved but unfunded (ABU) cooperative agreement recipients.

There is a limited amount of funding available at the time of this award, so a small number of recipients may receive funding by September 30, 2020. Notices for future funding opportunities will be announced to all ABU recipients, as public health need and funding becomes available.

4) Will some cooperative agreement recipients be funded in this first round of awards?

Answer: Yes, there is a limited amount of funding available in this initial round of awards that may be dispersed to select recipients.

5) After the first round of funding, when will additional funding opportunities become available?

Answer: Pre-approved organizations may be funded once CDC has determined an appropriate public health threat exists and funding is available. It is anticipated that annual opportunities will be communicated by CDC to all approved but unfunded recipients in the late spring of each year. Supplemental announcements may also be made before that time.

6) What is the ceiling on this cooperative agreement?

Answer: There is no funding ceiling on this cooperative agreement.

7) What is the smallest award possible on this cooperative agreement?

Answer: It is possible that some cooperative agreement recipients may not receive funding through this cooperative agreement. Additional funding opportunities will be made available to appropriate ABU recipients once CDC has determined that a public health threat exists and funding is available to prevent and control an emerging or re-emerging infectious disease threat.

8) How will CDC decide which ABU recipients match to specific project proposals?

Answer: CDC project officers will match CDC project proposals to ABU recipients based on the stated target population, program strategies, and organizational capacity of the ABU recipients.

9) Can ABU recipients be funded out of rank order?

Answer: Yes. The decision on who will be funded will be based on the public health need, not based on rank order.

10) Can an ABU recipient propose activities related to other program strategies that they did not include in their initial project plan?

Answer: No. In their initial application, applicants should propose activities that track to each of the program strategies that they anticipate they might utilize in response to an emerging or re-emerging infectious disease threat.

11) If the capacities of an ABU recipient changes during the course of the 5-year cooperative agreement, may ABU recipients be removed from the ABU list?

Answer: Yes, however this action would be taken upon the request of the individual ABU recipient and in collaboration with CDC's Office of Grant Services.

12) Can multiple organizations be funded for the same CDC project?

Answer: Yes, if a CDC program has the public health need and funding to support multiple recipients, multiple organizations may be selected to work on a specific project to implement different program strategies and/or reach different target populations.

Questions and Answers from the CK20-2003 Informational Webinar, July 7, 2020

1) Are 501c6 trade associations eligible?

Answer: Yes. This funding opportunity has maximum competition. There are no eligibility requirements for this funding opportunity.

2) Is there a preference for non-profit versus small businesses?

Answer: There are no preferences for types of applicant organizations. This NOFO has maximum competition with no eligibility criteria and the type of organization is not included in the evaluation criteria.

3) Is a community health center an appropriate applicant to apply?

Answer: Yes, community health centers are eligible to apply. See the FAQ that describes the characteristics of the strongest applicants.

4) Are faith-based organizations encouraged to apply?

Answer: This funding opportunity has maximum competition. There are no eligibility requirements for this funding opportunity.

5) Are state health departments eligible for this since they don't have a regional or national reach?

Answer: This funding opportunity has maximum competition, so there are no eligibility criteria. However, applicants will be evaluated on their ability to reach a regional or national network of their proposed target population.

6) If I represent an organization that has a base in the USA and has an office in Puerto Rico. Should we present two applications or only one and state that we have capabilities to respond in the territory?

Answer: One application is sufficient. Each applicant should describe the target population in the application.

7) We are a smaller organization. Are you accepting projects from consortiums?

Answer: Yes. This funding opportunity has maximum competition. There are no eligibility restrictions for this cooperative agreement.

8) Can we apply in partnership with one or two other organizations?

Answer: Yes. There are no eligibility criteria for this NOFO, so consortia are also eligible to apply.

9) How many entities do you plan to fund?

Answer: In the NOFO we estimated that we will make 24 awards, but the final number is dependent upon the number and quality of applications.

10) Are we limited only to the US? We are exploring working with non-US Caribbean islands. Is that viable?

- a. Answer: The goal of this funding opportunity is the prevention and control of emerging and re-emerging infectious disease in the US. However, it is possible that some activities could be funded to support activities in non-US Caribbean islands if the applicant makes the case that these activities could increase the health security of the US.

11) Does the organization need to have the capacity to impact on a statewide or national level or can they focus in a specific region?

Answer: Applicants should demonstrate their ability to reach a regional or national network of their target occupational population.

12) How many awards are anticipated by Sep 30, 2020?

Answer: Unfortunately, this is not known at this time, as it is dependent upon the applications that are received and the availability of funds within CDC.

13) What is the time period of the opportunity?

Answer: Upon selection, recipients are eligible for awards each year for the 5 years of the cooperative agreement, pending public health need and availability of appropriations. Individual projects can vary in length, scope, and funding.

14) What is meant by frontline staff?

Answer: We use "frontline staff" to indicate occupations that by nature of the job work in the interest of preventing and controlling emerging or re-emerging infectious disease threats.

15) Governmental public health professionals are not noted as a target population. Was this an intentional exclusion?

Answer: The professions listed in the cooperative agreement are examples; the list is not exhaustive. Government public health professionals could be an appropriate target population to the extent that the applicant successfully demonstrates that these professionals are frontline staff that directly prevent and control emerging and re-emerging infectious diseases.

16) Is a letter of intent mandatory?

Answer: No, it is not. Applicants who do not submit a letter of intent will not be penalized in any way.

17) Are there guidelines on what should be in the letter of intent?

Answer: Information is included in the NOFO about where to send the letter of intent, however there are no required elements to the letter of intent.

18) I see the LOI is optional. Can you tell us more about the benefit of submitting an LOI?

Answer: CDC encourages, but does not require, a letter of intent to be submitted by July 14th so that the CDC funding opportunity development team may appropriately plan for the objective review. Recipients will not be penalized in any way if they choose not to send in a letter of intent.

19) Who is encouraged to submit the optional LOI?

Answer: All organizations who intend to submit an application are encouraged, but not required, to submit a Letter of Intent (see previous FAQ).

20) Will we receive feedback on our LOI if we choose to submit one? Otherwise what is the benefit of submitting one. Thanks!

Answer: Submitting a letter of intent communicates your interest to CDC, which allows CDC to adequately prepare for the objective review of submitted applications. Unfortunately, feedback on your proposal cannot be provided before submission.

21) The target population appears to be health professional-centric. What about patient populations or provider types such as hospitals, nursing homes, home health, ESRD centers, assisted living, etc.?

Answer: Yes, organizations who reach those working in any of those listed facilities are encouraged to apply for this funding opportunity.

22) How much money is available?

Answer: "Limited funds" was used. Can you quantify grant size? The amount of funding available this fiscal year is not yet known. Most applicants will likely not receive funding in the first year and be placed on an approved but unfunded list. However, the approximate average award for this funding opportunity is \$1,000,000.

23) Are we expected to have subcontracts in place in the proposal to demonstrate ability for the two projects?

Answer: No, we do not expect subcontracts to be in place at the time of application. Applicants may wish to include an intent to award a subcontract.

24) Do we [ORG] need to collaborate with clinical medical team to have our own prevention programs or do we need to work on the CDC prevention program?

Answer: Recipients of this cooperative agreement are expected to work with the CDC project officers as well as the subject matter experts who have technical expertise about the

public health threat. All recipients will utilize guidance, tools, best practices, or materials to execute the program strategies.

25) Will we need NIH bio-sketches for key personnel in the proposal?

Answer: Resumes/bio-sketches are not required, but if you have strong staff in mind or already on staff, sharing these could really strengthen your organizational capacity section.

26) Do you need to have letters of supports from collaborating organizations that might extend your reach included in the submission?

Answer: Letters of support are not required, but may strengthen your application's approach and organizational capacity.

27) Where should the applications be uploaded?

Answer: Applications may be submitted through Grants.gov.

28) Are the slides from the informational webinar presentation available for download?

Answer: The slides were distributed after the webinar to all participants. The webinar will be posted on CDC's NCEZID Partnerships website.

29) Will we be expected to carry out the proposed projects or are they just to demonstrate capacity for selection purpose?

Answer: Submission of an application indicates willingness to conduct the activities. However, the applicant is not obligated to conduct the activities until an award is made.

30) If we don't know what specifically we can do for a particular issue, how can we align our budgets? Should we provide multiple examples based upon fictitious scenarios'?

Answer: You may use a past (e.g., Zika), current (e.g., COVID-19), or future (e.g., disease X) for your project proposal. Only one \$1,000,000 project plan should be submitted in your application.

31) Are there salary caps for any key personnel or consultants?

Answer: Yes, the federal Executive Level II salary cap is \$197,300.

32) \$1 million per year is mentioned, yet you indicate that there is "limited funding" is immediately available?

Answer: The \$1,000,000 is a planning budget and does not necessarily indicate the actual amount that will be awarded to any one recipient.

33) What kind of budget information is needed? I heard something about creating a budget for a planned activity along with a justification, so do we prepare a budget for a max of \$1M?

Answer: Yes, you should propose the cost for project activities for the first 12-month period with a target budget of up to \$1,000,000.

34) Is the \$1,000,000 planning budget inclusive of total or only direct costs?

Answer: The \$1,000,000 planning budget should include all project costs.

35) When you say \$1,000,000 is for planning, does that mean that you don't put in implementation costs?

Answer: No. Your budget is a "planning budget" because it is based on a planning scenario. Your budget should include all costs associated with your project plan for the first 12-month budget period.

36) Any restrictions on indirect percentages besides approved HHS /CDC organization rates?

Answer: Yes, any non-Federal entity that has never received a negotiated indirect cost rate, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

37) If we do not have an IDC rate, can we use 10% de-minimis rate for indirect?

Answer: If a non-Federal entity has never received a negotiated indirect cost rate, they may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC). This rate may be used indefinitely.

38) Does the federal Executive Level II salary cap apply for this project and the submitted budget?

Answer: Yes, the federal Executive Level II salary cap is \$197,300.

39) I heard earlier no specific salary cap (would check to ensure they are reasonable) but then later heard that NIH executive level salary caps would be used?

Answer: The Federal award amount is negotiated using the cost principles (or other pricing information) as a guide. The HHS awarding agency or pass-through entity may use fixed amount awards if the project scope is specific and if adequate cost, historical, or unit pricing data is available to establish a fixed amount award based on a reasonable estimate of actual cost.

40) Can the purchase of PPE and other safety precautionary items allowable in the budget?

Answer: Possibly. Supplies should be proposed that are necessary to accomplish the activities that track to one or more of the program strategies.

41) May an applicant submit more than one project if they have different scopes?

Answer: No. Each organization is asked to submit one application with one project plan up to \$1,000,000. However, each applicant may propose multiple target populations and program strategies.

42) Do the projects being proposed need to be brand new or can they expand or build on existing programs?

Answer: Proposed projects can build upon existing programs, although the proposed activities cannot duplicate existing grants or cooperative agreements.

43) Can you select more than one infectious disease? I thought the focus was on COVID-19.

Answer: Applicants may propose projects for any infectious disease, including but not limited to COVID-19.

44) Should we assume that CDC will have a centralized data system for data reporting from which provider-level data would be shared?

Answer: Data surveillance and data availability at CDC varies widely across CDC programs. Generally, each CDC Center has available information online about program-specific surveillance capacity.

45) If we work with more than one target population of migrant workers (i.e., seafood workers, farmworkers, etc.), would you recommend that we submit for one specific target population or a general target population?

Answer: We would recommend that you reference the breadth of workers that you intend to reach through your program activities, but your initial proposal does not need to address every target population.

46) Is the focus only health care or are other “essential” occupations of interest? For example, food service and food/ag?

Answer: The goal of this NOFO is to reach occupations at the front-line of the prevention and control of emerging and re-emerging infectious diseases. This could include health care professionals, but also those who work in food service and agricultural industries as long as they are working to prevent and control disease.

47) Can you propose the same approach for the 2 infectious diseases you select?

Answer: Yes, your proposed activities may address one or multiple infectious diseases.

48) I'm confused about the time frame. Should our proposal be for 5 years but with a budget for only the first year or should it be just a single year proposal?

Answer: You should propose a single 12-month project with a target budget of up to \$1,000,000 in the first 12-month budget period. Subsequent budget requests may be submitted at the time future projects are invited and submitted.

49) For future public health threats, how long will a listed organization ideally have to mobilize its services to respond?

Answer: This information will be included in future guidance from CDC as future public health threats emerge and the NOFO is implemented.

50) Are you interested in reaching vulnerable populations like meat packers, as opposed to health care workers?

Answer: Yes.

51) For regionally focused organizations, can we target a high-density area within a state or must the application include plans to target across states and reach nationally?

Answer: An applicant may propose a geographic region within a state, however the evaluation criteria includes the applicant's ability to demonstrate a regional or national reach. Therefore, proposing a smaller reach may negatively impact an applicant's score.

52) What is the rationale for the following: "applicants may not be recipients of existing CDC cooperative agreements in a similar focus area or capacity"?

Answer: Applicants may not receive an award to perform work for which they have already been funded to perform.

53) What is the rationale for the following: "for any set of activities funded under this NOFO, recipients should collaborate closely with the Division of Healthcare Quality and Promotion's project officers and sponsor CDC programs as well as other organizations funded by CDC to address the public health threat, as appropriate"?

Answer: The Division of Healthcare Quality and Promotion is the program managing this funding opportunity. Therefore, all recipients must collaborate with the Division's project officers to execute funded projects. In addition, some recipients will work with sponsor programs from other Divisions that have the content area expertise for the proposed activities. Recipients should plan to collaborate closely with both the sponsoring program and project officers from the Division of Healthcare Quality and Promotion.

54) Given the sample budget being submitted, is there a process for revising the budget depending on what is requested by the CDC at a later date/for future emerging ID?

Answer: Yes, when an organization is selected for funding the project may be funded as submitted, or the funding program may request revisions to the project plan and/or budget. The Office of Grant Services will perform budget negotiations with all recipients before awards are made.

55) For small business applicants, are fully loaded rates allowed, or must rates all be at-cost to be eligible?

Answer: The Federal award amount is negotiated using the cost principles (or other pricing information) as a guide. The HHS awarding agency or pass-through entity may use fixed amount awards if the project scope is specific and if adequate cost, historical, or unit pricing

data is available to establish a fixed amount award based on a reasonable estimate of actual cost.

56) Would getting an award for this cooperative agreement prevent you from getting other CDC cooperative agreements?

Answer: Organizations may receive multiple CDC cooperative agreements as long as the work is not duplicative.

57) Can you select more than one infectious disease? I thought the focus was on COVID-19.

Answer: Yes, you may propose activities to prevent or control any emerging or re-emerging infectious disease, such as COVID-19, or a fictitious future disease.

58) Can we address more than two strategies in our proposal?

Answer: Yes. Each applicant must propose activities that track to no fewer than 2 program strategies and as many as all 5 program strategies.

59) Can you pick one infectious disease for one project and a second infectious disease for a second project.

Answer: Yes. You may propose activities that benefit different infectious diseases in your project plan.

60) Regarding the first 24 awardees, is timing of the application submission just as important as the content? (i.e., prior to July 31)

Answer: There is no specific number of recipients to be awarded in the first project period, however we estimate that there will be 24 recipients who will be preselected and preapproved to receive awards during the course of the 5-year cooperative agreement. These recipients will be the only organizations approved to receive funds during the cooperative agreement period. All applications must be submitted by 11:59 PM on July 31, 2020 to be considered.

61) If you use COVID and influenza would you be rated lower?

Answer: No. The evaluation criteria do not weigh one infectious disease more than another.

62) Are points weighted based on population size?

Answer: No. Application scoring will not be weighted.

63) RFP says to propose at least 2 of the 5 program activities. After being Approved but Unfunded for the cooperative agreement, would they then only be able to work on projects that focus on those 2 program strategies or would they have the opportunity to work on the other 3 program strategies as well?

Answer: Recipients will only be funded to perform activities that track to the proposed program strategies included in their initial project plan.

64) Is the budget and justification included in the 20-page limit?

Answer: Yes.

65) For organizations that miss the July 30 deadline, will the NOFO be open again next year for new applicants?

Answer: No. Once the Approved but Unfunded recipients are selected, no additional recipients will be added for the 5-year period of the cooperative agreement.

1. DATE ISSUED MM/DD/YYYY 09/21/2020		1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA NO. 93.318 - Protecting and Improving Health Globally; Building and Strengthening Public Health Impact, Systems, Capacity and Security			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 1 NU50CK000573-01-00 Formerly		5. TYPE OF AWARD Other	
4a. FAIN NU50CK000573		5a. ACTION TYPE New	
6. PROJECT PERIOD MM/DD/YYYY From 09/30/2020		Through MM/DD/YYYY 09/29/2025	
7. BUDGET PERIOD MM/DD/YYYY From 09/30/2020		Through MM/DD/YYYY 09/29/2021	
8. TITLE OF PROJECT (OR PROGRAM) A Partnership to Clear the Air of Misinformation.			

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)
PHS 301(a), 307, 317 as amended [42 U.S.C. 214, 242l, & 247b]

9a. GRANTEE NAME AND ADDRESS Kern County Hospital Authority 1700 Mount Vernon Ave Bakersfield, CA 93306-4018	9b. GRANTEE PROJECT DIRECTOR Mr. Evan Lanuza 1700 Mount Vernon Ave Bakersfield, CA 93306-4018 Phone: 661-489-5253
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10a. GRANTEE AUTHORIZING OFFICIAL Ms. Erica Ann Easton 1700 Mount Vernon Avenue The Kern Medical Foundation Bakersfield, CA 93306-4018	10b. FEDERAL PROJECT OFFICER Mr. Charles Denard 1600 Clifton Rd Atlanta, GA 30333 Phone: 404-718-4555
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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) 125,000.00	
II Total project costs including grant funds and all other financial participation I		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages 0.00		c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits 0.00		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 125,000.00	
c. Total Personnel Costs 0.00		13. Total Federal Funds Awarded to Date for Project Period 125,000.00	
d. Equipment 0.00		14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies 0.00		YEAR TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS	
f. Travel 0.00		a. 2 b. 3 c. 4 d. 5 e. 6 f. 7	
g. Construction 0.00		15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
h. Other 0.00		a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See REMARKS)	
i. Contractual 125,000.00		b	
j. TOTAL DIRECT COSTS 125,000.00		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:	
k. INDIRECT COSTS 0.00		a. The grant program legislation b. The grant program regulations c. This 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.	
l. TOTAL APPROVED BUDGET 125,000.00		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.	
m. Federal Share 125,000.00			
n. Non-Federal Share 150,000.00			

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 1364642420A1	18b. EIN 475618278	19. DUNS 080438495	20. CONG. DIST. 21
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 0-9390ESB	b. 20NU50CK000573	c. CK	d. \$100,000.00	e. 75-20-0949
22. a. 0-939ZSND	b. 20NU50CK000573	c. CK	d. \$25,000.00	e. 75-20-0949
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 09/21/2020
GRANT NO. 1 NU50CK000573-01-00	

Direct Assistance

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

AWARD ATTACHMENTS

Kern Medical Center Foundation

1 NU50CK000573-01-00

1. KERN-New Award Terms and Conditions
2. Summary Statement

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 CK20-2003, entitled Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats, and application dated July 31, 2020, 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 \$125,000 is approved for the Year 01 budget period, which is September 30, 2020 through September 29, 2021. 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.

Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, October 30, 2020, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By October 30, 2020 the recipient must submit a revised budget with a narrative justification as an amendment in GrantSolutions. The revised budget must be for the approved funding amount of \$125,000. 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 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 30, 2020.

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
Robert Williams, Grants Management Specialist
Centers for Disease Control and Prevention
Infectious Diseases Branch
2939 Flowers Road, MS T-02
Atlanta, GA 30341
Email: gji0@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human
Services Office of the Inspector
General

ATTN: Mandatory Grant Disclosures, Intake
Coordinator 330 Independence Avenue, SW
Cohen Building,
Room 5527
Washington, DC
20201

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

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

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

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

PAYMENT INFORMATION

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

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

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

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:

CDC, Office of Grants Services
Robert Williams, Grants Management
Specialist Centers for Disease Control

and Prevention **Infectious Diseases
Branch #1**

2939 Flowers Road,
MS T-02 Atlanta, GA
30341
Email: gji0@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:

Charles Denard, Project Officer
Centers for Disease Control and
Prevention NCEZID
1600 Clifton Road
Atlanta, GA
30231 Email:
xyg9@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 Diseases Branch #1
2939 Flowers Road, MS T-02
Atlanta, GA 30341
Email: kcr8@cdc.gov

**SUMMARY STATEMENT
NOTICE OF FUNDING OPPORTUNITY
CDC-RFA-CK20-2003**

"Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control
Emerging Infectious Disease Threats"

Date of Review: 8/12/2020

Applicant Name: Kern Medical Center Foundation

(b)(5)

(b)(5)

(b)(5)



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000573-01-01

FAIN# NU50CK000573

Federal Award Date: 12/09/2020

Recipient Information

1. Recipient Name

Kern Medical Center Foundation
1700 Mount Vernon Ave
Bakersfield, CA 93306-4018

2. Congressional District of Recipient

21

3. Payment System Identifier (ID)

1364642420A1

4. Employer Identification Number (EIN)

475618278

5. Data Universal Numbering System (DUNS)

080438495

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Mr. Evan Lanuza
evan.lanuza@kernmedical.com
661-489-5253

8. Authorized Official

Ms. Erica Ann Easton
President
erica.easton@kernmedical.com
6614895253

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Robert Williams
GMS
qji0@cdc.gov
404-498-4034

10. Program Official Contact Information

Ms. Juliann Hudak
vpt0@cdc.gov
404,718,5638

Federal Award Information

11. Award Number

6 NU50CK000573-01-01

12. Unique Federal Award Identification Number (FAIN)

NU50CK000573

13. Statutory Authority

PHS 301(a), 307, 317 as amended, [42 U.S.C. 214, 242I, & 247b]

14. Federal Award Project Title

A Partnership to Clear the Air of Misinformation

15. Assistance Listing Number

93.318

16. Assistance Listing Program Title

Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity and Security

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2020 **- End Date** 09/29/2021

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 \$125,000.00

24. Total Approved Cost Sharing or Matching, where applicable \$150,000.00

25. Total Federal and Non-Federal Approved this Budget Period \$275,000.00

26. Project Period Start Date 09/30/2020 **- End Date** 09/29/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period \$275,000.00

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 NU50CK000573-01-01

FAIN# NU50CK000573

Federal Award Date: 12/09/2020

Recipient Information

Recipient Name

Kern Medical Center Foundation
1700 Mount Vernon Ave
Bakersfield, CA 93306-4018

Congressional District of Recipient

21

Payment Account Number and Type

1364642420A1

Employer Identification Number (EIN) Data

475618278

Universal Numbering System (DUNS)

080438495

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

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

a. Salaries and Wages

b. Fringe Benefits

c. Total Personnel Costs

d. Equipment

e. Supplies

f. Travel

g. Construction

h. Other

i. Contractual

(b)(4)

j. TOTAL DIRECT COSTS

\$125,000.00

k. INDIRECT COSTS

\$0.00

l. TOTAL APPROVED BUDGET

\$125,000.00

m. Federal Share

\$125,000.00

n. Non-Federal Share

\$150,000.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390ESB	20NU50CK000573	CK	41.51	\$0.00	75-20-0949
0-939ZSND	20NU50CK000573	CK	41.51	\$0.00	75-20-0949



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000573-01-01

FAIN# NU50CK000573

Federal Award Date: 12/09/2020

Direct Assistance

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

AWARD ATTACHMENTS

Kern Medical Center Foundation

6 NU50CK000573-01-01

1. Kern-Revised Budget Terms And Conditions

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 November 11, 2020. Funds have been distributed as indicated in the approved budget of this Notice of Award.

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.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000573-01-02

FAIN# NU50CK000573

Federal Award Date: 01/12/2021

Recipient Information

1. Recipient Name

Kern Medical Center Foundation
1700 Mount Vernon Ave.
Bakersfield, CA 93306-4018

2. Congressional District of Recipient

21

3. Payment System Identifier (ID)

1364642420A1

4. Employer Identification Number (EIN)

475618278

5. Data Universal Numbering System (DUNS)

080438495

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Mr. Evan Lanuza
evan.lanuza@kernmedical.com
661-489-5253

8. Authorized Official

Ms. Erica Ann Easton
President
erica.easton@kernmedical.com
6614895253

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

Trisia Shannon
Public Health Advisor
xki5@cdc.gov
404-639-0063

Federal Award Information

11. Award Number

6 NU50CK000573-01-02

12. Unique Federal Award Identification Number (FAIN)

NU50CK000573

13. Statutory Authority

PHS 301(a), 307, 317 as amended [42 U.S.C. 214, 242I, & 247b]

14. Federal Award Project Title

A Partnership to Clear the Air of Misinformation

15. Assistance Listing Number

93.318

16. Assistance Listing Program Title

Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity and Security

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2020 **- End Date** 09/29/2021

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 \$125,000.00

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

25. Total Federal and Non-Federal Approved this Budget Period \$125,000.00

26. Project Period Start Date 09/30/2020 **- End Date** 09/29/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period \$125,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Freda Johnson

30. Remarks

Revised Budget- Approved; Administrative Change to Remove 150K (cost sharing)



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000573-01-02

FAIN# NU50CK000573

Federal Award Date: 01/12/2021

Recipient Information

Recipient Name

Kern Medical Center Foundation
1700 Mount Vernon Ave
Bakersfield, CA 93306-4018

Congressional District of Recipient

21

Payment Account Number and Type

1364642420A1

Employer Identification Number (EIN) Data

475618278

Universal Numbering System (DUNS)

080438495

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

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

a. Salaries and Wages

b. Fringe Benefits

c. Total Personnel Costs

d. Equipment

e. Supplies

f. Travel

g. Construction

h. Other

i. Contractual

(b)(4)

j. TOTAL DIRECT COSTS

\$125,000.00

k. INDIRECT COSTS

\$0.00

l. TOTAL APPROVED BUDGET

\$125,000.00

m. Federal Share

\$125,000.00

n. Non-Federal Share

\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390ESB	20NU50CK000573	CK	41,51	\$0.00	75-20-0949
0-939ZSND	20NU50CK000573	CK	41,51	\$0.00	75-20-0949



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000573-01-02

FAIN# NU50CK000573

Federal Award Date: 01/12/2021

Direct Assistance

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

AWARD ATTACHMENTS

Kern Medical Center Foundation

6 NU50CK000573-01-02

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS
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Revised Budget: The purpose of this amended Notice of Award is to approve the **Revised Budget** submitted by your organization dated December 17, 2020. 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 grantee 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



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000573-01-03

FAIN# NU50CK000573

Federal Award Date: 05/03/2021

Recipient Information

1. Recipient Name

Kern Medical Center Foundation
1700 Mount Vernon Ave
Bakersfield, CA 93306-4018

2. Congressional District of Recipient

21

3. Payment System Identifier (ID)

1364642420A1

4. Employer Identification Number (EIN)

475618278

5. Data Universal Numbering System (DUNS)

080438495

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Mr. Evan Lanuza
evan.lanuza@kernmedical.com
661-489-5253

8. Authorized Official

Ms. Erica Ann Easton
President
erica.easton@kernmedical.com
6614895253

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

Trisja Shannon
Public Health Advisor
xki5@cdc.gov
404-639-0063

Federal Award Information

11. Award Number

6 NU50CK000573-01-03

12. Unique Federal Award Identification Number (FAIN)

NU50CK000573

13. Statutory Authority

PHS 301(a), 307, 317, as amended [42 U.S.C. 214, 242I, & 247b]

14. Federal Award Project Title

A Partnership to Clear the Air of Misinformation.

15. Assistance Listing Number

93.318

16. Assistance Listing Program Title

Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity and Security

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2020 **- End Date** 09/29/2021

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 \$125,000.00

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

25. Total Federal and Non-Federal Approved this Budget Period \$125,000.00

26. Project Period Start Date 09/30/2020 **- End Date** 09/29/2025

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

Freda Johnson

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000573-01-03

FAIN# NU50CK000573

Federal Award Date: 05/03/2021

Recipient Information

Recipient Name

Kern Medical Center Foundation
1700 Mount Vernon Ave
Bakersfield, CA 93306-4018

Congressional District of Recipient

21

Payment Account Number and Type

1364642420A1

Employer Identification Number (EIN) Data

475618278

Universal Numbering System (DUNS)

080438495

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

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

a. Salaries and Wages

b. Fringe Benefits

c. Total Personnel Costs

d. Equipment

e. Supplies

f. Travel

g. Construction

h. Other

i. Contractual

(b)(4)

j. TOTAL DIRECT COSTS

\$125,000.00

k. INDIRECT COSTS

\$0.00

l. TOTAL APPROVED BUDGET

\$125,000.00

m. Federal Share

\$125,000.00

n. Non-Federal Share

\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390ESB	20NU50CK000573	CK	41.51	\$0.00	75-20-0949
0-939ZSND	20NU50CK000573	CK	41.51	\$0.00	75-20-0949



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000573-01-03

FAIN# NU50CK000573

Federal Award Date: 05/03/2021

Direct Assistance

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

AWARD ATTACHMENTS

Kern Medical Center Foundation

6 NU50CK000573-01-03

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 April 23, 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



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000573-01-04

FAIN# NU50CK000573

Federal Award Date: 01/19/2023

Recipient Information

1. Recipient Name

KERN COUNTY HOSPITAL AUTHORITY
1700 Mount Vernon Ave
Bakersfield, CA 93306-4018

2. Congressional District of Recipient

21

3. Payment System Identifier (ID)

1364642420A1

4. Employer Identification Number (EIN)

475618278

5. Data Universal Numbering System (DUNS)

080438495

6. Recipient's Unique Entity Identifier (UEI)

RBUTNDX16CF7

7. Project Director or Principal Investigator

Mr. Rob. Purdie
Patient & Program Development Coordinator
Rob.Purdie@KernMedical.com
661-489-5253

8. Authorized Official

Ms. Erica Ann Easton
President
erica.easton@kernmedical.com
6614895253

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

Ms. Marrielle Mayshack
Public Health Analyst/Project Officer
ypfl@cdc.gov
404-498-1597

Federal Award Information

11. Award Number

6 NU50CK000573-01-04

12. Unique Federal Award Identification Number (FAIN)

NU50CK000573

13. Statutory Authority

301(a) and 307, as amended [42 U.S.C. sections 241(a) and 242I]

14. Federal Award Project Title

A Partnership to Clear the Air of Misinformation

15. Assistance Listing Number

93.318

16. Assistance Listing Program Title

Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity and Security

17. Award Action Type

Grant Closeout

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2020 - **End Date** 09/29/2021

20. Total Amount of Federal Funds Obligated by this Action (\$13,544.85)

20a. Direct Cost Amount (\$13,544.85)

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 \$125,000.00

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

25. Total Federal and Non-Federal Approved this Budget Period \$111,455.15

26. Period of Performance Start Date 09/30/2020 - **End Date** 09/29/2022

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$111,455.15

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mr. Jon Messick
Grants Management Officer

30. Remarks

This is a Closeout action.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000573-01-04

FAIN# NU50CK000573

Federal Award Date: 01/19/2023

Recipient Information

Recipient Name

KERN COUNTY HOSPITAL AUTHORITY
1700 Mount Vernon Ave
Bakersfield, CA 93306-4018

Congressional District of Recipient

21

Payment Account Number and Type

1364642420A1

Employer Identification Number (EIN) Data

475618278

Universal Numbering System (DUNS)

080438495

Recipient's Unique Entity Identifier (UEI)

RBUTNDX16CF7

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

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

a. Salaries and Wages

b. Fringe Benefits

c. Total Personnel Costs

d. Equipment

e. Supplies

f. Travel

g. Construction

h. Other

i. Contractual

(b)(4)

j. TOTAL DIRECT COSTS

\$111,455.15

k. INDIRECT COSTS

\$0.00

l. TOTAL APPROVED BUDGET

\$111,455.15

m. Federal Share

\$111,455.15

n. Non-Federal Share

\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390ESB	20NU50CK000573	CK	41.51	93.318	(\$10,835.88)	75-20-0949
0-939ZSND	20NU50CK000573	CK	41.51	93.318	(\$2,708.97)	75-20-0949
1-9390ESB	20NU50CK000573	CK	41.51	93.318	\$0.00	75-21-0949



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000573-01-04

FAIN# NU50CK000573

Federal Award Date: 01/19/2023

Direct Assistance

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

AWARD ATTACHMENTS

KERN COUNTY HOSPITAL AUTHORITY

6 NU50CK000573-01-04

1. Terms and Conditions

FINAL CLOSEOUT: The purpose of this amended Notice of Award is to officially closeout Notice of Funding Opportunity number CK20-2003 titled, *Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats* award number NU50CK000573. This action closes out all budget years awarded within the project period dates of 9/30/2020 through 9/29/2022.

The official closeout is effective as of 1/18/2023.

PAYMENT MANAGEMENT SYSTEM/UNOBLIGATED BALANCES: The recipient may no longer draw down funds associated with the above listed award number in the Payment Management System (PMS). If unobligated funds were reported on the Final FFR those funds have been deobligated from the PMS Account.

RETENTION OF RECORDS: The recipient is reminded that HHS regulations require financial records, supporting documents, and all other records pertinent to NU50CK000573 are to be retained for a period of three years from the date of submission of the final FFR.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 5 NU50CK000573-02-00

FAIN# NU50CK000573

Federal Award Date: 07/07/2021

Recipient Information

1. Recipient Name

Kern Medical Center Foundation
1700 Mount Vernon Ave
Bakersfield, CA 93306-4018

2. Congressional District of Recipient

21

3. Payment System Identifier (ID)

1364642420A1

4. Employer Identification Number (EIN)

475618278

5. Data Universal Numbering System (DUNS)

080438495

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Mr. Evan Lanuza
evan.lanuza@kernmedical.com
661-489-5253

8. Authorized Official

Ms. Erica Ann Easton
President
erica.easton@kernmedical.com
6614895253

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Wayne Woods
kuy1@cdc.gov
770-488-2948

10. Program Official Contact Information

Trisia Shannon
Public Health Advisor
xki5@cdc.gov
404-639-0063

Federal Award Information

11. Award Number

5 NU50CK000573-02-00

12. Unique Federal Award Identification Number (FAIN)

NU50CK000573

13. Statutory Authority

PHS 301(a), 307, 317, as amended [42 U.S.C. 214, 242I, & 247b]

14. Federal Award Project Title

A Partnership to Clear the Air of Misinformation

15. Assistance Listing Number

93.318

16. Assistance Listing Program Title

Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity and Security

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2021 **- End Date** 09/29/2022

20. Total Amount of Federal Funds Obligated by this Action \$200,000.00

20a. Direct Cost Amount \$200,000.00

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 \$0.00

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

25. Total Federal and Non-Federal Approved this Budget Period \$200,000.00

26. Project Period Start Date 09/30/2020 **- End Date** 09/29/2025

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

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Freda Johnson
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 5 NU50CK000573-02-00

FAIN# NU50CK000573

Federal Award Date: 07/07/2021

Recipient Information

Recipient Name

Kern Medical Center Foundation
1700 Mount Vernon Ave.
Bakersfield, CA 93306-4018

Congressional District of Recipient

21

Payment Account Number and Type

1364642420A1

Employer Identification Number (EIN) Data

475618278

Universal Numbering System (DUNS)

080438495

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

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

a. Salaries and Wages

b. Fringe Benefits

c. Total Personnel Costs

d. Equipment

e. Supplies

f. Travel

g. Construction

h. Other

i. Contractual

(b)(4)

j. TOTAL DIRECT COSTS

\$200,000.00

k. INDIRECT COSTS

\$0.00

l. TOTAL APPROVED BUDGET

\$200,000.00

m. Federal Share

\$200,000.00

n. Non-Federal Share

\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390ESB	20NU50CK000573	CK	41.51	\$200,000.00	75-21-0949



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 5 NU50CK000573-02-00

FAIN# NU50CK000573

Federal Award Date: 07/07/2021

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0 .00	\$0 .00	\$0 .00
Fringe Benefits	\$0 .00	\$0 .00	\$0 .00
Travel	\$0 .00	\$0 .00	\$0 .00
Equipment	\$0 .00	\$0 .00	\$0 .00
Supplies	\$0 .00	\$0 .00	\$0 .00
Contractual	\$0 .00	\$0 .00	\$0 .00
Construction	\$0 .00	\$0 .00	\$0 .00
Other	\$0 .00	\$0 .00	\$0 .00
Total	\$0 .00	\$0 .00	\$0 .00

AWARD ATTACHMENTS

Kern Medical Center Foundation

5 NU50CK000573-02-00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CK20-2003, entitled *Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats*, 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 \$200,000 is approved for the Year 02 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.

Project Name	Funding Amount
A Partnership to Clear the Air of Misinformation	\$200,000

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.

- Facilitate communication among recipients to advance the sharing of expertise on response activities.
- Coordinate planning and implementation activities with other organizational and/or federal partners as needed, based on the specific public health threat.

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. 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.

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 30, 2021.

REPORTING REQUIREMENTS

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

CDC, Office of Grants Services
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 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 Roles and Responsibility

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.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000573-02-01

FAIN# NU50CK000573

Federal Award Date: 11/05/2021

Recipient Information

1. Recipient Name

Kern County Hospital Authority
1700 Mount Vernon Ave
Bakersfield, CA 93306-4018

2. Congressional District of Recipient

21

3. Payment System Identifier (ID)

1364642420A1

4. Employer Identification Number (EIN)

475618278

5. Data Universal Numbering System (DUNS)

080438495

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Mr. Evan Lanuza
evan.lanuza@kernmedical.com
661-489-5253

8. Authorized Official

Ms. Erica Ann Easton
President
erica.easton@kernmedical.com
6614895253

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Wayne Woods
kuy1@cdc.gov
770-488-2948

10. Program Official Contact Information

Ms. Marrielle Mayshack
Public Health Analyst/Project Officer
ypfl@cdc.gov
404-498-1597

Federal Award Information

11. Award Number

6 NU50CK000573-02-01

12. Unique Federal Award Identification Number (FAIN)

NU50CK000573

13. Statutory Authority

PHS 301(a), 307, 317 as amended [42 U.S.C. 241, 242I, & 247b]

14. Federal Award Project Title

A Partnership to Clear the Air of Misinformation

15. Assistance Listing Number

93.318

16. Assistance Listing Program Title

Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity and Security

17. Award Action Type

NGA Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2021 **- End Date** 09/29/2022

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 \$200,000.00

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

25. Total Federal and Non-Federal Approved this Budget Period \$200,000.00

26. Project Period Start Date 09/30/2020 **- End Date** 09/29/2025

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

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Freda Johnson
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000573-02-01

FAIN# NU50CK000573

Federal Award Date: 11/05/2021

Recipient Information

Recipient Name

Kern County Hospital Authority
1700 Mount Vernon Ave
Bakersfield, CA 93306-4018

Congressional District of Recipient

21

Payment Account Number and Type

1364642420A1

Employer Identification Number (EIN) Data

475618278

Universal Numbering System (DUNS)

080438495

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

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

a. Salaries and Wages

b. Fringe Benefits

c. Total Personnel Costs

d. Equipment

e. Supplies

f. Travel

g. Construction

h. Other

i. Contractual

(b)(4)

j. TOTAL DIRECT COSTS

\$200,000.00

k. INDIRECT COSTS

\$0.00

l. TOTAL APPROVED BUDGET

\$200,000.00

m. Federal Share

\$200,000.00

n. Non-Federal Share

\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390ESB	20NU50CK000573	CK	41.51	\$0.00	75-21-0949



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000573-02-01

FAIN# NU50CK000573

Federal Award Date: 11/05/2021

Direct Assistance

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

AWARD ATTACHMENTS

Kern County Hospital Authority

6 NU50CK000573-02-01

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS

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>.

All other terms and conditions of the cooperative agreement remain unchanged and in full effect.

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

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000573-02-02

FAIN# NU50CK000573

Federal Award Date: 02/16/2022

Recipient Information

1. Recipient Name

Kern County Hospital Authority
1700 Mount Vernon Ave
Bakersfield, CA 93306-4018

2. Congressional District of Recipient

21

3. Payment System Identifier (ID)

1364642420A1

4. Employer Identification Number (EIN)

475618278

5. Data Universal Numbering System (DUNS)

080438495

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Mr. Evan Lanuza
evan.lanuza@kernmedical.com
661-489-5253

8. Authorized Official

Ms. Erica Ann Easton
President
erica.easton@kernmedical.com
6614895253

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Wayne Woods
kuy1@cdc.gov
770-488-2948

10. Program Official Contact Information

Ms. Marrielle Mayshack
Public Health Analyst/Project Officer
ypfl@cdc.gov
404-498-1597

Federal Award Information

11. Award Number

6 NU50CK000573-02-02

12. Unique Federal Award Identification Number (FAIN)

NU50CK000573

13. Statutory Authority

PHS 301(a), 307, 317 as amended [42 U.S.C. 241, 242I, & 247b]

14. Federal Award Project Title

A Partnership to Clear the Air of Misinformation.

15. Assistance Listing Number

93.318

16. Assistance Listing Program Title

Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity and Security

17. Award Action Type

Deob/Reob

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2021 **- End Date** 09/29/2022

20. Total Amount of Federal Funds Obligated by this Action (\$200,000.00)

20a. Direct Cost Amount (\$200,000.00)

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 \$200,000.00

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

25. Total Federal and Non-Federal Approved this Budget Period \$0.00

26. Project Period Start Date 09/30/2020 **- End Date** 09/29/2025

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

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Freda Johnson
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000573-02-02

FAIN# NU50CK000573

Federal Award Date: 02/16/2022

Recipient Information

Recipient Name

Kern County Hospital Authority
1700 Mount Vernon Ave.
Bakersfield, CA 93306-4018

Congressional District of Recipient

21

Payment Account Number and Type

1364642420A1

Employer Identification Number (EIN)

475618278

Data Universal Numbering System (DUNS)

080438495

Recipient's Unique Entity Identifier

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

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

a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$0.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$0.00
m. Federal Share	\$0.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390ESB	20NU50CK000573	CK	41.51	(\$200,000.00)	75-21-0949



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000573-02-02

FAIN# NU50CK000573

Federal Award Date: 02/16/2022

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
Total	\$0 .00	\$0 .00	\$0 .00

AWARD ATTACHMENTS

Kern County Hospital Authority

6 NU50CK000573-02-02

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

De-obligation of Funds: The purpose of this amended Notice of Award is to de-obligate funds in the amount of \$200,000 from EIN 475618278 and DUNS 080438495 . Funds will be re-obligated to EIN 364642420 and DUNS 830154246 on a subsequent award action. This is in response to the request submitted by your organization dated February 9, 2022.

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

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.

Office of Grant Services Personnel:

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000573-02-03

FAIN# NU50CK000573

Federal Award Date: 06/27/2022

Recipient Information

1. Recipient Name

Kern Medical Center Foundation
1700 Mount Vernon Ave
Bakersfield, CA 93306-4018

2. Congressional District of Recipient

21

3. Payment System Identifier (ID)

1364642420A1

4. Employer Identification Number (EIN)

475618278

5. Data Universal Numbering System (DUNS)

080438495

6. Recipient's Unique Entity Identifier (UEI)

RBUTNDX16CF7

7. Project Director or Principal Investigator

Mr. Rob Purdie
Patient & Program Development Coordinator
Rob.Purdie@KernMedical.com
661-489-5253

8. Authorized Official

Ms. Erica Ann Easton
President
erica.easton@kernmedical.com
6614895253

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

Ms. Marrielle Mayshack
Public Health Analyst/Project Officer
ypfl@cdc.gov
404-498-1597

Federal Award Information

11. Award Number

6 NU50CK000573-02-03

12. Unique Federal Award Identification Number (FAIN)

NU50CK000573

13. Statutory Authority

PHS 301(a), 307, 317, as amended [42 U.S.C. 241, 242I, & 247b]

14. Federal Award Project Title

A Partnership to Clear the Air of Misinformation.

15. Assistance Listing Number

93.318

16. Assistance Listing Program Title

Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity and Security

17. Award Action Type

Change in Key Personnel

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2021 - **End Date** 09/29/2022

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 \$0.00

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

25. Total Federal and Non-Federal Approved this Budget Period \$0.00

26. Period of Performance Start Date 09/30/2020 - **End Date** 09/29/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$125,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Freda Johnson
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000573-02-03

FAIN# NU50CK000573

Federal Award Date: 06/27/2022

Recipient Information

Recipient Name

Kern Medical Center Foundation
1700 Mount Vernon Ave
Bakersfield, CA 93306-4018

Congressional District of Recipient

21

Payment Account Number and Type

1364642420A1

Employer Identification Number (EIN) Data

475618278

Universal Numbering System (DUNS)

080438495

Recipient's Unique Entity Identifier (UEI)

RBUTNDX16CF7

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

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

a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$0.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$0.00
m. Federal Share	\$0.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390ESB	20NU50CK000573	CK	41.51	93.318	\$0.00	75-21-0949



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000573-02-03

FAIN# NU50CK000573

Federal Award Date: 06/27/2022

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
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

Kern Medical Center Foundation

6 NU50CK000573-02-03

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS

Key Personnel: The purpose of this amendment is to approve the **Program Director** change from previously listed **Evan Lanuza** to **Rob Purdie**. This is in response to the request submitted by your organization dated June 17, 2022.

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 the 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 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



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000573-02-04

FAIN# NU50CK000573

Federal Award Date: 10/24/2022

Recipient Information

1. Recipient Name

KERN COUNTY HOSPITAL AUTHORITY
1700 Mount Vernon Ave
Bakersfield, CA 93306-4018

2. Congressional District of Recipient
21

3. Payment System Identifier (ID)
1364642420A1

4. Employer Identification Number (EIN)
475618278

5. Data Universal Numbering System (DUNS)
080438495

6. Recipient's Unique Entity Identifier (UEI)
RBUTNDX16CF7

7. Project Director or Principal Investigator

Mr. Rob Purdie
Patient & Program Development Coordinator
Rob.Purdie@KernMedical.com
661-489-5253

8. Authorized Official

Ms. Erica Ann Easton
President
erica.easton@kernmedical.com
6614895253

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

Ms. Marrielle Mayshack
Public Health Analyst/Project Officer
ypfl@cdc.gov
404-498-1597

Federal Award Information

11. Award Number

6 NU50CK000573-02-04

12. Unique Federal Award Identification Number (FAIN)

NU50CK000573

13. Statutory Authority

PHS 301(a), 307, 317, as amended [42 U.S.C. 241, 242I, & 247b]

14. Federal Award Project Title

A Partnership to Clear the Air of Misinformation

15. Assistance Listing Number

93.318

16. Assistance Listing Program Title

Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity and Security

17. Award Action Type

Grant Closeout

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2021 **- End Date** 09/29/2022

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 \$0.00

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

25. Total Federal and Non-Federal Approved this Budget Period \$0.00

26. Period of Performance Start Date 09/30/2020 **- End Date** 09/29/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$125,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Freda Johnson
Grants Management Officer

30. Remarks

This is a Closeout action.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU50CK000573-02-04

FAIN# NU50CK000573

Federal Award Date: 10/24/2022

Recipient Information

Recipient Name

KERN COUNTY HOSPITAL AUTHORITY
1700 Mount Vernon Ave
Bakersfield, CA 93306-4018

Congressional District of Recipient

21

Payment Account Number and Type

1364642420A1

Employer Identification Number (EIN) Data

475618278

Universal Numbering System (DUNS)

080438495

Recipient's Unique Entity Identifier (UEI)

RBUTNDX16CF7

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

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

a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$0.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$0.00
m. Federal Share	\$0.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT. ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390ESB	20NU50CK000573	CK	41.51	93.318	\$0.00	75-20-0949
0-939ZSND	20NU50CK000573	CK	41.51	93.318	\$0.00	75-20-0949
1-9390ESB	20NU50CK000573	CK	41.51	93.318	\$0.00	75-21-0949



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000573-02-04

FAIN# NU50CK000573

Federal Award Date: 10/24/2022

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
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

KERN COUNTY HOSPITAL AUTHORITY

6 NU50CK000573-02-04

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS

FINAL CLOSEOUT: The purpose of this amended Notice of Award is to officially closeout Notice of Funding Opportunity Number CDC-RFA-CK20-2003 titled, *Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats*, award number NU50CK000573. This action closes out all budget years awarded within the project period dates of 9/30/2020 to 9/29/2022.

NOTE: This award has been replaced by award number NU50CK000627 with the project period dates of 9/30/2022 to 9/29/2025. Existing unobligated funds have been reallocated to this award number.

The official closeout is effective as of 10/20/2022. The recipient has successfully satisfied all of the funding opportunity announcement requirements for award number NU50CK000573.

PAYMENT MANAGEMENT SYSTEM/UNOBLIGATED BALANCES: The recipient may no longer draw down funds associated with the above listed award number in the Payment Management System (PMS). If unobligated funds were reported on the Final FFR those funds have been de-obligated from the PMS Account.

RETENTION OF RECORDS: Recipient is reminded that HHS regulations require that financial records, supporting documents, and all other records pertinent to NU50CK000573 are to be retained for a period of three years from the date of submission of the final FFR.

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2022

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; padding: 5px; min-height: 30px;">CDC</div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 5px; min-height: 20px;">20NU50CK000573</div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; padding: 2px; width: 90%;">Kern Medical Center Foundation</div> Street1: <div style="border: 1px solid black; padding: 2px; width: 400px;">1700 Mount Vernon Ave</div> Street2: <div style="border: 1px solid black; padding: 2px; width: 400px;"></div> City: <div style="border: 1px solid black; padding: 2px; width: 150px;">Bakersfield</div> County: <div style="border: 1px solid black; padding: 2px; width: 150px;"></div> State: <div style="border: 1px solid black; padding: 2px; width: 100px;">CA</div> Province: <div style="border: 1px solid black; padding: 2px; width: 150px;"></div> Country: <div style="border: 1px solid black; padding: 2px; width: 150px;">US</div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px; width: 150px;">933064018</div>			
4a. DUNS Number <div style="border: 1px solid black; padding: 2px; width: 100%;">830154246</div>	4b. EIN <div style="border: 1px solid black; padding: 2px; width: 100%;">1364642420A1</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; width: 100%;">E8160P1</div>	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	8. Project/Grant Period From: <div style="border: 1px solid black; padding: 2px; width: 80px;">09/30/2020</div> To: <div style="border: 1px solid black; padding: 2px; width: 80px;">09/29/2022</div>	9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px; width: 100%;">09/29/2021</div>
10. Transactions			Cumulative
(Use lines a-c for single or multiple grant reporting)			
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			<div style="border: 1px solid black; padding: 2px; width: 100%;">\$111,455.15</div>
b. Cash Disbursements			<div style="border: 1px solid black; padding: 2px; width: 100%;">\$111,455.15</div>
c. Cash on Hand (line a minus b)			<div style="border: 1px solid black; padding: 2px; width: 100%;">\$0.00</div>
(Use lines d-o for single grant reporting)			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			<div style="border: 1px solid black; padding: 2px; width: 100%;">\$125,000.00</div>
e. Federal share of expenditures			<div style="border: 1px solid black; padding: 2px; width: 100%;">\$111,455.15</div>
f. Federal share of unliquidated obligations			<div style="border: 1px solid black; padding: 2px; width: 100%;">\$0.00</div>
g. Total Federal share (sum of lines e and f)			<div style="border: 1px solid black; padding: 2px; width: 100%;">\$111,455.15</div>
h. Unobligated balance of Federal Funds (line d minus g)			<div style="border: 1px solid black; padding: 2px; width: 100%;">\$13,544.85</div>
Recipient Share:			
i. Total recipient share required			<div style="border: 1px solid black; padding: 2px; width: 100%;">\$0.00</div>
j. Recipient share of expenditures			<div style="border: 1px solid black; padding: 2px; width: 100%;">\$0.00</div>
k. Remaining recipient share to be provided (line i minus j)			<div style="border: 1px solid black; padding: 2px; width: 100%;">\$0.00</div>
Program Income:			
l. Total Federal program income earned			<div style="border: 1px solid black; padding: 2px; width: 100%;">\$0.00</div>
m. Program Income expended in accordance with the deduction alternative			<div style="border: 1px solid black; padding: 2px; width: 100%;">\$0.00</div>
n. Program Income expended in accordance with the addition alternative			<div style="border: 1px solid black; padding: 2px; width: 100%;">\$0.00</div>
o. Unexpended program income (line l minus line m and line n)			<div style="border: 1px solid black; padding: 2px; width: 100%;">\$0.00</div>

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	0.00	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	\$0.00	\$0.00	\$0.00
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	0.00	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	\$0.00	\$0.00	\$0.00
g. Totals:				\$0.00	\$0.00	\$0.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>						
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).						
a. Name and Title of Authorized Certifying Official Prefix: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> First Name: <div style="border: 1px solid black; padding: 0 20px;">Erica</div> Middle Name: <div style="border: 1px solid black; width: 200px; height: 20px;"></div> Last Name: <div style="border: 1px solid black; padding: 0 50px;">Easton</div> Suffix: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Title: <div style="border: 1px solid black; padding: 0 50px;">President, Foundation</div>						
b. Signature of Authorized Certifying Official <div style="border: 1px solid black; padding: 10px; text-align: center; margin-top: 10px;">Easton, Erica</div>				c. Telephone (Area code, number and extension) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">+1 (661) 489-5253</div>		
d. Email Address <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">erica.easton@kernmedical.com</div>				e. Date Report Submitted <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">01/13/2023</div>		14. Agency use only:

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2025

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; padding: 5px; min-height: 30px;">CDC</div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 5px; min-height: 20px;">20NU50CK000573</div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; padding: 2px; display: inline-block;">KERN COUNTY HOSPITAL AUTHORITY</div> Street1: <div style="border: 1px solid black; padding: 2px; display: inline-block;">1700 Mount Vernon Ave</div> Street2: <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> City: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Bakersfield</div> County: <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> State: <div style="border: 1px solid black; padding: 2px; display: inline-block;">CA</div> Province: <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Country: <div style="border: 1px solid black; padding: 2px; display: inline-block;">US</div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px; display: inline-block;">933064018</div>			
4a. UEI <div style="border: 1px solid black; padding: 2px; display: inline-block;">RBUTNDX16CF7</div>	4b. EIN <div style="border: 1px solid black; padding: 2px; display: inline-block;">1364642420A1</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; display: inline-block;">E8160P1</div>	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	8. Project/Grant Period From: <div style="border: 1px solid black; padding: 2px; display: inline-block;">09/30/2021</div> To: <div style="border: 1px solid black; padding: 2px; display: inline-block;">09/29/2022</div>	9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">09/29/2022</div>
10. Transactions			Cumulative
(Use lines a-c for single or multiple grant reporting)			
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$111,455.15</div>
b. Cash Disbursements			<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$111,455.15</div>
c. Cash on Hand (line a minus b)			<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$0.00</div>
(Use lines d-o for single grant reporting)			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$125,000.00</div>
e. Federal share of expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$111,455.15</div>
f. Federal share of unliquidated obligations			<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$0.00</div>
g. Total Federal share (sum of lines e and f)			<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$111,455.15</div>
h. Unobligated balance of Federal Funds (line d minus g)			<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$13,544.85</div>
Recipient Share:			
i. Total recipient share required			<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$0.00</div>
j. Recipient share of expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$0.00</div>
k. Remaining recipient share to be provided (line i minus j)			<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$0.00</div>
Program Income:			
l. Total Federal program income earned			<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$0.00</div>
m. Program Income expended in accordance with the deduction alternative			<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$0.00</div>
n. Program Income expended in accordance with the addition alternative			<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$0.00</div>
o. Unexpended program income (line l minus line m and line n)			<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$0.00</div>

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	0.00	<div style="border: 1px solid black; width: 80px;"></div>	<div style="border: 1px solid black; width: 80px;"></div>	\$0.00	\$0.00	\$0.00
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	0.00	<div style="border: 1px solid black; width: 80px;"></div>	<div style="border: 1px solid black; width: 80px;"></div>	\$0.00	\$0.00	\$0.00
g. Totals:				\$0.00	\$0.00	\$0.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>						
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).						
a. Name and Title of Authorized Certifying Official Prefix: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> First Name: <div style="border: 1px solid black; width: 280px; height: 20px; display: inline-block;">Erica</div> Middle Name: <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div> Last Name: <div style="border: 1px solid black; width: 470px; height: 20px; display: inline-block;">Easton</div> Suffix: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Title: <div style="border: 1px solid black; width: 350px; height: 20px; display: inline-block;">President, Foundation</div>						
b. Signature of Authorized Certifying Official <div style="border: 1px solid black; width: 480px; height: 40px; display: flex; align-items: center; justify-content: center; margin-top: 10px;"> Easton, Erica </div>				c. Telephone (Area code, number and extension) <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block; margin-top: 5px;">+1 (661) 489-5253</div>		
d. Email Address <div style="border: 1px solid black; width: 480px; height: 20px; display: inline-block; margin-top: 5px;">erica.easton@kernmedical.com</div>				e. Date Report Submitted <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block; margin-top: 5px;">01/13/2023</div>		14. Agency use only: