Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion

Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees
CDC-RFA-DP19-1908
Application Due Date: 05/08/2019

Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees
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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DP19-1908. 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:

Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees

C. Announcement Type: New - Type 1

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

New-Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP19-1908

E. Assistance Listings (CFDA) Number:

93.478

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**05/08/2019**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

A 30-minute informational call will be held on March 15, 2019 at 2pm EST. Phone: 1-888-566-5911, passcode: 1480565. Following the call, Q&As will be posted at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/nofo/CDC-RFA-DP19-1908.html. In addition, an email address has been established to receive and respond to NOFO questions: MMRC_NOFO@cdc.gov.

G. Executive Summary:

1. Summary Paragraph:

This funding will support agencies and organizations that coordinate and manage Maternal Mortality Review Committees to identify and characterize maternal deaths for identifying prevention opportunities. Recipients will identify pregnancy-associated deaths within one year of death; abstract and enter clinical and non-clinical data into a standard data system [Maternal Mortality Review Information Application (MMRIA)], conduct multidisciplinary reviews, and

enter committee decisions in MMRIA within 2 years of death. Quality assurance processes, in partnership with CDC, will be used for improving data quality, completeness, and timeliness. Recipients and CDC will analyze data and share findings with stakeholders to inform policy and prevention strategies to reduce maternal deaths.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	25
d. Total Period of Performance Funding:	$43,500,000
e. Average One Year Award Amount:	$348,000
f. Total Period of Performance Length:	5
g. Estimated Award Date:	08/30/2019
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

The death of a woman during pregnancy, at delivery, or soon after delivery is a tragedy for her family and for society as a whole. Sadly, about 700 women die each year in the United States as a result of pregnancy or delivery complications, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. Further, considerable racial disparities exist, with black women almost 4 times more likely to die from pregnancy-related complications than white women. However, findings from Maternal Mortality Review Committees (MMRC) indicate that more than half of these deaths are preventable. This funding will support Maternal Mortality Review Committees to identify and characterize maternal deaths with the goal of identifying prevention opportunities.

Maternal Mortality Review is a process by which a multidisciplinary committee at the jurisdiction-level identifies and reviews cases of maternal death within one year of pregnancy. Review committees access multiple sources of clinical and non-clinical information that provide a deeper understanding of the circumstances surrounding a maternal death as they develop recommendations for action to prevent similar deaths in the future. This funding opportunity aims to better understand and prevent pregnancy-related deaths by supporting Maternal Mortality Review Committees to get the most detailed, complete data on causes and circumstances surrounding maternal deaths to develop recommendations for prevention. This multidisciplinary approach encourages collaboration with clinical and non-clinical partnerships to improve quality of care and address social determinants of health to reduce health inequities.

Maternal Mortality Review Committees systematically and comprehensively review deaths to develop recommended strategies for preventing future deaths. These reviews help:

- Facilitate an understanding of the drivers of maternal mortality and complications of pregnancy and associated disparities;
- Determine what interventions at patient, provider, facility, system and community levels will have the most impact; and
- Implement initiatives in the right places for families and communities who need them most.

Previous collaborative work with CDC, states, and partners to improve and standardize data collection found that up to 60% of maternal deaths are preventable. This activity will support a national approach to collecting and sharing data on pregnancy-related deaths.

b. Statutory Authorities

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

c. Healthy People 2020

Addresses the Healthy People 2020 Objectives for Maternal, Infant, and Child Health:

- MICH-5 Reduce the rate of maternal mortality
- MICH-6 Reduce maternal illness and complications due to pregnancy (complications during hospitalized labor and delivery)

d. Other National Public Health Priorities and Strategies

- National Partnership for Action to End Health Disparities https://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&;lvlid=33&;ID=286
- HHS Action Plan to Reduce Racial and Ethnic Health Disparities https://www.minorityhealth.hhs.gov/assets/pdf/hhs/HHS_Plan_complete.pdf
- National Quality Strategy https://www.ahrq.gov/workingforquality/index.html

e. Relevant Work

This work builds upon the Building US Capacity to Review and Prevent Maternal Deaths initiative, in collaboration with CDC Foundation, Association of Maternal and Child Health Programs (AMCHP) and Merck for Mothers, to increase access to resources that support state and local maternal mortality review committees. Other current CDC activities that will support this activity include the Pregnancy Mortality Surveillance System (PMSS), the Pregnancy Risk Assessment Monitoring System (PRAMS), Perinatal Quality Collaboratives (PQCs), the Maternal and Child Health Epidemiology Program (MCHEP), CDC LOCATe, and the National Violent Death Reporting System (NVDRS).

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Logic Model: Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Maintain a multidisciplinary review committee, inclusive of clinical (e.g., Obstetrics and Gynecology, Perinatal Nursing, Critical Care, Psychiatry) and non-clinical disciplines and organizations (e.g., Public Health, Healthy Start Agencies, Community Leadership) as identified at reviewtoaction.org in the MMRC Facilitation Guide [https://reviewtoaction.org/rsc-ra/term/80] Identify deaths to women that occur during pregnancy or within a year of the end of pregnancy on a routine basis no later than 1 year from the date of death Abstract and enter information about all deaths into the Maternal Mortality Review Information Application (MMRIA) in preparation for committee review no	**Timely, accurate, and standardized information available about deaths to women during pregnancy and the year after the end of pregnancy, including documented opportunities for prevention** **Increased awareness of the existence and recommendations of the MMRCs among the public, clinicians, and policy makers** **Implementation of data driven recommendations** *e.g. evidence based practices, screenings, and*	**Widespread adoption of patient safety bundles and/or policies that reflect the highest standards of care** Increased holistic and evidence-based care delivery during pregnancy and the year postpartum (e.g., prenatal, diabetes, mental health, hypertension, substance use disorder, etc.)	Elimination of preventable maternal deaths **Reduction in maternal complications of pregnancy** Reduction in disparities in maternal deaths Reduction in disparities in complications of pregnancy Improvement in the population health for reproductive age women *including*

later than 2 years from the date of death Review all deaths potentially related to pregnancy (additional subsets pregnancy-associated deaths optional) within 2 years of the date of death Document committee decisions in MMRIA consistent with guidance documents provided at reviewtoaction.org no later than 2 years from the date of death Enter all review committee decisions into MMRIA within 30 days of completing the review of a death Perform data quality assurance checks for completeness within 90 days of completing the review Analyze MMRIA data to provide information on burden (e.g. pregnancy-related mortality ratio, counts); causes, and distribution of deaths by age, race, rurality; and opportunities for prevention	*patient education by providers*	Increased access to community based supports for pregnancy and postpartum women Coordination of care across providers and systems	*reductions in heart disease, smoking, substance use, and other chronic conditions*

Prioritize recommendations to act on using analyses of MMRIA data Disseminate information (e.g. Reports, Publications, Presentations, briefs) from analyses at least once per year to internal and external audiences Leverage collaborative partnerships to inform practice and policy changes.			

i. Purpose

This NOFO supports agencies/organizations that coordinate/manage Maternal Mortality Review Committees to identify and characterize maternal deaths for prevention. Recipients will identify pregnancy-associated deaths; abstract clinical/non-clinical data into a standard data system (MMRIA); conduct multidisciplinary reviews; enter committee decisions into MMRIA. Recipients will improve data quality and timeliness using quality assurance processes, in partnership with CDC. Recipients will analyze data, sharing findings to inform prevention strategies that reduce maternal deaths.

ii. Outcomes

The following short-term outcomes are expected to be achieved by the end of the period of performance:

- Timely, accurate, and standardized information available about deaths to women during pregnancy and the year after the end of pregnancy, including opportunities for prevention, within funded jurisdictions and across funded jurisdictions
- Increased awareness of the existence and recommendations of the MMRCs among the public, clinicians, and policy makers
- Implementation of data driven recommendations *e.g. evidence based practices, screenings, and patient education by providers*

The following intermediate outcome is expected to be achieved by the end of the period of performance, as a result of short-term outcomes.

- Widespread adoption of patient safety bundles and/or policies that reflect the

highest standards of care

The following long-term outcome is expected to be achieved by the end of the period of performance, as a result of the intermediate outcome.

- Reduction in maternal complications of pregnancy

iii. Strategies and Activities

Successful recipients will fully implement the activities below to conduct review and documentation of reviewed pregnancy-associated deaths. Recipients will adhere to timelines with a goal of reviewing and finalizing all deaths within 2 years from the date the death. Recipients will identify and address barriers and challenges to implementation of these activities.

- Maintain a multidisciplinary review committee, inclusive of clinical (e.g. Obstetrics and Gynecology, Perinatal Nursing, Critical Care, Psychiatry) and non-clinical disciplines and organizations (e.g. Public Health, Healthy Start Agencies, Community Leadership), as identified at reviewtoaction.org in the MMRC Facilitation Guide [https://reviewtoaction.org/rsc-ra/term/80]

Comprehensively identify pregnancy-associated deaths

- Identify deaths to women that occur during pregnancy or within a year of the end of pregnancy on a routine basis, no later than one year following the date of death
- At a minimum, use death certificates and death certificates linked to sentinel vital statistics data (i.e. birth certificates and fetal death certificates in the year preceding death) to identify pregnancy-associated deaths

Completely abstract available data to support multidisciplinary review of each death

- Abstract and enter comprehensive information about all deaths potentially related to pregnancy (additional subsets of pregnancy-associated deaths optional) into the Maternal Mortality Review Information Application (MMRIA) in preparation for committee review within 2 years of the date of death
- Review all deaths potentially related to pregnancy (additional subsets of pregnancy-associated deaths optional) within 2 years of the date of death
- Document committee decisions about a reviewed death in MMRIA consistent with guidance documents provided at reviewtoaction.org
- Enter all information into MMRIA within 30 days of completing the review of a death
- Perform data quality assurance checks within 90 days of completing the review of a death to, at a minimum, ensure completeness

Use data from reviewed deaths for action

- Analyze MMRIA data to provide information on burden, e.g. pregnancy-related mortality ratio, counts causes, and distribution of deaths (e.g. by age, race, rurality); and opportunities for prevention

- Disseminate information (e.g. Reports, Publications, Presentations, briefs) from analyses at least once per year to internal and external audiences for informing practice and policy changes

1. Collaborations

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

Recipients are expected to develop and maintain collaborative relationships with other CDC-funded projects, when available within their states, to achieve the outcomes shown in the logic model. These collaborations are not required by applicants, but can greatly increase the quality and effectiveness of MMRCs. When relevant, applicants are encouraged to document how these collaborations will assist their implementation of activities, as well as file a copy of Memorandums of Understanding (MOUs), Memorandum of Agreement (MOAs), Data Use Agreements (DUAs), or letters of support with their application.

Optional for applicants

Recipients may collaborate with:

- Their state PRAMS program to understand more state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. This can be an important linkage to measure gaps and opportunities to address MMRC prevention recommendations.
- Other CDC-funded surveillance programs to identify strategies for improving data quality and information available for the MMRC, such as their state Violent Death Reporting System and the CDC Pregnancy Mortality Surveillance System.
- CDC-funded and non-funded state Perinatal Quality Collaborative (PQCs), which can leverage the PQC networks working throughout their state to improve the quality of care for mothers and babies. PQCs identify health care processes that need to be improved, and use the best available methods to make changes as quickly as possible.
- Organizations that are implementing CDC LOCATe to implement coordinated regional systems of risk-appropriate care to ensure that pregnant women at high risk of complications receive care at a birth facility that is best prepared to meet their health needs.
- CDC-funded Maternal and Child Health (MCH) Epidemiology assignees in their jurisdictions. These assignees provide epidemiologic research and scientific expertise and information for maternal and child health program and policy development.

Applicants should include MOUs, MOAs, DUAs, and letters of support, as appropriate. These files should be uploaded as a PDF with the application and named “Collab_MOU”, adding a number to the end to differentiate these files from each other (for example, Collab_MOU1, Collab_MOU2), to www.grants.gov

b. With organizations not funded by CDC:

Recipients are expected to develop and maintain collaborative relationships with the following organizations, as applicable to their jurisdiction, to accomplish the activities and outcomes outlined in this funding opportunity. Required and optional collaborations are specified below.

Required collaborations must be supported by an applicant's description of how the collaborating organization will assist the applicant in implementing activities, addressing barriers and challenges, and achieving outcomes; and must also include verification of this collaboration through memorandums (MOAs or MOUs, DUAs, and/or letters of support) from each collaborating organization. Memorandums should describe a commitment to the outlined tasks. When applicable, applicants should discuss agreements in regards to data access and sharing. Similarly, each optional collaboration identified by the applicant must include a description of how the collaborating organization will assist the applicant in implementing activities and achieving outcomes; and must also include verification of this collaboration through memorandums (MOAs or MOUs, DUAs, and/or letters of support) from each collaborating organization, outlining a commitment to the defined tasks.

Required for all applicants

- **State Vital Records Offices.** Death, birth, and fetal death certificates that include identifiers (e.g. names, locations, dates) are crucial to the identification of pregnancy-associated deaths. This memorandum of support should outline the level of access to vital records the applicant has/will have at the time of award (i.e. live-time electronic access; monthly data sets, etc.) and current relevant vital statistics data quality assurance and improvement initiatives. Applicants should include MOUs, MOAs, DUAs, and letters of support, as appropriate. These files should be uploaded as a PDF with the application and named "Vitals_MOU" to www.grants.gov
- **State Hospital Associations.** This memorandum of support should outline:
    - Acknowledgement by the State Hospital Association that the MMRC has the authority in their state to access hospital records for the purposes of the MMRC
    - The level of access to identified hospital discharge data the applicant has/will have at the time of award (i.e. live-time electronic access; monthly data sets, etc.) for the purposes of increasing the identification of pregnancy-associated deaths and locations of relevant medical records
    - The participation level of the State Hospital Association in MMRC processes (e.g. hospital association staff responsible for quality and patient safety are active members of the MMRC)
    - Applicants should include MOUs, MOAs, DUAs, and letters of support, as appropriate. These files should be uploaded as a PDF with the application and named "State_HA_MOU" to www.grants.gov
- **State Medicaid Offices.** Access to complete medical records associated with outpatient, primary care, and pharmacy services are invaluable to abstraction and committee review processes. In addition, electronic Medicaid data that include identifiers (e.g. names, NPI, locations, dates) can increase the identification of pregnancy-associated deaths beyond vital records. This memorandum of support should outline:
    - Acknowledgement by the State Medicaid Office that the MMRC has the authority to access medical records for the purposes of the MMRC
    - The level of access to identified Medicaid data the applicant has/will have at the time of award (i.e. live-time electronic access; monthly data sets, etc.) for the purposes of increasing the identification of pregnancy-associated deaths and locations of relevant medical records
    - The participation level of the State Medicaid Office in MMRC processes (e.g.

Medicaid Medical Director is an active member of the MMRC)
    - Applicants should include MOUs, MOAs, DUAs, and letters of support, as appropriate. These files should be uploaded as a PDF with the application and named "Medicaid_MOU" to www.grants.gov
- **State Obstetrical and Gynecological Societies and/or ACOG Sections.** State Obstetrical and Gynecological Societies and ACOG Sections are critical to the success of MMRC processes, including providing MMRC leadership, ensuring appropriate medical expertise to the review of deaths, and implementing recommendations from the MMRC. This memorandum of support, at a minimum, should outline the roles and responsibilities of the State Obstetrical and Gynecological Societies and/or ACOG Sections, including
    - Leadership responsibilities (i.e. Member is Chair or Co-chair) for the MMRC
    - Administrative support to the specific MMRC processes (e.g. abstraction, meeting logistics, coordination of processes)
    - Disseminating MMRC findings and implementing recommendations
    - Applicants should include MOUs, MOAs, DUAs, and letters of support, as appropriate. These files should be uploaded as a PDF with the application and named "SOG_MOU" to www.grants.gov

Required for applicants under specific circumstances

- **State Medical Examiner/Coroner Offices**. In the case where the State Medical Examiner/Coroner Office is not the applicant, this memorandum should detail the relationship between the applicant and the State or jurisdictional Medical Examiner/Coroner offices. This memorandum of support, at a minimum, should outline the level of access to autopsy, next of kin interview and death scene investigation reports the applicant has/will have and the participation level of medical examiners, coroners, and forensic pathologists in MMRC processes. Applicants should include MOUs, MOAs, DUAs, and letters of support, as appropriate. These files should be uploaded as a PDF with the application and named "ME_C_MOU" to www.grants.gov
- **State Public Health Agencies.** In the case where the State Public Health Agency is not the applicant, this memorandum should detail the relationship between the applicant and the State Public Health Agency. This memorandum of support, at a minimum, should outline the roles and responsibilities of the State Public Health Agency, including:
    - Level of access to specific public health data (beyond of Vital Records)
    - Analyses of MMRC data
    - Administrative support to the specific MMRC processes (e.g. abstraction, meeting logistics, coordination of processes)
    - Reporting and disseminating MMRC findings and recommendations
    - Because state Title V Maternal and Child Health Programs are the most common unit within a state public health agency for MMRCs to be engaged with, a letter of support for the applicant from the State Title V Maternal and Child Health Director, describing:
        - How the MMRC relates to the state's Title V priorities
        - Any budgetary and/or in-kind support provided to the MMRC by the state MCH Program
        - The participation level of State Title V staff in MMRC processes (e.g.

Maternal and Child Health Epidemiology staff are active members of the MMRC)

- Applicants should include MOUs, MOAs, DUAs, and letters of support, as appropriate. These files should be uploaded as a PDF with the application and named "SPHA_MOU" to www.grants.gov

Optional for applicants

The partnerships listed below can be critical collaborators for ensuring the success of an MMRC in implementing clinical and non-clinical recommendations for prevention. When relevant, it is strongly encouraged that the applicant include a memorandum of support that, at a minimum, outlines the roles and responsibilities of the partner related to specific MMRC processes (i.e. identification of deaths, abstraction of medical records, participation in review of deaths, use of MMRC data, and implementation of recommendations).

- **Additional Clinician Membership Organizations (e.g. Association of Women's Health Obstetric and Neonatal Nurses (AWHONN) and Society of Maternal-Fetal Medicine (SMFM), American Academy of Family Physicians (AAFP), American Psychological Association (APA), American College of Nurse midwives (ACNM) Sections or Chapters)**
- **Perinatal Quality Collaboratives / Formalized Perinatal Networks**
- **Healthy Start Programs**
- **Community Based Organizations**
- **Patient Advocacy Organizations**
- **Tribes and/or Tribal Serving Organizations**
- **Violent Death Reporting Systems**
- **Overdose Fatality Review Programs**

Applicants should include MOUs, MOAs, DUAs, and letters of support, as appropriate. These files should be uploaded as a PDF with the application and named "Opt_Partners_MOU", adding a number to the end to differentiate these files from each other (for example, Opt_Partners_MOU1, Opt_Partners_MOU2) to www.grants.gov

2. Target Populations

The population of focus for this funding opportunity is all pregnant women in a given jurisdiction. This group will benefit directly from a reduction in maternal deaths and complications of pregnancy. Applicants are required to include a description of how subpopulations are disproportionately affected by maternal deaths and complications of pregnancies (i.e., based on race, ethnicity, or geography) and strategies the MMRC will implement to address these disparities. These strategies might include engaging representation from these communities in the review of deaths and committee decision-making, in the identification of priorities for action, and/or in the implementation of recommendations.

a. Health Disparities

Maternal mortality ratios vary widely by race/ethnicity and geography, emphasizing the need to

document, understand, and reduce these disparities and address the social determinants that are driving these inequities. This funding will support MMRCs to identify and characterize maternal deaths for identifying prevention opportunities. Review committees are multidisciplinary, inclusive of both clinical and non-clinical membership, to better understand the circumstances surrounding a maternal death and translate committee findings into recommendations. Recipients are strongly encouraged to establish and maintain relationships with critical collaborators that can address the social determinants of health affecting maternal mortality, such as access to care and barriers to transportation. The Maternal Mortality Review Information Application (MMRIA) includes the capability for geocoded indicators to leverage community level information about potential structural contributors to disparities in maternal mortality. A set of potential indicators and recommendations to address them that can be used with the geocodes in MMRIA, is described in The Report from Nine Maternal Mortality Review Committees.

iv. Funding Strategy

Recipient funding is based on average costs associated with core MMRC functions (i.e. abstraction, analysis, coordination, meeting logistics, dissemination activities, and travel for up to 4 staff to an annual required reverse site visit), adjusted for the 3-year average of state-level numbers of pregnancy-associated deaths, as indicated by 2014-2016 CDC Wonder mortality data. Average counts of pregnancy-associated deaths were categorized into quartiles, excluding one outlier at the upper end of the distribution. Funding is intended to be, but not guaranteed as follows:

<4 per year, on average:	$150,000
4-10 per year, on average:	$300,000
11-22 per year, on average:	$375,000
23-100 per year, on average:	$450,000
>100 per year, on average:	$600,000

Depending on applicants, awards can potentially range from $150,000 to $600,000 in each year of the period of performance.

Only one award will be made within a state or territory. Where there are multiple MMRCs within a state, we encourage coordination on a single NOFO application.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will measure progress in strategies and activities, as well as short-term and intermediate outcomes through the following:

- Reviewing recipient work plans
- Analyzing recipient quarterly progress reports
- Meeting with the recipient virtually during monthly conference calls
- Review of MMRC documentation and observations of MMRC processes during an annual site visit
- Participation in peer-led presentations and discussions during an annual reverse site visit

- CDC examinations of recipient MMRIA data on a routine basis

Tier 1 measures for the strategies and activities in the logic model which will be used by CDC and the recipients for monitoring progress include:

Year 1-2 Tier 1 measures

- Number and percentage increase in data driven recommendations implemented
    - Number and percentage increase in clinical recommendations implemented
    - Number and percentage increase in non-clinical recommendations implemented

Year 3-5 Tier 1 measure(s)

- Number and percentage decline in state-selected indicators of severe maternal complications of pregnancy and related disparities
    - Definitions for indicators of severe maternal morbidity can be found at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/severe-morbidity-ICD.htm
- Number and percentage of relevant care facilities adopting safety bundles and/or policies that reflect the highest standards of care

Data will be used by CDC and the recipients for monitoring progress and improving public health outcomes by:

- CDC will identify opportunities for process and data quality improvement within and across recipients by monitoring MMRIA data on a routine basis
- Recipients will identify opportunities for process and data quality improvement within and across recipients by monitoring MMRIA data quarterly
- CDC will describe maternal deaths by analyzing aggregated MMRIA data and identify common opportunities for prevention on a routine basis
- Recipients will describe maternal deaths, including among populations disproportionately affected, by analyzing their aggregated MMRIA data and identifying common opportunities for prevention at least annually
- Recipients will document at least one dissemination activity (e.g. presentation, report, brief, media campaign) by or for the MMRC, which increases awareness of the MMRC activities and/or recommendations, at least annually.

Recipients will document at least one recommendation implemented in response to MMRC findings that addresses a priority identified by the MMRC annually

Because this NOFO involves the generation or collection of public health data, a Data Management Plan is required to be submitted by the applicant for this NOFO. Not all of this information may be available to the applicant when applying, but applicants should include a Data Management Plan that is as complete as possible. The Data Management Plan may be submitted as a checklist, paragraph, or other format that best works for the applicant; but it should address the following as best as the applicant is able:

- A description of the data to be collected or generated through the proposed work

- A description of the standards used for the collection of data and what the data represent
- Mechanism for, or limitations to, providing access to the data by the MMRC, including a description for the provisions for protecting the privacy, confidentiality, and security
- Plans for archiving and long-term preservation of the data

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.

Using the NOFO Logic Model, the applicant should develop an Evaluation and Performance Measurement plan describing how they will:

- Ensure access to data sources and/or the ability to collect data relevant for performance measurement and evaluation
- Collect the information necessary to provide performance measures
- Use the information from performance measures for continuous program quality improvement

- Engage MMRC members and stakeholders in evaluation and performance measurement
- Track use of the MMRC data and products of the MMRC
- Track the implementation of data driven recommendations of the MMRC
- Update the Data Management Plan over the lifecycle of the project

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

c. Organizational Capacity of Recipients to Implement the Approach

The applicant organizational capacity statement must clearly demonstrate the applicant has the necessary skills, relevant experience, and capacity to successfully implement the strategies and activities listed in the NOFO Logic Model.

Necessary skills include, but are not limited to:

- Public health monitoring and surveillance
- Program planning
- Program evaluation
- Performance monitoring
- Financial reporting and budget management

Additionally, applicants must demonstrate relevant experience and capacity to implement the strategies and activities and achieve the project outcomes outlined in the NOFO Logic Model.

Required experience includes, but is not limited to, partnerships with or primary experience with:

- Use of vital records data
- Linkage of administrative data
- Accessing clinical and non-clinical records
- Population based public health prevention initiatives, including those that address social determinants of health and health inequities.
- Multi hospital system clinical quality care improvement initiatives

Ideal applicants will demonstrate experience with the following:

- Convening multidisciplinary MMRC members and key stakeholders
- Ability to train and offer support to peer and developing MMRCs
- Ability to conduct a comprehensive review by a multidisciplinary team of clinical and non-clinical specialists
- Applying quality assurance protocols
- Use of the Maternal Mortality Review Information Application (MMRIA) or its predecessor Maternal Mortality Review Data System (MMRDS), to support and document MMRC processes and committee decisions.
- Epidemiological skills to analyze and interpret MMRC data
- Use of MMRC data to provide key information to stakeholders and inform data-driven

prevention strategies

Required capacity includes, but is not limited to those items which represent key components of MMRCs that are integral to establishing or strengthening the successful implementation of MMRC processes and program as outlined in Review to Action (reviewtoaction.org).

- Adequate infrastructure (physical space and equipment)
- Electronic information and communication systems to implement the project successfully
- Documented history of establishing effective relationships with public health agencies/organizations, clinical care agencies/organizations, and social service agencies/organizations
- Appropriately qualified and trained staff to oversee project implementation, including the budgetary, program implementation, program management, reporting, and evaluation aspects of the cooperative agreement (include staff resumes as available. Applicants must name this file "CVs_Resumes" or "Organizational Charts" and upload it at www.grants.gov)
- Appropriate information technology support for maintaining and updating MMRIA
- Demonstrated ability to use federally awarded funds to address staffing gaps necessary for successfully conducting strategies and activities identified in the NOFO Logic Model

d. Work Plan

Applicants must provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years. The work plan should directly connect to the strategies and activities, outcomes, and evaluation and performance measures prepared in the logic model and the narrative sections of the NOFO. An example is provided.

Period of Performance Outcome 1: *Example:* Timely, accurate, and standardized information available about deaths to women during pregnancy and the year after the end of pregnancy, including documented opportunities for prevention		**Outcome Measure 1**: *Example: % of pregnancy-associated deaths identified and reviewed within 2 years of the occurrence*	
Strategies and Activities	**Process Measure** [from Evaluation and Performance *Measurement section]*	**Responsible Position/Party**	**Completion Date**
Example: Abstract and review all deaths potential related to	Example: % of pregnancy-associated deaths identified and		

pregnancy within 2 years from date of death	data abstracted within two years from date of death		
Period of Performance Outcome 2:		**Outcome Measure 2**:	
Strategies and Activities	**Process Measure**	**Responsible Position/Party**	**Completion Date**

Period of Performance Outcome 3:		**Outcome Measure 3:**	
Strategies and Activities	**Process Measure**	**Responsible Position/Party**	**Completion Date**

Period of Performance Outcome 4:		**Outcome Measure 4**:	
Strategies and Activities	**Process Measure**	**Responsible Position/Party**	**Completion Date**

Period of Performance Outcome 5:		**Outcome Measure 5**:	
Strategies and Activities	**Process Measure**	**Responsible Position/Party**	**Completion Date**

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

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

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

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

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

CDC will use the recipient work plan to track recipient progress, provide feedback, and assist with achievement of outcomes within stated time frames. CDC will use the MMRC data they receive to identify opportunities for process and data quality improvement, sharing this feedback with respective recipients. Processes and data quality improvement will focus on consistency, timeliness, and completeness. Findings from these assessments will demonstrate the value of building recipients' capacity for conducting Maternal Mortality Review Committees that can identify and characterize maternal deaths, with the goal of identifying prevention opportunities. In addition, CDC will use the data assessments for continuous program quality improvement of the CDC program and recipient programs.

CDC will use the recipient work plan to track progress towards the short-term and intermediate outcomes. The work plan must include reporting on Tier 1 evaluation and performance measures. Each recipient will be required to develop a work and evaluation plan that outlines how and by when they will achieve the MMRC strategies and activities, and outcomes outlined in this funding opportunity. Recipients will update their work plans no less frequent than annually, providing an accurate and detailed assessment of progress.

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). CDC will provide routine feedback to recipients throughout the project period using bimonthly calls, email communication, and the data quality summaries referenced above.

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 tracking systems and processes 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 time frames.
- 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 assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

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

To ensure the success of the cooperative agreement CDC program will provide technical assistance and opportunities for sharing between MMRCs (funded and not funded through this NOFO).

- Technical Assistance:
    - Implementation of and data entry into MMRIA
    - Identification of pregnancy-associated deaths
    - Comprehensive, efficient, and effective abstraction of deaths
    - Data quality improvement
    - Data analysis of MMRC data, including analyzing aggregated MMRIA data to identify common opportunities for prevention
    - Committee discussion facilitation and decision making
    - Effective data use and dissemination
    - Program evaluation and performance measurement
- Information Sharing between MMRCs (funded and not funded through this NOFO):
    - Through MMRC profiles and MMRC-developed products disseminated by CDC and partner organizations
    - CDC will disseminate regular ongoing email communication to all recipients that will include information about conferences, current literature, and other relevant resources and events
    - CDC will host distance-based topic-driven learning events to assist MMRCs with problem-solving areas of concern that arise during performance of program activities
    - Networking and information sharing will occur during the in-person CDC-hosted annual reverse site visit

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:	U58
3. Fiscal Year:	2019
4. Approximate Total Fiscal Year Funding:	$8,700,000
5. Approximate Period of Performance Funding:	$43,500,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$43,500,000
6. Approximate Period of Performance Length:	5 year(s)
7. Expected Number of Awards:	25
8. Approximate Average Award:	$348,000 Per Budget Period
9. Award Ceiling:	$600,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:	$150,000 Per Budget Period
11. Estimated Award Date:	08/30/2019
12. Budget Period Length:	12 month(s)

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

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:	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:

2. Additional Information on Eligibility

There are key components of MMRCs that are integral to establishing or strengthening the successful implementation of MMRC processes and program as outlined in ReviewtoAction The components below help achieve the goals of the Preventing Maternal Deaths Act of 2018, 42 U.S.C. 247b-12 (317K of the Public Health Service Act). In order for any applicant to be responsive to this NOFO, they must submit the following:

- AUTHORITIES AND PROTECTIONS. Applicants must submit evidence, by submitting copies or through reference to specific authorities, including but not necessarily limited to statutes, rules, or legislation that provides the MMRC:
    - Authority to access clinical and non-clinical records
    - Confidentiality protection of data collected, proceedings, and activities. These authorities and protections are necessary to ensure the sustainability and effectiveness of MMRC activities as required by the Preventing Maternal Deaths Act of 2018, 42 U.S.C. 247b-12 (317K of the Public Health Service Act).
    - Evidence includes state statutes, legislation or a letter from the applicant's legal

authority documenting these authorities and protections.
    - Applicants should include MOUs, MOAs, DUAs, and letters of support, as appropriate. These files should be uploaded as a PDF with the application and named "Auth_Protect_MOU" to www.grants.gov
- VITAL RECORDS ACCESS. The ability to annually identify pregnancy-associated deaths through the appropriate vital statistic unit is necessary as required by the Prevention Maternal Deaths Act of 2018, 42 U.S.C. 247b-12 (317K of the Public Health Service Act). Death certificates and matching birth and fetal death certificates form the foundation for identifying pregnancy-associated deaths. The applicant must provide evidence that they have access to identified data from these three vital records files. Evidence includes an MOU, MOA, DUA, or Letter of Support from the vital records registrar's office that confirms access to this data by the applicant. Applicants should include MOUs, MOAs, DUAs, and letters of support, as appropriate. These files should be uploaded as a PDF with the application and named "Vitals_MOU" to www.grants.gov
- ABILITY TO SHARE COLLECTED DATA WITH CDC. The ability to share the data collected and reported in a format that allows for analysis by CDC is indicated by the Preventing Maternal Deaths Act of 2018, 42 U.S.C. 247b-12 (317K of the Public Health Service Act). There are 3 core purposes of the funding opportunity which depend on recipients sharing their data with CDC:
    - Timely identification of data quality problems
    - Timely identification of recipient technical assistance needs
    - Analyses of data across recipients by CDC to characterize maternal deaths and to identify opportunities for prevention

Evidence of the ability to share data with CDC through MMRIA would be documentation of past experience sharing similar identified data with CDC, or a letter from the applicant's legal authority documenting the ability of the applicant to share MMRIA data with CDC. Applicants should include MOUs, MOAs, DUAs, and letters of support, as appropriate. These files should be uploaded as a PDF with the application and named "Data_Share_Evid" to www.grants.gov

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

5. Maintenance of Effort

Maintenance of effort is not required.

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 ***www.SAM.gov*.**

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	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

		DUNS number		
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

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. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

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

is authorized to submit a paper application, it must be received by the deadline provided by OGS.

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

Due Date for Letter of Intent: **N/A**

b. Application Deadline

Due Date for Applications: **05/08/2019** , 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

A 30-minute informational call will be held on March 15, 2019 at 2pm EST. Phone: 1-888-566-5911, passcode: 1480565. Following the call, Q&As will be posted at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/nofo/CDC-RFA-DP19-1908.html. In addition, an email address has been established to receive and respond to NOFO questions: MMRC_NOFO@cdc.gov.

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.
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

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

LOI is not requested or required as part of the application for this NOFO.

8. Table of Contents

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

9. Project Abstract Summary

(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 http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance

measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

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

- Total Direct costs
- Total Indirect costs

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

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

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

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

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards.

Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/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).

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

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

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

validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%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 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

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

i. Approach Maximum Points:25

Evaluate the extent to which the applicant:

- Describes existing MMRC activities and clearly describes their proposed activities that support successfully achieving strategies and activities in the logic model ***(10 points)***
    - Outlines a work plan that addresses each of the strategies and activities in the logic model and explains current activities and planned efforts
    - Describes potential barriers and challenges to successfully achieving strategies and activities in the logic model; and identifies approaches to address those barriers and challenges
    - Describes efforts and strategies to address disparities among subpopulations disproportionately impacted by maternal deaths and complications of pregnancy (i.e. race/ethnicity, or geography)
    - Provides evidence of multi-sectoral clinical and non-clinical partnerships, proposed activities to maintain these partnerships and establish new partnerships. Describes the use of these partnerships in regards to participating on the MMRC, implementation of data driven recommendations and dissemination of MMRC products. Should include detailed MOUs/MOAs/Letters of Support from existing and proposed partnerships
- Provides a description for the process of identifying and reviewing pregnancy-associated deaths that includes ***(10 points)***:
    - Evidence of previous experience linking vital records for use in the identification of pregnancy-associated deaths
    - Descriptions of additional data sources, beyond vital records, that they currently use or plan to use for reviewing pregnancy-associated deaths
    - Descriptions of plans for timely data entry and quality checks.
- Describes plans for analysis of MMRC data and dissemination of findings, including stratification by disproportionally impacted populations, and the different anticipated audiences for these products ***(5 points)***

ii. Evaluation and Performance Measurement Maximum Points:25

Evaluate the extent to which the applicant:

- Provides an evaluation plan that supports successful measurement of process, short and intermediate outcomes and performance measures that aligns with strategies and

activities in the logic model ***(15 points)***
    - Provides evidence of current access, or ability to access, the data necessary for measuring progress
    - Describes their ability to use the MMRIA data system to measure progress
- Describes how evaluation and performance measurement will be used to drive quality improvement in MMRC processes and data ***(5 points)***
- Describes how evaluation and performance measurement will be reported and used to demonstrate impact and address disparities and health inequities ***(5 points)***

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points:50

Evaluate the extent to which the applicant:

- Includes clear, specific, and referenced descriptions of the applicant's approach and processes to access clinical and non-clinical records, including and not including those for which there is documented legal authority. Applicant identifies data sources they have successfully accessed in the past and identifies strategies to access new required data sources with solutions to address barriers to access. ***(10 points)***
- Provides description and documentation of confidentiality protections for data collected and legal immunity or other mechanisms used to protect review committee members from subpoena and personal liability based on activities during and within the scope of participation in the MMRC review process. Documentation could include state statutes, legislation or a letter from the applicant's legal authority documenting confidentiality and immunity or other protections. These files may include, but not necessarily limited to "Auth_Protect_MOU." Additional files should be uploaded as a PDF with the application and named "Immunity_MOU" to www.grants.gov **(25 points)**
- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff and partner roles: ***(5 points)***
    - Demonstrates experience and capacity to implement the strategies and activities and evaluation and performance measurements as outlined in the funding opportunity
    - Includes evidence of required and optional collaborations as outlined in this funding opportunity and how they will be used to address program strategies and activities.
    - Provides evidence of ability to analyze and disseminate review committee findings
- Provides evidence of experience with MMRIA or MMRDS, including ***(10 points)***:
    - Use of MMRIA or MMRDS Committee Decisions Form to document MMRC decisions
    - Describes how IT capacity and support, sufficient for MMRIA data system requirements, will be addressed
    - Includes evidence of the development of data sharing agreements that indicate the ability to share data with CDC through MMRIA

Budget

Note whether the budget is appropriate for the duties assigned.

c. Phase III Review

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

- Risk. Risk, as measured by the 3-year pregnancy-mortality ratio and based on 2012-2104 CDC Pregnancy Mortality Surveillance System (PMSS) data of the state of the applicant is one criteria that may affect funding rank order. Applications may be funded out of order to assure representation from locations with the greatest risk of maternal mortality. The state point of contact for PMSS can request this measure for their state from the CDC PMSS program.
- Geographic diversity. Multiple review committees may exist in a state (local and state based). Applicants may be funded out of order to support only one recipient in a state. In addition, applicants may be funded out of order to ensure geographic representation of recipients for, the widest non-duplicative reach of the program, and to ensure that the breadth of prevention opportunities across different US geographies (i.e. frontier, rural, urban) are maintained through this funding opportunity.
- Racial/ethnic diversity. African American women and Native populations have the highest burden of maternal deaths. Applications may be funded out of order to assure that supported MMRCs represent populations at highest risk for maternal mortality. A unique strength of MMRCs is that they incorporate clinical and non-clinical data to determine preventability, examine contributing factors and ultimately make recommendations, which if implemented have the opportunity to reduce disparities and address health inequities.

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

Successful applicants can anticipate notice of funding by August 30, 2019, with a start date of September 30, 2019.

F. Award Administration Information

1. Award Notices

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

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

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

or by U.S. mail.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

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

3. Reporting

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting	90 days after the end of the	Yes

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

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 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.

For year 2 and beyond of the award recipients may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

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

c. Performance Measure Reporting (optional)
CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and

format for recipients at the beginning of the award period.

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

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

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. fsrs.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:

David Goodman, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway NE, MS F-74

Atlanta, GA 30341

Email: MMRC_NOFO@cdc.gov

Grants Staff Contact

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

Stephanie Latham, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Department of Health and Human Services

Office of Grant Services

2920 Brandywine Rd

Atlanta, GA 30341

Email: fzv6@cdc.gov

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

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

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: ogstims@cdc.gov

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

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. 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

Following is a list of **required** attachments applicants can upload as PDF files as part of of their application at www.grants.gov:

- **Authorities and Protections.** These files should be uploaded as a PDF with the application and named "Auth_Protect_MOU"
- **Ability to Share Data with CDC.** These files should be uploaded as a PDF with the application and named "Data_Share_Evid"
- **Legal immunity or other mechanism used to protect review committee members from subpoena and personal liability.** These files should be uploaded as a PDF with the application and named "Immunity_MOU"

- **State Vital Records Offices**. These files should be uploaded as PDF with the application and named "Vitals_MOU"
- **State Hospital Associations**. These files should be uploaded as PDF with the application and named "State_HA_MOU"
- **State Medicaid Offices**. These files should be uploaded as PDF with the application and named "Medicaid_MOU"
- **State Obstetrical and Gynecological Societies and/or ACOG Sections**. These files should be uploaded as a PDF with the application and named "SOG_MOU"

Following is a list of **required under specific circumstances** attachments applicants can upload as PDF as part of their applications at www.grants.gov:

- **State Medical Examiner/Coroner Offices**. In the case where the State Medical Examiner/Coroner Office is not the applicant. These files should be uploaded as a PDF with the application and named "ME_C_MOU"
- **State Public Health Agency**. In the case where the State Public Health Agency is not the applicant. These files should be uploaded as a PDF with the application and named "SPHA_MOU"

Following is a list of **optional** attachments applicant can upload as PDF as part of their application at www.grants.gov:

- **Collaborations with CDC funded programs**. These files should be uploaded as a PDF with the application and named "Collab_MOU", adding a number to the end to differentiate these files from each other.
- **Collaborations with non CDC funded programs**. These files should be uploaded as a PDF with the application and named "Opt_Partners_MOU", adding a number to the end to differentiate these files from each other.

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

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: 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 educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).
Notice of Award (NoA): The official document, signed (or the electronic equivalent of

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

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

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

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

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

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

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

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

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

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

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

ACNM	American College of Nurse midwives
ACOG	American College of Obstetricians and Gynecologists
AMCHP	Association of Maternal and Child Health Programs
APR	Annual Performance Report
AWHONN	Association of Women's Health Obstetric and Neonatal Nurses
CDC	Centers for Disease Control and Prevention
DMP	Data Management Plan
DUA	Data Use Agreement
IT	Information Technology
LOCATe	Levels of Care Assessment Tool
MCHEP	Maternal and Child Health Epidemiology Program
MMRIA	Maternal Mortality Review Information Application
MMRC	Maternal Mortality Review Committee
MMRDS	Maternal Mortality Review Data System
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NOFO	Notice of Funding Opportunity
NVDRS	National Violent Death Reporting System
PMS	Payment Management System
PMSS	Pregnancy Mortality Surveillance System
PQC	Perinatal Quality Collaborative
PRAMS	Pregnancy Risk Assessment and Monitoring System
SMFM	Society of Maternal-Fetal Medicine