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Frequently Asked Questions

CDC-RFA-DP23-0007

Building capacity for implementing evidence-based epilepsy self-management supports in health care settings

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

1. **Where can we find out more about the application process?**

   Please refer to CDC's Grants website for more information on how to apply, including budget guidelines, registrations, and key steps of the application process.

2. **What does CDC consider to be "evidence-based epilepsy self-management programs?"**

   This term is used throughout the NOFO. It refers to effective and promising programs that have the following characteristics:

   - Addresses content and outcomes important in the management of epilepsy (such as medication adherence, stress or mood management, sleep hygiene);
   - Based on theoretical approaches that enhance skills (such as self-monitoring, goal setting, problem-solving) for the adoption and maintenance of health-enhancing behavior;
   - The program strategies included have been evaluated, (such as through pretest/post-test measurement or more rigorous study design with a comparison group) and shown to positively impact outcomes for people with epilepsy; and
   - Public documentation of program evaluation is available (such as a peer-reviewed paper, or in an official organizational report posted online).

3. **What's the difference between a self-management support and a self-management program?**

   "Self-management supports" is a broad term that encompasses elements necessary for self-management program implementation. For example, and as described in a 2015 CDC publication, it may include organizational infrastructure, provider trainings, and financing mechanisms for program sustainability. Currently in the epilepsy field, the only evidence-based "supports" are evidence-based self-management programs. Applicants are referred to a CDC paper led by Teresa J. Brady, Chronic disease self-management support: public health perspectives, published in Frontiers in Public Health in 2015: https://pubmed.ncbi.nlm.nih.gov/25964925/.

4. **Do the self-management programs have to be delivered on-site at the health care institution?**

   The programs do not have to be delivered on-site at health care institution.

For example, a program facilitator leading an evidence-based telehealth self-management program would not have to physically sit in a health care setting to deliver the program.

However, this NOFO is focused on enhancing health care system capacity to deliver epilepsy self-management supports. Therefore, coordination of self-management supports, or programs must occur within the health care system (see NOFO glossary for definition of health care system).

This coordination can include, but is not limited to:

- Patient screening
- Patient recruitment
- Identifying and training providers in program delivery
- Patient retention activities
- Adoption and assessment of clinic protocols to integrate coordination elements (e.g., through quality improvement initiatives)
- Program evaluation.

Refer to A Guide to Facilitating Health Systems Change (cdc.gov) for more information and resources on this type of work.

5. What do you mean by "health care system"?

The term "health care systems" is used throughout the NOFO and is defined at the end of the NOFO glossary.

CDC refers to the National Bureau of Economic Research (NBER) Center of Excellence definition of health system, which is based on three types of arrangements between two or more health care provider organizations:

1. organizations with common ownership
2. contractually integrated organizations (e.g., accountable care organizations)
3. informal care systems, such as common referral arrangements. S

Systems include organizations combined horizontally (e.g., a hospital system) or vertically (e.g., a multihospital system also owning physician practices and post-acute care facilities).

6. What do you mean by working within 2 health care settings?

The NOFO requires Component 1 recipients to work in at least two health care settings. This is defined in the Strategies and Activities section on page 7-8/50. It's defined as two departments within the same health care system (e.g., primary care, neurology), two different geographic locations for the same health care system (e.g., urban, suburban), or two distinct participant populations within the same health care system (e.g., 18-49 years old, >65 years old). It is also

acceptable for recipients to implement the same or two different programs within two independent health care settings.

7. Does the second health care setting have to be selected with the first year, or can we start with one for the first year and then add a second later in years two through five?

The applicant is expected to identify two health care settings at the time of the application, and have memoranda of agreement in place for any and all proposed health care setting partners identified for program implementation. It will be acceptable for applicants to propose a delayed start date (e.g., in funding year 2) for a second or third health care setting site. However, applicants are required to confirm all proposed collaborations with health care settings throughout the entire project period in their application.

8. What geographic regions do each Component have to cover?

The NOFO does not require that recipients work in any specific geographic areas. However, as noted in the Phase III Review Criteria of the NOFO (pages 34-35/50), CDC may fund Component 1 applicants out of rank order in order to achieve geographic diversity across all funded recipients.

Component 1 applicants must identify the geographic area and health care setting where the program activities will be implemented.

9. Does CDC have some general expectation of the number of people with epilepsy who would be enrolled in programs by a certain year of the project?

While there is no requirement for a specific number of people with epilepsy, CDC expects that applicants will use an evidence-informed approach (e.g., based on the published literature relative to proposed program outcomes) to enroll a sufficient number of participants that will allow for a robust evaluation of the project.

10. I want to work in one state/region/community only. Is that allowable?

Yes, under Component 1 this is allowable if you meet the other requirements. It is not applicable to Component 2.

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old). It is also acceptable for recipients to implement the same or two different programs within two independent health care settings.

11. Do we have to address all the parts of the NOFO?

As noted in the NOFO's logic model (pages 5-6/50), and in the "Strategies and Activities" section (page 7-8/50), Component 1 applicants must address all the strategies and activities listed under Component 1. Component 2 applicants must address both of the strategies and activities listed under Component 2.

As stated in the NOFO's "Outcomes" (page 7/50), applicants are expected to achieve the identified Short Term and Intermediate Outcomes for each proposed component listed in the logic model during the five-year period of performance.

12. My organization is already funded by CDC for a research project. Can we apply for this too?

Yes, if your organization meets the eligibility criteria described on pages 18-19/50 of the NOFO in the "Eligibility Information" section, and you have the organizational capacity and ability to address the strategies, activities, evaluation, and other requirements of this NOFO.

Please keep in mind that this is a **non-research** funding opportunity. No funds may be used to conduct research, as stated on page 29/50 under the "Funding Restrictions" section. Applicants are encouraged to review CDC guidance on the distinction between research and non-research activities (available at: Policy 557: Distinguishing Public Health Research and Public Health Nonresearch (cdc.gov)). Applicants should also ensure that any proposed work under this NOFO is not duplicative of current awards funded by another mechanism. Please carefully read the NOFO section on Duplication of Effort on page 23/50.

13. Can a university apply for this NOFO?

As noted in the eligibility criteria described on pages 18-19/50, "Private institutions of higher education" and "Public and State controlled institutions of higher education" are eligible applicants and can apply for the NOFO. Please refer to the specific Organizational Capacity requirements listed for each Component for more information (pages 13-14/50.)

14. Do I have to be part of a health care organization to apply?

No. Refer to the NOFO's Strategies and Activities section on page 7-8/50. It states that Component 1 applicants must develop partnerships with health care organizations and other interested and affected groups for intervention implementation. The recipient does not have to be a health care organization; however, it is required that a health care organization be an

active partner in this project and lead health care system change strategies to facilitate program implementation; an MOU is required in the application to confirm health care system commitment.

The Component 2 applicants do not have to formally partner with health care organizations for their application, but they will be expected to have capacity to provide technical assistance to health care organizations. Please refer to the Collaborations and Target Population section of the NOFO for more information on pages 8-9/50.

15. Our organization has an idea for a different epilepsy project. Can we propose that instead?

No. This funding for this project will only be awarded for activities outlined by and required in this NOFO. Periodically the CDC Epilepsy Program puts out other funding opportunities as well – you can learn about them by checking our website at www.cdc.gov/epilepsy.

16. My organization focuses on just one kind of epilepsy (or a rare epilepsy disorder.) Are we eligible to apply?

Eligibility for this NOFO is unrestricted and open to all the entities described in the "Eligibility Information" section on pages 18-19/50.

Applicants should carefully review the NOFO's "Purpose" and "Outcomes" (pages 6-7/50) to assure that their proposed project aligns with the expectations described especially around requirements to address health disparities and advance health equity.

17. Does the application only have to include a budget for the first 12 months?

Yes, the proposal budget should only reflect year one activities. Please refer to CDC's Budget Preparation Guidelines for more details.

18. Do the awards include indirect costs?

Yes. On pages 26-27/50, the NOFO describes all the required elements of the budget, including indirect costs.

19. What's a cooperative agreement?

The NOFO glossary defines "cooperative agreement" on page 46/50:
"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."

The NOFO also describes the level of CDC support in a cooperative agreement on pages 15-16/50. CDC staff is "substantially involved in the program activities, above and beyond routine grant monitoring monthly calls, and site visits."

20. Can an organization or contractor be a subrecipient on more than one application? Can an entity submit a primary application, and also be a subrecipient on another organization's application?

The language on page 19/50 of the NOFO states:

This NOFO contains 2 components: Component 1 and Component 2. Applicants may only apply for 1 component. If an applicant applies for more than 1 component, both applications will be considered non-responsive and will not receive further review.

This means that we cannot accept multiple primary applications from one entity. However, a primary applicant may be listed under another entity's application as a sub-recipient. An entity may also be listed as a sub-recipient on multiple applications.

21. Will CDC be offering any feedback to projects described in letters of intent?

No, CDC is not permitted to offer feedback on any proposed ideas or projects. Letters of intent only need to include basic information:

- Number and title of the NOFO
- Descriptive title of the proposed project, including which component
- Name, address, telephone number, and email address of the primary contact for writing and submitting the application.

22. Do you know if a new round of this funding opportunity will be open again within the next five years? Will there be an opportunity to apply next year? Or in two years?

Funding opportunities are always subject to the availability of federal funding.

This particular NOFO is only available this one time for a 5-year cycle. There isn't an opportunity to apply next year or in 2 years for this NOFO. However, if new funding becomes available in FY24, it's possible that some applications that were approved, but unfunded in FY23, could receive funding.

CDC posts all new grant opportunities on www.grants.gov.

23. What is the estimated award date for this NOFO?

The NOFO's estimated award date is August 30, 2023.

24. Can other countries apply for this NOFO?

This funding opportunity is limited to the United States and its territories, as noted in the Eligibility Criteria on pages 18-19/50.

25. Are there restrictions about implementing these programs in a VA health care setting?

Other federal agencies are not eligible to be primary applicants for this NOFO, as noted in the Eligibility Criteria on pages 18-19/50.

However, CDC does not mandate the type of subaward, or contracts a recipient puts in place. CDC's responsibility is to ensure the grantee follows the procurement regulations as outlined in 45 CFR, Part 74.

The Procurement Standards permits grantees to use their own procurement procedures which reflect applicable state and local laws and regulations provided that the procurements conform to applicable Federal law and the standards identified in this section. One of those standards is the requirement for competition. All procurement transactions shall be conducted in a manner to provide to the maximum extent, practical open and free competition. These procedures must allow all qualified contractors to be given an opportunity to bid and to have their bids fairly considered.

26. Will there be additional Q&A sessions?

No, the Informational Call scheduled for March 8, 2023 is the only scheduled Q&A session. You can email additional questions to epilepsy@cdc.gov.

27. Do the DMP or MOUs count toward the 20 pages of proposal narrative?

No, these are separate attachments and do not count toward the narrative page limit.

28. Does the workplan count in the 20 pages of proposal narrative?

Yes, the workplan counts toward the narrative page limit.

29. Can you please clarify when we should use letters of support or MOUs/MOAs?

The NOFO does not specify when or how each of these types of partner agreements are used; that is left to the discretion of the applicant. CDC just requires that some sort of agreement is in place to ensure that all partners understand and are committed to their proposed roles and responsibilities in relation to required activities, and that there is accountability regarding the use of federal funds to partnering organizations in support of cooperative agreement objectives.

Component 1 applicants must provide an MOU, MOA, or letter of support from program investigators (e.g., from a MEW Network principal investigator) as evidence of working together to implement the program. Component 1 applicants are also required to include LOS and/or MOU/MOAs from partners involved in the activities proposed. These agreements must indicate institutional support and a description of the roles and expectations of each collaborating partner. See NOFO pages 8-9/50 for more information.

30. What's a Data Management Plan?

Pages 10/50 and 13/50 of the NOFO indicates that Component 1 applicants must submit a Data Management Plan (DMP). A DMP is a written description of the plan for the collection, protection, sharing, and long-term preservation of public health data. It is a blueprint that will assist in planning for data management and sharing in advance of the actual data generation and collection. The DMP is a living document, meaning it must be updated and revised as the project evolves and throughout the lifecycle of the data collected.

You can find the DMP template and guidance at the link listed in the NOFO: https://www.cdc.gov/chronicdisease/programs-impact/nofo/index.htm.

31. The only copy of the CDC Risk Assessment Questionnaire I could find online expires before the due date. Is there a newer version, or can we use that one?

Per our Grants Management Specialist, it is acceptable to use the questionnaire that is currently online, even though the date has expired.

32. Is there a salary cap like NIH?

Yes, CDC cooperative agreements have the same salary cap – currently it is $212,100.

33. What is the allowable fringe percentage?

Applicants should use their federally-approved indirect cost rate agreement. The applicant may elect to charge a de minimums rate of 10% of modified total direct costs, which may be used indefinitely.

34. Does CDC expect that Component 1 and Component 2 applicants would discuss projects and coordinate prior to application? Or would this all be after the award?

No, CDC does not expect applicants to coordinate projects before awards are made.

Component 1 applicants should show intent to participate in a project collaborative, but details are not required as they are unknown at this point.

Component 2 applicants should describe a general plan for how they will approach the required NOFO activities and outcomes, with an understanding that some details will not be known until all awards are made.

35. Can applications have a multiple principal investigator plan?

Yes, applicants may use a multiple principal investigator plan to oversee the proposed project.

36. Should the narrative address one or five years of programming?

The narrative should describe a detailed work plan for year one, and a high-level, brief description of plans for years two through five.

37. Is this NOFO focused on adults only?

The NOFO does not specify a requirement to focus on adults or children. Applicants should provide evidence that any proposed program for children is evidence-based (e.g., tested with a comparison group, shown to have positive outcomes with findings publicly available) and review the required Strategies and Activities and Outcomes (pages 6-8/50) to ensure their proposed project aligns with these.

38. Is there a form to complete to show there is no overlap or duplication of efforts?

"Duplication of efforts" is described on page 23/50 of the NOFO. There is no template or specific form to fill out. The applicant's report should be uploaded into Grants.gov with the application as noted in the NOFO.

39. Can you further clarify how subawards work, specifically the competition component? If you have partnerships already, do you have to compete them? Does this have to occur before the due date?

If a primary award recipient wants to make a subaward, they have to follow the guidance set forth in 45 CFR Part 75- Electronic Code of Federal Regulations (eCFR) for competitive and non-competitive procurement.

The competitive process for a recipient to make a subaward does not need to occur before the application due date. However, applicants should provide as much detail about proposed subawards in the application as possible. If selected for funding, the recipient's budget will be reviewed by CDC's Office of Financial Resources and the process for subaward procurement will be finalized.

Helpful definitions from CDC's Dictionary of Terms:

Subaward
An award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract.

Subrecipient
A non-Federal entity that receives a subaward from a pass-through entity to carry out part of a federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency.

Detailed explanation on procurement of subawards from the 45 CFR Part 75:

§75.328 Competition.

(a) All procurement transactions must be conducted in a manner providing full and open competition consistent with the standards of this section. In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, or invitations for bids or requests for proposals must be excluded from competing for such procurements. Some of the situations considered to be restrictive of competition include but are not limited to:

(1) Placing unreasonable requirements on firms in order for them to qualify to do business;
(2) Requiring unnecessary experience and excessive bonding;
(3) Noncompetitive pricing practices between firms or between affiliated companies;
(4) Noncompetitive contracts to consultants that are on retainer contracts;
(5) Organizational conflicts of interest;

(6) Specifying only a "brand name" product instead of allowing "an equal" product to be offered and describing the performance or other relevant requirements of the procurement; and
(7) Any arbitrary action in the procurement process.

(b) The non-Federal entity must conduct procurements in a manner that prohibits the use of statutorily or administratively imposed state, local, or tribal geographical preferences in the evaluation of bids or proposals, except in those cases where applicable Federal statutes expressly mandate or encourage geographic preference. Nothing in this section preempts state licensing laws. When contracting for architectural and engineering (A/E) services, geographic location may be a selection criterion provided its application leaves an appropriate number of qualified firms, given the nature and size of the project, to compete for the contract.

(c) The non-Federal entity must have written procedures for procurement transactions. These procedures must ensure that all solicitations:
(1) Incorporate a clear and accurate description of the technical requirements for the material, product, or service to be procured. Such description must not, in competitive procurements, contain features which unduly restrict competition. The description may include a statement of the qualitative nature of the material, product, or service to be procured and, when necessary, must set forth those minimum essential characteristics and standards to which it must conform if it is to satisfy its intended use. Detailed product specifications should be avoided if at all possible. When it is impractical or uneconomical to make a clear and accurate description of the technical requirements, a "brand name or equivalent" description may be used as a means to define the performance or other salient requirements of procurement. The specific features of the named brand which must be met by offers must be clearly stated; and
(2) Identify all requirements which the offerors must fulfill and all other factors to be used in evaluating bids or proposals.

(d) The non-Federal entity must ensure that all prequalified lists of persons, firms, or products which are used in acquiring goods and services are current and include enough qualified sources to ensure maximum open and free competition. Also, the non-Federal entity must not preclude potential bidders from qualifying during the solicitation period.

§75.329 Procurement procedures.

Procurement by noncompetitive proposals. Procurement by noncompetitive proposals is procurement through solicitation of a proposal from only one source and may be used only when one or more of the following circumstances apply:
(1) The item is available only from a single source;
(2) The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation;
(3) The HHS awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from the non-Federal entity; or
(4) After solicitation of a number of sources, competition is determined inadequate.