

WEBVTT

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00:00:03.210 --> 00:00:05.520

Dr. Sue Visser (she/her), CDC/DVBD: Okay, i'm gonna start the Webinar. Now.

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00:01:04.870 --> 00:01:10.449

Dr. Sue Visser (she/her), CDC/DVBD: Good afternoon, everyone. We'll be starting in just a moment. Just waiting for folks to connect

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00:01:10.830 --> 00:01:13.900

Dr. Sue Visser (she/her), CDC/DVBD: and we'll start just a minute past the hour.

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00:02:30.760 --> 00:02:32.580

Dr. Sue Visser (she/her), CDC/DVBD: Hello, everyone!

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00:02:34.280 --> 00:02:40.119

Dr. Sue Visser (she/her), CDC/DVBD: I see that we have our OGS colleagues joining us, which is great. Welcome, Jon!

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00:02:40.650 --> 00:03:10.109

Dr. Sue Visser (she/her), CDC/DVBD: ...and participants joining, so that's great. I'm going to go ahead and get started, just so that we can stay on time with this informational webinar about CK23-0005 - Strengthening training, evaluation, and partnerships in the prevention and control of vector-borne diseases. Welcome to this Webinar. I am Dr. Sue Visser. I'm the Associate Director for Policy and Extramural program here in the Division of Vector-Borne Diseases, and we're the lead author

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00:03:10.120 --> 00:03:38.940

Dr. Sue Visser (she/her), CDC/DVBD: for this non-research notice of funding opportunity and I'm joined by Jeff Borchert, who is our Assistant Director for Extramural Program, who runs the Extramural Program Office here in the Division. I'm really excited to also welcome two great colleagues from our Office of Grant Services, who will be answering questions that you may have that Jeff and I cannot answer from the program perspective. from our Grants Management perspective. John Messick and Benita Bosier-Ingram.

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00:03:38.950 --> 00:03:48.190

Dr. Sue Visser (she/her), CDC/DVBD: So welcome to both of them, and thank you so much for your time today. We're really excited about this notice funding opportunity

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00:03:48.330 --> 00:03:52.669

Dr. Sue Visser (she/her), CDC/DVBD: a few things just to start us out on webinar etiquette and notes

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00:03:52.680 --> 00:04:20.659

Dr. Sue Visser (she/her), CDC/DVBD: First, this Webinar is being recorded, and will be made publicly available on both on our website, and I believe also on Grants.gov for future viewing. Please do use the Q&A feature for all questions about the NOFO, we have enabled upvoting. So, if you see a question that you also have, and you really want to reinforce that so that we can get to it, please upvote on it, and those questions will rise to the top and we'll prioritize those for answering early on in our Q&A period.

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00:04:20.670 --> 00:04:50.220

Dr. Sue Visser (she/her), CDC/DVBD: Please refrain from using the chat for questions about the Webinar content, but if you're having problems technically you can go ahead and use chat. That'll go to the hosts the panelists as well, and we'll try to help you on resolving those concerns, and finally, we'll have a mini web survey that will launch as soon as we shut down the Webinar. You'll get pop up in your browser, asking for just a few simple things - your name, institution, and email address. So we can keep you up to date on any additional resources that might be made available for you regarding this NOFO

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00:04:50.230 --> 00:04:58.949

Dr. Sue Visser (she/her), CDC/DVBD: and it's just helpful for us to have an account of who you are, and sometimes the attendee list is a little bit more confusing than we'd like. So

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00:04:59.040 --> 00:05:27.609

Dr. Sue Visser (she/her), CDC/DVBD: for now we would really appreciate it. If in the chat you could just name your institution. Just one person from each institution is fine. If you'd like to do that, that would really help us out, just to know who we're talking to as we start the Webinar. And while you're doing that I'll share that here in the Division of Vector-Borne Diseases, which is the host program for this non-research NOFO. Our vision is to create a future where vector-borne diseases no longer threaten public health.

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00:05:27.620 --> 00:05:37.069

Dr. Sue Visser (she/her), CDC/DVBD: We are the lead Public Health agency for the prevention and control of vector-borne diseases, and our mission is to reduce illness and death due to vector-borne diseases.

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00:05:37.080 --> 00:06:05.549

Dr. Sue Visser (she/her), CDC/DVBD: We have four goals as part of our strategic plan to accomplish this mission and an attempt to achieve this vision. The first is to

identify and detect vector-borne pathogens that cause disease in people. The second to understand when, where, how often, and how people are exposed to vector-borne pathogens. The third is to prevent exposure to vector-borne pathogens and mitigate the consequences of infection, and finally to implement all of the vector-borne disease, diagnostic surveillance control and prevention programs

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00:06:05.560 --> 00:06:34.119

Dr. Sue Visser (she/her), CDC/DVBD: that we develop in goals one through three, and this notice of funding opportunity is a really great example of us trying to enhance what we know in terms of evaluating prevention and control strategies, training on best practices for the prevention and control of vector-borne diseases, and also making partnerships to allow us to achieve this mission and vision. So with that, if you could go onto the next slide, I'm going to hand it over to Mr. Jeff Borchert,

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00:06:34.130 --> 00:06:43.110

Dr. Sue Visser (she/her), CDC/DVBD: who will start describing the NOFO purpose and take you through the content of the NOFO, and what we're looking for, and that will be followed by Q & A.

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00:06:43.180 --> 00:06:44.580

Dr. Sue Visser (she/her), CDC/DVBD: Thanks. Take it away, Jeff.

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00:06:44.590 --> 00:07:14.579

Jeff Borchert (he/him), CDC/DVBD: Alright, Thanks, everybody. Really excited to have you all here and thanks for your interest in this NOFO - we are pretty excited about it. It's really based on building on successes in other parts of our program including Centers of Excellence program and the ELC program. The purpose of this NOFO is really 3-fold. The first was to build the vector-borne disease prevention and control workforce, and it's capacity. Secondly. to improve adoption and evaluation

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00:07:14.590 --> 00:07:33.580

Jeff Borchert (he/him), CDC/DVBD: of vector-borne disease, prevention and control programs, tools, and technologies, and three - facilitate partnerships, between academic institutions and federal, local, state, territorial, tribal public health agencies and other interesting interested parties.

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00:07:34.690 --> 00:08:02.540

Jeff Borchert (he/him), CDC/DVBD: and really to to break that down a bit more. We wanted to fund organizations that train, so to increase opportunities for students and professionals to receive training in vector-borne disease, prevention and control. And for this NOFO it must include university and college based students, first of all. And then, secondly it needs to include currently practicing vector borne disease prevention and control professionals.

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00:08:02.550 --> 00:08:27.529

Jeff Borchert (he/him), CDC/DVBD: Secondly, it was to evaluate - so evaluate the impact and effectiveness of non-research, existing, or commercially available vector-borne disease prevention and control tools, technologies, and programs. And lastly, to build partnerships among institutions and organizations and the vector-borne disease community to accomplish the activities that are proposed in the first two strategies.

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Jeff Borchert (he/him), CDC/DVBD: So, the mechanism that we use for this this funding is called a cooperative agreement, and this might actually be new to some of you. But it's different from funding mechanisms that might be used to. Federal government uses cooperative agreements as a mechanism when there will be substantial federal programmatic involvement. So essentially it's involvement of our program with with the funded applicants. Substantial involvement means that the awarding office, so us, will collaborate or participate in

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00:09:03.780 --> 00:09:32.139

Jeff Borchert (he/him), CDC/DVBD: project or program activities that are all specified in the NOFO, and then, you know, your resulting workplan. And this could include responsibility for project management, control, direction, or performance is shared by both our agency and the recipient. And if we need to, we also have the right to intervene, including interrupting or modifying project activities, but oftentimes this is just through conversations that we have constantly with

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Jeff Borchert (he/him), CDC/DVBD: with your group, and over the years that we fund our recipients. Additionally, all work plans will receive feedback from our technical monitors and our subject matter experts and workplans should be revised to respond to this feedback that you get.

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Jeff Borchert (he/him), CDC/DVBD: The operation of this goal was really to kind of cast a wide net of,

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00:10:01.320 --> 00:10:31.080

Jeff Borchert (he/him), CDC/DVBD: to try to get a lot of applicants that could really kind of answer a number of goals. And so it was to to first come up with some that we could fund initially, so a group that we could fund in the first year, but really to create a roster of what we call ABU recipients, and so ABU means approved but unfunded, and this would be a list of grantees that we could utilize in the next twenty-four months to effectively respond to or manage

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00:10:31.090 --> 00:10:47.429

Jeff Borchert (he/him), CDC/DVBD: address, an identified public health threat or some kind of emerging issues in vector-borne diseases. In fact, the majority of applicants will likely end up on this list. And so we hope to have a wide range of applicants with high diversity.

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00:10:48.700 --> 00:11:17.529

Jeff Borchert (he/him), CDC/DVBD: You know, one of the questions that we got throughout this process was, What's the difference between the evaluation of research? And I think this is a really great question. In the field of public health evaluation is actually distinct from research, and also in many other field as well. You can find the definitions that we're using at the CDC website on this slide. So for the purpose of this NOFO, the definition of evaluation is the purpose is

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Jeff Borchert (he/him), CDC/DVBD: to determine the effectiveness of a specific program or model, and to understand why a program may or may not be working, and so the goal is to improve programs, to develop specific knowledge about that program and how to improve it.

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00:11:46.100 --> 00:12:16.040

Jeff Borchert (he/him), CDC/DVBD: And so really it's It's like program performance, program improvement. And one of the definitions I read really used these three words that I think were the best in terms of my definition, which is, it's like measuring value, effectiveness, and significance, and that differs from research which really the purpose is in theory or hypothesis, testing, and to produce generalized knowledge. And so the goal is to contribute to the knowledge base. And so

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00:12:16.050 --> 00:12:20.989

Jeff Borchert (he/him), CDC/DVBD: we really encourage you to do your research on

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00:12:21.020 --> 00:12:48.329

Jeff Borchert (he/him), CDC/DVBD: the differences between research and evaluation. And we're really hoping for applicants that really understand these definitions. We've had a number of of questions where you know potential applicants were asking us, pitching a specific project and saying, you know, is this research, or is this evaluation? And that's not something that we're we're allowed to answer. So we really leave it up to you to figure out those definitions and see how they apply to the projects that you are proposing.

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00:12:51.930 --> 00:13:14.629

Jeff Borchert (he/him), CDC/DVBD: For our funding strategy, as written in the NOFO, we are currently hoping to fund five to ten applicants that will be initially

awarded, and this is depending on the need and available of funds, and I'm going to kick it over here to Sue again to give us a little update on some recent budget items.

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Dr. Sue Visser (she/her), CDC/DVBD: Yes, just a quick note that when we published this NOFO we did not have our FY23 budget. The budget has come through, and it was less than what we initially saw in both the House and the Senate bills. So we're thinking we'll probably be leaning a little on the lower side of this. But again, as data in the NOFO, this is depending on availability of funds, so just wanted to point that out, since we now have a budget for FY23.

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Dr. Sue Visser (she/her), CDC/DVBD: Back to you.

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Jeff Borchert (he/him), CDC/DVBD: All right, thanks you.

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00:13:49.940 --> 00:14:16.429

Jeff Borchert (he/him), CDC/DVBD: So when recipients apply, we want to be sure that you respond to all the program strategies that are included in the NOFO. So, keep that in mind as you apply. Pre-approved organization may be funded once CDC has determined that public health threat exists and funding is available. So this is really tied to kind of that ABU list that we're hoping to put together. So in the future, if there is

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Jeff Borchert (he/him), CDC/DVBD: If there is an emerging need we can provide additional guidance in coming years that you can then apply to and potentially receive funding. This next buillet is kind of the disclaimer. That's always that, you know, there could be limited funding at the time of the announcement. Additional funding will always be based on the availability of funds at CDC's sole discretion.

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Jeff Borchert (he/him), CDC/DVBD: As I said, we will always provide additional guidance to that ABU list when it comes up.

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Jeff Borchert (he/him), CDC/DVBD: There's no ceiling on this five year funding opportunity, and so there's no maximum amount of funding that we can put out. Nor is there a funding floor, so we can have very minimal awards as well if it makes sense to do so at that time. Lastly, recipients may be funded out of rank order, and there's additional details within the NOFO that described that.

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00:15:18.730 --> 00:15:48.159

Jeff Borchert (he/him), CDC/DVBD: So. for eligibility on this NOFO, we're hoping for open and maximum competition, and really the strongest applicants will demonstrate the ability to develop work plans that address the following, and that's to improve and standardize vector-borne disease prevention and control training and education for targeted groups and vector-borne disease professional or students. And for this NOFO we have a couple of definitions,

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00:15:48.170 --> 00:16:14.940

Jeff Borchert (he/him), CDC/DVBD: you know, throughout it that are really trying to capture the types of groups that we're interested in. So some of that is right here. So professionals and students may include those students in the following fields: human or veterinary medicine, entomology, vector control, public health, and environmental health, and you'll see some other groups throughout the NOFO as well. We're really trying to be inclusive here.

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Jeff Borchert (he/him), CDC/DVBD: So secondly we want applicants to be able to increase the number of vector-borne disease students and professionals who are trained to evaluate new and improved vector control programs, tools and strategies, and to build their strength and collaborative activity between universities and college community, with Federal, State, and local agencies. And lastly, we'd, like our applicants, to reach populations that may be lower income and rural areas and are members of minority communities that might

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Jeff Borchert (he/him), CDC/DVBD: experience higher rates of vector-borne diseases or adverse outcomes from those diseases.

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Jeff Borchert (he/him), CDC/DVBD: So really the target population,

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Jeff Borchert (he/him), CDC/DVBD: you know. Initially, will be different than than one's in the ABU program. And so for the ABU, for future year's guidance, this could vary, depending on the particular public health that needs to be funded. This cooperative agreement should always directly impact the health of the public through prevention and control activities within the vector-borne disease field. and seeks to fund organizations that reach the following groups.

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Jeff Borchert (he/him), CDC/DVBD: Groups we'd like to target and that includes

sanitation workers, hospital health care workers, correctional workers, healthcare workers, purchasing organizations, facility, design, engineering associations, entomologists, vector-borne professionals, occupational health and safety professional organizations. So like I said, it's a very wide group.

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00:17:48.330 --> 00:18:13.910

Jeff Borchert (he/him), CDC/DVBD: So I'm going to go into the program strategies a little deeper. I already read through them on some of those initial slides. But I did want to point out that there will be required activities that we would like you to apply for. These include under training, to conduct training and educational needs assessments for vector-borne disease prevention and control professionals and students to develop and maintain readiness across the existing vector-borne disease workforce.

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Jeff Borchert (he/him), CDC/DVBD: Likewise, we'd like to define training and educational goals for vector-borne disease, prevention and control, and then, of course, training undergraduates, graduate students, or post-doctoral fellows. As we mentioned, it's a requirement to train and educate already practicing vector-borne disease prevention and control professionals, and then we would like to see evaluation and performance monitoring and improvement plans to evaluate the impact of these training programs as they are implemented.

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Jeff Borchert (he/him), CDC/DVBD: Secondly, under the evaluate strategy, the required activity is to evaluate the operational use of approved vector-borne disease, prevention and control tools, strategies, and programs.

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00:19:02.980 --> 00:19:32.899

Jeff Borchert (he/him), CDC/DVBD: The last strategy is partner, and the requirement here is to establish collaborative partnerships in vector-borne disease prevention and control and relevant partners needed to develop and implement training and evaluation activities, and we have a long list of examples there that include professional organizations, state and territorial and local health departments as well as a number of federal agencies, but I did want to point out that we did include professional organizations and private industry as potential partners

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00:19:32.910 --> 00:19:34.190

Jeff Borchert (he/him), CDC/DVBD: It's just one.

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00:19:37.800 --> 00:20:07.669

Jeff Borchert (he/him), CDC/DVBD: For general work plan guidance, we'd like you to plan your budget around \$1.75M for the first twelve month period. So, have a detailed budget up to \$1.75 for the first year, and then include a high level budget for all five years. And so it doesn't have to be in the same detail. It needs to map out kind of a general plan for how budget, how funding will be spent over the remaining four years. Plans and activities should align with

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00:20:07.680 --> 00:20:25.389

Jeff Borchert (he/him), CDC/DVBD: all three program strategies and logic models. And as we mentioned, applicants should be able to revise these plans and activities, once CDC reviews or once additional guidance has been put out by our division depending on the emerging vector-borne disease need.

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00:20:25.760 --> 00:20:46.549

Jeff Borchert (he/him), CDC/DVBD: The planned activities should reflect the strategies, outcomes, evaluations, and performance measures that are described throughout the NOFO. So, a couple of specific ones: references need to be included in the page limits, and there is no required format for CVs and for references.

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Jeff Borchert (he/him), CDC/DVBD: In terms of the application review. It's all mapped out within the NOFO, and really it's all captured right here on this slide and

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Jeff Borchert (he/him), CDC/DVBD: it coverage 3 main areas. It's the approach that you plan to take. It's evaluation and performance management tied to your program and then your organizational capacity to implement the approach. And I'm not going to go through all these. But I did want to really highlight.

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Jeff Borchert (he/him), CDC/DVBD: and emphasize that as you write your applications, please be writing them to or consider all of these different aspects of these three criteria as you author your application, because really this is how you will be scored. So it's certainly would be wise to to be reviewing your entire application and tie it to this objective review criteria, because this is what we will be using.

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Jeff Borchert (he/him), CDC/DVBD: Lastly, we need you to include a budget. This is not scored within our review. But really it's to what extent are the proposed budgets consistent with the stated program strategies? Does it make sense? Does it tie in well enough in terms of the activities that you've proposed,

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00:22:03.610 --> 00:22:11.190

Jeff Borchert (he/him), CDC/DVBD: and make sure that it's adequately justified. We already mentioned about the one-year budget, and then the total budget for five years.

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00:22:13.540 --> 00:22:30.650

Jeff Borchert (he/him), CDC/DVBD: So really the timeline, we're already well into. The NOFO was posted on the twenty-first of November. We received letters of intent from many of you on the twenty second of December, and we just wanted to thank those that

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00:22:30.660 --> 00:22:51.890

Jeff Borchert (he/him), CDC/DVBD: actually sent us those letters. It's very helpful for us to plan a review, to have some sense of the interest in the NOFO, and then to be able to, come up with the right set of reviewers and the right review process in the coming months. The Webinar is today, and it will be recorded so for those of you that might have trouble getting in,

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00:22:52.550 --> 00:23:09.380

Jeff Borchert (he/him), CDC/DVBD: As for for those of you that couldn't get in, we welcome you as you listen to this recording because we will get it posted and try to let everyone know. Applications will be due on the third of February, and then we anticipate to put out awards at the end of June.

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00:23:13.850 --> 00:23:42.859

Jeff Borchert (he/him), CDC/DVBD: Regarding contacts, you can always reach out to me. My email is here. It's also in the NOFO. We have a new grants person that has already been introduced, this is Benita. Listed in the NOFO, though it's Freda Johnson. And Benita has just recently replaced Freda. Certainly reach out to Benita. But if you send any emails to Freda, if you're using the old email, that's fine too, I'm sure Freda will get those forwarded to myself and to Benita.

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00:23:45.570 --> 00:23:52.019

Jeff Borchert (he/him), CDC/DVBD: And lastly, we'd like to to cover a couple of questions.

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Jeff Borchert (he/him), CDC/DVBD: Before we open it up for questions in general we received some written questions and our policy, and it's policy like this, for all of our all our CDC's mechanisms is really not to answer these individual questions, but to try to save them, and then answer them as a group. So really all applicants get the the same information, and so what I'm going to do is I have a few slides

with questions that we received, and we have answers that have been both discussed within our program and also discussed with OGS.

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Jeff Borchert (he/him), CDC/DVBD: So that the same answer is available to all potential applicants. After that we'll have plenty of time to have questions from the chat box.

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00:24:32.630 --> 00:24:34.790

Jeff Borchert (he/him), CDC/DVBD: So the first question was this:

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00:24:34.800 --> 00:25:02.369

Jeff Borchert (he/him), CDC/DVBD: And Jeff, sorry to interrupt, just a quick thing on connection. For some of you, you're having a tough time without the full invitation connecting through your computer. So I posted in the chat that full link you should be able to one click link that. But knowing that several of you are on the phone, I will read to you the passcode just really quickly, if you want to write it down, and then you can

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00:25:02.380 --> 00:25:21.979

Dr. Sue Visser (she/her), CDC/DVBD: shift over to to your computer if you can't, for whatever reason, click on this link from your phones, or want to somehow forward it a different way. The pass code for this Webinar, with the shortened link is +=9b1q3t

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00:25:21.990 --> 00:25:30.099

Dr. Sue Visser (she/her), CDC/DVBD: so plus sign equals sign nine B as in boy, one q is in quarter three T as in time.

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00:25:30.160 --> 00:25:40.529

Dr. Sue Visser (she/her), CDC/DVBD: So if you want to try to connect via your computers, I know a bunch of you have shifted over already, but otherwise again, this will be recorded, and we'll make sure to make it available to everyone at a later date.

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00:25:40.590 --> 00:25:42.050

Dr. Sue Visser (she/her), CDC/DVBD: Carry on, Jeff.

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00:25:43.590 --> 00:25:44.930

Jeff Borchert (he/him), CDC/DVBD: Thank you.

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00:25:47.130 --> 00:26:16.920

Jeff Borchert (he/him), CDC/DVBD: Alright, So questions so far, the first one. There is a lot on training students including graduate students, but how does CDC reconcile training graduate students when there isn't a research component? I.e. How are students to be funded without a project? Is it expected that they will be funded through other sources or cost share? And this is, you know, goes back to just the differences between research projects and evaluation projects and really the funding can be used in that evaluation projects

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Jeff Borchert (he/him), CDC/DVBD: but not research projects. So if you have a grad student that's implementing something tied to evaluation, it could certainly be funded and with this type of funding.

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00:26:27.470 --> 00:26:33.379

Jeff Borchert (he/him), CDC/DVBD: second question, can these funds be used to support products for vector control evaluation?

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Jeff Borchert (he/him), CDC/DVBD: It is clear that the project team are not deployed or not to deploy any control methods, but they can provide the product and/or product expertise to the end. The answer to that is, these funds can be used to procure the better control products needed to conduct the evaluation. But please know that the applicant may need to partner with a partner organization or an entity that has the authority to use the vector control projects in the jurisdiction. And so that's just goes back to the third strategy of developing partnerships

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00:27:03.310 --> 00:27:08.810

Jeff Borchert (he/him), CDC/DVBD: between universities and college and then stay local and Federal partners.

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00:27:13.130 --> 00:27:39.600

Jeff Borchert (he/him), CDC/DVBD: Secondly, if the NOFO states "implement and evaluate vector surveillance tools and programs, can you extend on that evaluate for what? effectiveness? adoption? evaluations of effectiveness, or adoption would certainly be responsive. And so you know, certainly, if you have questions along that line, please go back and and review the definitions for evaluation versus research, and and have a clear understanding of the differences between the two.

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00:27:39.610 --> 00:28:04.470

Jeff Borchert (he/him), CDC/DVBD: We also had a very specific question about the IDC rate. So this is the IDC rate is the IDC rate eight percent. Or should we use the negotiated IDC with the University. Since the NOFO Doesn't specify this as a designated training, NOFO, and this is identified by the type of program which is a U50, then the applicant's rate agreement should be used.

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00:28:05.090 --> 00:28:20.620

Jon Messick: And Jeff, and this is Jon, and I just wanted to clarify real quick. Also I had a follow-up thought to that also is that while there is no rate maximum or anything like that, and they can use their negotiated rate, they always can if they want to use less

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00:28:20.630 --> 00:28:33.240

Jon Messick: indirect costs, and that they always can reduce that themselves, and request less indirect cost rate if they want to. So That's an option that they want to do if they want to put more more funds to the program to the direct cost instead of the indirect cost. So.

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00:28:33.960 --> 00:28:36.610

Jeff Borchert (he/him), CDC/DVBD: All right, Thanks, Jon. Appreciate that

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00:28:38.110 --> 00:29:06.890

Jeff Borchert (he/him), CDC/DVBD: Next one would creating and incorporating a business model as part of this Grant proposal be received favorably by the CDC? Or would this be viewed more like using taxpayer dollars for commercial gain? We have a lot of discussion about this one internally. It's okay to include the business plan and proposal as long as it obviously doesn't conflict with the goals of the NOFO, but also that it doesn't ultimately generate income for that program,

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00:29:06.900 --> 00:29:12.419

Jeff Borchert (he/him), CDC/DVBD: and Jon can add more information if he wants to.

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00:29:12.430 --> 00:29:28.250

Jon Messick: There he is. And you know, if there's other individuals that want to elaborate a little bit more on the question. Originally I had a different response, but then it was more specifically towards the organizational business model.

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00:29:28.260 --> 00:29:45.449

Jon Messick: But if it's something, if someone wants to elaborate it more than they can do that. But I I believe that the answer there as long as it doesn't generate the program income, Then that would be fine, because any program income generated would, as it go back to into the program. So

91

00:29:47.060 --> 00:29:49.559

Jeff Borchert (he/him), CDC/DVBD: all right. Thanks, Jon.

92

00:29:49.730 --> 00:30:01.030

Jeff Borchert (he/him), CDC/DVBD: last question is there if we have an Abu for another CoAg with potentially overlapping activities, But we have never received funding are we eligible to receive an award through this NOFO?

93

00:30:01.040 --> 00:30:31.009

Jeff Borchert (he/him), CDC/DVBD: answer to that is, yes. An organization can apply under this NOFO and receive an award. However, once they receive an award, they would need to decline future funds under other ABUs, if they are recommended for future funds for overlapping scope. And so I think the key there is we can't double fund anything. So whether or not you've applied and not been funded under another NOFO, or, you know, are planning to apply to another NOFO we can never fund overlapping activity.

94

00:30:31.020 --> 00:30:57.850

Jeff Borchert (he/him), CDC/DVBD: So just keep that in mind. I think you know what's clear kind of with all these questions is we do take them all seriously, and you know as Jon sort of, you know alluded to. If there are you know other distinctions that come from these questions, or new questions that come up, certainly reach out to to us, and we can answer both programmatic questions and financial questions with our OGS colleagues. But that is all we had

95

00:30:58.180 --> 00:31:05.490

Jeff Borchert (he/him), CDC/DVBD: from a presentation standpoint, and so I believe we're going to go into questions from the chat box.

96

00:31:05.500 --> 00:31:27.980

Dr. Sue Visser (she/her), CDC/DVBD: Yep, and Jeff. I have a couple that I think would be great to answer Live. The first one I have is "Is there a list of approved vector-borne disease prevention, control tool strategies, programs. And very quickly I'll just answer, No, we don't have a specific list, and there's a couple of reasons for that. The first is. Once, you know, we award this, or even after you submit, there's probably additional

97

00:31:27.990 --> 00:31:54.790

Dr. Sue Visser (she/her), CDC/DVBD: prevention and control tool strategies programs that have been demonstrated to be effective. And so we didn't want to, you know, create a single list. And so really your goal inside your application will be to document that these tool strategies programs have been determined to be effective elsewhere because we're not creating new full programs and strategies. But aside from that there's no specific list,

98

00:31:54.800 --> 00:31:56.560

Dr. Sue Visser (she/her), CDC/DVBD: Jeff. Do you want to add anything on that

99

00:31:56.570 --> 00:31:59.190

Jeff Borchert (he/him), CDC/DVBD: No. Nothing to add, I think that covers it.

100

00:31:59.200 --> 00:31:59.990

Okay?

101

00:32:00.000 --> 00:32:26.040

Dr. Sue Visser (she/her), CDC/DVBD: The second question is about the risk assessment questionnaire that is included as a pre-award assessment on page twenty as section five of the NOFO. Asked if it was required for the proposal stage. Now, Nathan, I'm. Assuming that you mean like at the application stage, do you need a a risk Assessment questionnaire? And the answer to that, I believe. And Jon, I just want to check

102

00:32:26.050 --> 00:32:37.969

Jon Messick: with you and Benita on that is no, it's just if you were to receive an award before you actually received the resources you would have to go through the risk assessment process. Is that correct?

103

00:32:37.980 --> 00:32:55.450

Jon Messick: No, actually as part of the application, that is, is a requirement to be submitted with your application, and that's reviewed as part of the initial part of the applicant Organizational review. that comes along with that. So it's, as it says in the NOFO, though, that if you,

104

00:32:55.460 --> 00:33:09.219

Jon Messick: if you've applied recently within the past twelve months, then you've already done that then you can provide your screenshots. I believe it is, or something like that. There's a section in there that identifies what they can do if they've already done that within the past twelve months.

105

00:33:11.070 --> 00:33:15.089

Jon Messick: Thanks, Jon. I'm glad I asked you.

106

00:33:15.100 --> 00:33:25.160

Dr. Sue Visser (she/her), CDC/DVBD: We're happy to have our ODS colleagues here. Okay? Great a question for you, Jeff. How is operational use defined?

107

00:33:25.470 --> 00:33:33.389

Jeff Borchert (he/him), CDC/DVBD: operational use? I think the way to consider that

is to really think about what's already been approved in terms of product.

108

00:33:33.400 --> 00:34:03.320

Jeff Borchert (he/him), CDC/DVBD: So something that's been registered already with the EPA or something that's already commercially available. something that is already in operational use. So you know, mosquito vector control organizations, state health departments. Those types of groups are already using something and potentially, you know, you can evaluate how that's used in a different scenario or other ways to improve the usage of that or the operational usage of that program

109

00:34:03.330 --> 00:34:05.260

Jeff Borchert (he/him), CDC/DVBD: or product.

110

00:34:06.840 --> 00:34:08.040

Dr. Sue Visser (she/her), CDC/DVBD: Thanks, Jeff.

111

00:34:08.469 --> 00:34:26.289

Dr. Sue Visser (she/her), CDC/DVBD: Okay, couple of questions, Jon. That, I think are are best answered by you. Where should sub-agreement budgets for their partnerships be included in the budget maybe under Section H in Section B. They're wondering where to tuck those sub-agreement budgets.

112

00:34:26.300 --> 00:34:47.439

Jon Messick: This would be under the contractual line item. So anywhere where, if you have a sub contract that you're proposing that, then it would be lined up under that category. That line item category. And if they're talking about the Section B on the SF424, then that would be that contractual

113

00:34:47.449 --> 00:34:48.970

Jon Messick: line item

114

00:34:49.350 --> 00:34:52.860

Jon Messick: that identifies all of those subawards.

115

00:34:54.239 --> 00:35:00.609

Dr. Sue Visser (she/her), CDC/DVBD: Thank you. And then relatedly is the budget itemized list included in the twenty-page limit.

116

00:35:04.600 --> 00:35:13.799

Jon Messick: That is a good question, and I I don't believe it is. I don't think so. I don't think it. I don't believe that it is. I think that that's just the project

Narrative.

117

00:35:15.270 --> 00:35:17.460

Dr. Sue Visser (she/her), CDC/DVBD: That's my understanding as well. Yeah,

118

00:35:18.000 --> 00:35:28.199

Jeff Borchert (he/him), CDC/DVBD: Okay, is a multi-PI plan required or allowed if there are co-PIs, and I believe we're all in agreement. That's fine.

119

00:35:28.610 --> 00:35:30.089

Jeff Borchert (he/him), CDC/DVBD: I think that's okay.

120

00:35:30.100 --> 00:35:46.689

Jon Messick: Yes, and and just for clarification in Grant Solutions also, if there were to be an award made there would be a primary PI listed that would be the main point of contact, but there's no limit on how many co-PIs that are listed in there.

121

00:35:47.700 --> 00:36:08.150

Dr. Sue Visser (she/her), CDC/DVBD: Thank you. Okay, back to you, Jeff. A question...it seems that the NOFO seems to exclude high school students and children and focuses on college level for for training. Is this an indication that training for future vector control professionals or vector professionals is the priority over education to prevent vector-borne diseases?

122

00:36:08.160 --> 00:36:27.380

Jeff Borchert (he/him), CDC/DVBD: Yeah. Well, that's a great question. I think you know, certainly educating younger students or younger individuals is a priority for a division, but it's really not a priority for this NOFO. And so really, the focus here is to target

123

00:36:27.460 --> 00:36:33.459

Jeff Borchert (he/him), CDC/DVBD: community, college or college students, but then also already vaccine vector-borne disease professionals.

124

00:36:35.600 --> 00:36:55.970

Dr. Sue Visser (she/her), CDC/DVBD: Thanks a question about If there are specific requirements or templates for how we format the performance, measurement, plan and work, time components, and the answer to that is no, we can be creative in that. Simple is best. Of course we like that. But you can use visuals if you want tables, images, or text is all just fine.

125

00:36:58.430 --> 00:36:59.870  
Dr. Sue Visser (she/her), CDC/DVBD: ...

126

00:36:59.880 --> 00:37:28.710  
Dr. Sue Visser (she/her), CDC/DVBD: A question in the evaluation piece. How do you define "approved". Evaluate the operational use of approved vector-borne disease and prevention and control tool strategies and programs. And here again we're trying to focus on you know, if there's something that requires regulatory approval, that it already has regulatory approval. We wouldn't be interested in something that is completely has not been demonstrated to be effective or has gone through the regulatory pathway if it

127

00:37:28.720 --> 00:37:54.100  
Dr. Sue Visser (she/her), CDC/DVBD: if it needs it. However, we recognize there's lots of programs and strategies that don't require regulatory approval. And those certainly could be evaluated. You just wouldn't want to be creating a new, for example testing a new insecticide, for example. That would not be consistent with this non research NOFO if that makes sense

128

00:37:55.910 --> 00:37:57.990  
Dr. Sue Visser (she/her), CDC/DVBD: Jeff anything to add on that.

129

00:37:58.000 --> 00:38:01.300  
Jeff Borchert (he/him), CDC/DVBD: No, I think that's I think, that captures it.

130

00:38:02.470 --> 00:38:14.570  
Dr. Sue Visser (she/her), CDC/DVBD: Ok. Can you elaborate on whether a Dmp is required or allowed (data management plan) If the data that will be collected is evaluation data and not public health data as defined.

131

00:38:15.160 --> 00:38:17.390  
Jeff Borchert (he/him), CDC/DVBD: That's a good question that I

132

00:38:17.400 --> 00:38:20.510  
Jeff Borchert (he/him), CDC/DVBD: i'm not sure I know the answer to

133

00:38:23.460 --> 00:38:32.249  
Jeff Borchert (he/him), CDC/DVBD: I would not think that it is public health data. I don't know. Sue do you have any thoughts, or Jon? more experience on data management plans?

134

00:38:34.190 --> 00:38:42.179

Jon Messick: go ahead, Jon. I was just going to say, I don't have any additional knowledge on that. Really, I haven't put so much effort into that.

135

00:38:42.190 --> 00:39:02.190

Dr. Sue Visser (she/her), CDC/DVBD: Yeah, I mean, I would assume that you would want at least a brief description of how you're going to manage the data. So a short data management plan would be really important for any of the data that you're collecting for the evaluation strategy. But we can get a little bit more information and communicate that to

136

00:39:02.200 --> 00:39:10.089

Dr. Sue Visser (she/her), CDC/DVBD: all the attendees here and post that publicly when we have a little more time to consult. But I would plan for a data management plan for your evaluation data.

137

00:39:14.310 --> 00:39:23.210

Dr. Sue Visser (she/her), CDC/DVBD: Okay. Is it acceptable for faculty and or agencies to participate on multiple applications so long as activities are distinct?

138

00:39:23.340 --> 00:39:38.819

Dr. Sue Visser (she/her), CDC/DVBD: So I'm, assuming this would be you have a previously funded award by CDC. And as long as the activities are distinct you're asking if

139

00:39:38.830 --> 00:40:07.520

Dr. Sue Visser (she/her), CDC/DVBD: you can have faculty and agencies participate on both. So so what the nofo says is that if you have overlapping activities, activities that have the same strategies being implemented. So for us, out of our specific division. One obvious example of this is the research based centers of excellence. We have two overlapping strategies in terms of training and also the partnership activities

140

00:40:07.530 --> 00:40:15.259

Dr. Sue Visser (she/her), CDC/DVBD: could be overlapping, so those activities would be seen as overlapping

141

00:40:15.310 --> 00:40:37.009

Dr. Sue Visser (she/her), CDC/DVBD: those agencies or faculty should be very, very cautious when you're proposing their participation, because it's very likely that those collaborators will have overlapping strategies across both, and should not be included. But John can provide maybe more support for how that determination is made.

142

00:40:37.020 --> 00:41:05.729

Jon Messick: I was gonna add also, just wanna make sure that they they don't overlap in terms of being the same activities, obviously, But as long as the activities are distinct, then that's fine. As long as the overall effort doesn't exceed one hundred percent in terms of you know, your effort overlap. So you want to make sure that each of them have the identified percentage in terms of your budgeting and identify, and that you don't exceed that one hundred percent, because obviously we don't have more than one hundred percent time on our hands. So

143

00:41:05.930 --> 00:41:09.359

Jon Messick: so yeah, so just make sure of that. But other than that it's fine.

144

00:41:10.580 --> 00:41:40.480

Jeff Borchert (he/him), CDC/DVBD: Yeah, I see that follow up question that just came up in the chat about health departments, too. And, I I think you know the key thing is overlap. I think it's okay for health departments to be involved in more than one application. But the activities need to be distinct. It's something you just need to be careful about. But it is okay to play the field. This came up with the COE applications as well, and it's something that is acceptable.

145

00:41:40.490 --> 00:41:43.860

Jeff Borchert (he/him), CDC/DVBD: Just be careful when you're doing it.

146

00:41:45.590 --> 00:42:06.819

Jeff Borchert (he/him), CDC/DVBD: Okay. Just a quick note that anyone who's asking questions in the chat. Please pop over and enter them in the Q&A. We're not paying any attention to the chat, just so that we can manage to keep the questions that are flowing in one spot, so please re-enter them over in the Q&A. And that also allow us to publish these questions and answers later on.

147

00:42:06.830 --> 00:42:13.760

Dr. Sue Visser (she/her), CDC/DVBD: There's a quick question just to clarify references. Are they included in the twenty page limit?

148

00:42:14.730 --> 00:42:18.219

Jeff Borchert (he/him), CDC/DVBD: They are. Yes, and that's any one of the slides as well.

149

00:42:19.710 --> 00:42:39.810

Dr. Sue Visser (she/her), CDC/DVBD: There's a question about the five-year budget plan, and if that has to be submitted as well, yes, there's a request for the

overall five year budget to be submitted as well. You'll submit a detailed budget as Jeff mentioned for year one and a high-level budget for the other four years or fewer, you don't have to propose all five if you don't want to.

150

00:42:42.300 --> 00:42:59.830

Jon Messick: It would be recommended to propose the budget for five years, since the project period is four or five year period. So there's a chance that if you don't get, if you're not proposing anything to happen in year five, then you might not. It might be it might not look good in terms of the

151

00:43:00.570 --> 00:43:02.450

Jon Messick: the reviews and things like that.

152

00:43:03.240 --> 00:43:04.590

Jeff Borchert (he/him), CDC/DVBD: Yeah, agreed.

153

00:43:05.880 --> 00:43:11.090

Dr. Sue Visser (she/her), CDC/DVBD: We have a question for the budget. The 1.75 million is for direct costs or total costs. They're for total

154

00:43:11.100 --> 00:43:11.870

costs.

155

00:43:11.960 --> 00:43:13.120

Jon Messick: Correct.

156

00:43:15.220 --> 00:43:19.579

Dr. Sue Visser (she/her), CDC/DVBD: Are biosketches required for senior personnel?

157

00:43:20.450 --> 00:43:24.109

Jeff Borchert (he/him), CDC/DVBD: They are. That's, I believe, an

158

00:43:24.410 --> 00:43:39.149

Jeff Borchert (he/him), CDC/DVBD: addendum that could be attached. But we need to double check if it's required we would like to see them. They don't have to be lengthy. There's no format for CVs, but we would like to see them.

159

00:43:44.170 --> 00:43:48.149

Dr. Sue Visser (she/her), CDC/DVBD: There's a question about who are the key contacts they're supposed to submit

160

00:43:48.430 --> 00:43:50.869

Dr. Sue Visser (she/her), CDC/DVBD: on the key contact form?

161

00:43:54.220 --> 00:44:00.229

Jon Messick: The key contact for the key context would be the

162

00:44:00.600 --> 00:44:12.459

Jon Messick: principal investigator and the authorized organizational official (AOR). The I think it's technically the authorized organizational representative. I believe is who it is. So it is the AOR.

163

00:44:15.060 --> 00:44:16.569

Dr. Sue Visser (she/her), CDC/DVBD: Thank you, Jon.

164

00:44:17.270 --> 00:44:31.249

Dr. Sue Visser (she/her), CDC/DVBD: A question about if the funds can be used for vector control products? Can they also be used to establish a molecular testing laboratory which would be equipment at a remote, underserved tribal community or health department?

165

00:44:31.260 --> 00:44:39.240

Dr. Sue Visser (she/her), CDC/DVBD: So just to make this a little more general, just can the dollars be used to buy equipment for molecular testing?

166

00:44:39.690 --> 00:44:56.690

Jeff Borchert (he/him), CDC/DVBD: Hmm. I think you know, molecular testing laboratory testing in general. Is not a focus of this NOFO, so I mean it's hard to say you can't try to put it in there. But, I think it's

167

00:44:56.700 --> 00:45:03.179

Jeff Borchert (he/him), CDC/DVBD: probably does not align with the with the main objectives. The main strategies of this NOFO.

168

00:45:03.190 --> 00:45:21.750

Dr. Sue Visser (she/her), CDC/DVBD: Yeah, I would have to clearly tie back to an evaluation goal if you needed the equipment to conduct your evaluations in some way that could potentially be proposed, I could see that. But again, you need to very, very clearly extend every single activity in every purchase

169

00:45:21.760 --> 00:45:24.489

Dr. Sue Visser (she/her), CDC/DVBD: back to one or more of the strategies.

170

00:45:27.270 --> 00:45:55.349

Dr. Sue Visser (she/her), CDC/DVBD: Okay, there is a question about. Is there a specific definition of what is being designated as a vector-borne disease would monitoring disease spread by mice, bats, etc. fall under this award. So on our website we have a listing of all of the priority vector-borne diseases that we handle at CDC. Please note that we consider vector-borne diseases to be those pathogens that are transmitted by mosquitoes, ticks, fleas

171

00:45:55.360 --> 00:45:57.479

Dr. Sue Visser (she/her), CDC/DVBD: and

172

00:45:57.730 --> 00:46:06.030

Dr. Sue Visser (she/her), CDC/DVBD: body lice. We don't cover mice, or bats which we typically see as hosts.

173

00:46:06.080 --> 00:46:13.650

Dr. Sue Visser (she/her), CDC/DVBD: It's a bit of a technical discussion. But you'll find on our website our target vector-borne diseases,

174

00:46:14.530 --> 00:46:21.170

Jeff Borchert (he/him), CDC/DVBD: And we also don't cover Chagas disease. So that's one that's parasitic, and that's not under our division.

175

00:46:23.870 --> 00:46:40.390

Dr. Sue Visser (she/her), CDC/DVBD: Okay, there's a question. Is there a budget maximum yearly And over five years? And we did ask for a planning budget for 1.75 million for that first year. But we did not set a budget maximum for the full five year budget,

176

00:46:40.400 --> 00:46:41.989

Dr. Sue Visser (she/her), CDC/DVBD: Jon, anything more to add there?

177

00:46:42.000 --> 00:46:54.259

Jon Messick: Usually it's a level of funding for that. Obviously everything is subject to availability of funds for Congress. So if they obviously cut funds and things like that later on, then we have no control. But usually it's the whole funding.

178

00:46:57.810 --> 00:47:05.059

Dr. Sue Visser (she/her), CDC/DVBD: Okay, another. You mentioned if we cite literature, that's part of the twenty page limit for the Project Narrative. Is that correct?

179

00:47:05.070 --> 00:47:06.839

Jeff Borchert (he/him), CDC/DVBD: Yes. Yup.

180

00:47:08.410 --> 00:47:18.759

Dr. Sue Visser (she/her), CDC/DVBD: Okay. Another budget question. It appears that the budget for the first year needs to be broken out into more than one function or activity. Is that correct?

181

00:47:20.180 --> 00:47:22.550

Jeff Borchert (he/him), CDC/DVBD: Could you repeat that I don't know if I.

182

00:47:22.800 --> 00:47:44.770

Jeff Borchert (he/him), CDC/DVBD: It appears that the budget for the first year needs to be broken out into more than one function or activity. So I'm wondering if this is the focus that you have to be responsive to all three program strategies of the NOFO. That's the question. The answer is, yes. We want all applicants to address all three strategies in the NOFO. That's what our requirements.

183

00:47:44.780 --> 00:47:46.020

Dr. Sue Visser (she/her), CDC/DVBD: ...

184

00:47:46.490 --> 00:47:49.490

Dr. Sue Visser (she/her), CDC/DVBD: but I'm not sure if that answers the question,

185

00:47:49.740 --> 00:47:54.599

Dr. Sue Visser (she/her), CDC/DVBD: SJRogers, if you want to clarify if we didn't hit that?

186

00:47:56.220 --> 00:48:06.229

Dr. Sue Visser (she/her), CDC/DVBD: Okay. Continuing down can projects include training and evaluation for potential vectors in addition to known vectors?

187

00:48:09.050 --> 00:48:11.860

Jeff Borchert (he/him), CDC/DVBD: I think the answer to that would be yes.

188

00:48:16.280 --> 00:48:29.790

Dr. Sue Visser (she/her), CDC/DVBD: A question, Jon, about how to structure the budget. Can the co-PIs be from different institutions, which I think the answer is yes. But if so, then how would the budget be addressed?

189

00:48:31.740 --> 00:48:48.430

Jon Messick: Technically, that would be the personnel that's listed on the budget are actually staff members. So if it's not a staff member, that's being if they're being paid, and that would be a type of consultant/contract type of thing.

190

00:48:48.440 --> 00:48:59.049

Jon Messick: But or let's see, I'm trying to think other, maybe. But usually the PIs are going to be from the same organization.

191

00:48:59.190 --> 00:49:10.030

Jon Messick: But if it did, if there was some type of situation like that, then it would be in one of the other categories, because those main categories of salaries, wages, and things like that are for staff members only,

192

00:49:10.720 --> 00:49:20.070

Jon Messick: So, it could be arranged either way, depends on how the how the budget is worked out. It could be in contractual or consultants or other something like that. So it just depends.

193

00:49:20.290 --> 00:49:39.189

Jeff Borchert (he/him), CDC/DVBD: I think. You know we've seen this in other awards where there is a PI from the recipient institution. But then there's subcontracts that include them. Co-PIs, from other institutions, and the way the clean way that seems to be done is to use the subcontracting mechanism which is totally fine.

194

00:49:39.200 --> 00:49:40.349

Jon Messick: Right

195

00:49:40.360 --> 00:49:51.010

Jon Messick: and I would agree, and that would be something that they would just have a detailed budget under the subcontract and have that person listed as a staff member of that contract organization.

196

00:49:52.750 --> 00:50:10.999

Dr. Sue Visser (she/her), CDC/DVBD: Okay, and then back down to SJRogers question, clarifying that they're referencing Section A for the budget, just sort of how to to fill out Section A if you have multiple staff across multiple

197

00:50:11.010 --> 00:50:14.200

Dr. Sue Visser (she/her), CDC/DVBD: organizations and different functions and activities.

198

00:50:16.180 --> 00:50:33.260

Jon Messick: For the form A. That would be the standard form. And that's a 424A document, and it would just be lined up across whichever line item it's categorized in. And so if you're identifying, say, for instance, we're going back to that previous example where they are.

199

00:50:33.270 --> 00:50:59.720

Jon Messick: co-PIs that are on another contract or subcontract organization, then they would be listed under the contractual for that main recipient. Keeping in mind that the main recipient is the organization that is primary, for, like the salaries and wages and fringe things like that. So if they're going to be identifying them under subcontracts, then everything's going to be built under that subcontract/contractual line item.

200

00:51:02.100 --> 00:51:11.220

Dr. Sue Visser (she/her), CDC/DVBD: and let me just make sure. SJRogers, Did we answer that question? If you want to put one more into the Q. And A. Otherwise i'll open the line for you to just ask the question to clarify.

201

00:51:19.730 --> 00:51:30.449

Dr. Sue Visser (she/her), CDC/DVBD: Okay. And the interim. More questions. Just about the Okay. No. So SJRogers still is asking. Now contracts are in Section B. So i'm going to open.

202

00:51:30.850 --> 00:51:34.600

Dr. Sue Visser (she/her), CDC/DVBD: You're line to go ahead and talk if you want to.

203

00:51:34.670 --> 00:51:47.849

sjrogers: Okay. in Section A that it says it's a budget summary, and it says, Grant program, function or activity A, and then there's four different

204

00:51:48.930 --> 00:52:01.110

sjrogers: things that you can list there and then it has different things on it. That also has estimated unobligated funds, Federal and then new, our revised budget.

205

00:52:01.120 --> 00:52:20.689

Jon Messick: Oh, I see. I see what you're looking at, the section A on that one, yeah that's the budget summary on that one. I see that would be the grant program, function, or activity that you're identified under in this category the CFDA or the Assistance Listing number. Those would all just be one line item that would have the entire amount on there.

206

00:52:20.700 --> 00:52:22.790

Jon Messick: Yes, okay, right.

207

00:52:22.800 --> 00:52:25.060

Jon Messick: Sorry about the confusion there yep. That's fine.

208

00:52:27.860 --> 00:52:41.720

Dr. Sue Visser (she/her), CDC/DVBD: All right. Great. Thank you So much. John. Okay, several questions about the bio sketches. People are just interested in a little bit more information and explaining elaborate, more on Bios sketches. Is it only for the principal investigators, etc.

209

00:52:42.800 --> 00:52:59.390

Jeff Borchert (he/him), CDC/DVBD: I would say principal investigators and key staff. Certainly not everyone needs to be included. you know. Even part of your partnerships. I would just include key staff for each of the organizations that you think are the most relevant.

210

00:53:01.040 --> 00:53:26.629

Dr. Sue Visser (she/her), CDC/DVBD: Thank you. And then several questions on the data management plan. Is there an example? A sample data management plan that's out there that they can use as an example, or for reference some questions about the differences between the standards to be used for the collection or generated data versus standards of statement, of data standards as the standards to be used for collected or generated data. Lots of questions about the data management plan.

211

00:53:26.640 --> 00:53:56.029

Jeff Borchert (he/him), CDC/DVBD: Yeah, I think we're I think what's best is if we bump that question, and we respond in the same spot where we post this on the Internet because I think what it'll do is it'll allow us to look at all these questions, try to come up with some answers and make sure that we get the best information. But I think that's better than fumbling around on what we know and what we don't know. Because we can certainly look into it.

212

00:53:56.270 --> 00:53:58.040

Dr. Sue Visser (she/her), CDC/DVBD: So stay tuned for more from Jeff on the data management plan, which wre'll post with the answers to the questions that we've

answered today.

213

00:53:59.420 --> 00:54:12.490

Dr. Sue Visser (she/her), CDC/DVBD: Okay, Some questions on how the funds can be used, so can we use funds for materials and supplies related to training such as reagents and consumables for pathogen testing or sampling, and I believe the answer for that

214

00:54:12.500 --> 00:54:13.299

is yes.

215

00:54:13.570 --> 00:54:14.589

yep.

216

00:54:15.320 --> 00:54:17.899

Dr. Sue Visser (she/her), CDC/DVBD: Jeff concurs.

217

00:54:19.060 --> 00:54:35.410

Dr. Sue Visser (she/her), CDC/DVBD: Can we use funds to provide incentives as part of our strategies. also read from the NOFO that furniture and equipment is not permitted, but could be depending on the justification. Could you clarify furniture and equipment use

218

00:54:36.580 --> 00:54:50.129

Jeff Borchert (he/him), CDC/DVBD: It's hard to clarify the use, I mean, I think it would just have to be justified. which isn't quite a good answer. But i'm trying to think of an example.

219

00:54:51.700 --> 00:55:06.910

Jeff Borchert (he/him), CDC/DVBD: I mean, you know, equipment supplies for training. That's I believe would be supportive, and as long as it ties back to the strategies of the NOFO. But I i'm having a hard time with the the furniture.

220

00:55:06.940 --> 00:55:17.229

Jon Messick: Yeah, the only thing I could think of is something like, if you have new, like in terms of college individuals or something like that where you're setting up an office.

221

00:55:17.240 --> 00:55:40.969

Jon Messick: You know, a small little office, or something like that for them to conduct evaluations, or in the trainings, or or something like that, or whatever.

you know. However, you could justify that back. But there, I guess there are certain situations. That's why we put in there that it could be dependent on justification. So we don't want to necessarily say yes, it can be or no, it can't be, but It just depends on how this justification comes in.

222

00:55:42.720 --> 00:55:44.759

Dr. Sue Visser (she/her), CDC/DVBD: Okay, great. Thank you.

223

00:55:45.270 --> 00:55:47.189

Dr. Sue Visser (she/her), CDC/DVBD: Okay.

224

00:55:48.450 --> 00:55:56.549

Dr. Sue Visser (she/her), CDC/DVBD: Do we need to include period of performance outcomes in our proposal, or do we select some that apply to our project, and I assume that means

225

00:55:56.650 --> 00:56:04.309

Dr. Sue Visser (she/her), CDC/DVBD: the entirety of the five years. So, period of performance all five versus the first year. Is the way i'm interpreting that.

226

00:56:04.350 --> 00:56:05.839

Jeff Borchert (he/him), CDC/DVBD: .

227

00:56:05.850 --> 00:56:27.389

Jeff Borchert (he/him), CDC/DVBD: Definitely the first year we would like to see performance measures for that. I think you could speak in general for the remaining years. Certainly plans change over time. But having, like, I think, a longer term goal that slides back from the logic model would be something that we would like to see and could strengthen an application.

228

00:56:29.530 --> 00:56:31.220

Dr. Sue Visser (she/her), CDC/DVBD: Okay, Thank you.

229

00:56:32.560 --> 00:56:48.370

Jeff Borchert (he/him), CDC/DVBD: Okay. A specific question. I think. Jon, this one's for you. This is about the the documentation starting on page 26 of the NOFO. Do they need to include documentation regarding Item thirteen,

230

00:56:48.380 --> 00:57:00.460

Dr. Sue Visser (she/her), CDC/DVBD: which is funds tracking, Item fourteen, which is pilot program for enhancement of whistleblower protections, and item fifteen

copyright interest provisions or are those all post award components and processes?

231

00:57:06.070 --> 00:57:23.430

Jon Messick: Those, I believe, are informational things that are just being are just input for making the applicants aware that these are requirements that you have to follow as part of the application process like funding restrictions. Things like that.

232

00:57:23.440 --> 00:57:27.369

Jon Messick: And then the was the other one.

233

00:57:27.830 --> 00:57:33.909

Jon Messick: copyright provisions, Yeah, things like that did are just required to follow as part of the policies.

234

00:57:35.190 --> 00:57:46.820

Dr. Sue Visser (she/her), CDC/DVBD: And, Jon, while you're off mute, I'll ask another one: can faculty or agencies participate in competing applications for this NOFO, so could they be listed as staff on two

235

00:57:47.090 --> 00:58:05.640

Jon Messick: applications? They can be as long as like we said before, as long as the effort is not overlapping or exceed the one hundred percent, then, but just put in the percentage of the effort that the person is contributing to that particular award, so you

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00:58:05.650 --> 00:58:12.579

Jon Messick: have four awards, and it's going to be twenty-five percent on each of those awards, so which then should be budgeted accordingly. So

237

00:58:14.820 --> 00:58:20.099

Dr. Sue Visser (she/her), CDC/DVBD: the question, can they, if they want to submit a detailed budget for years two to five?

238

00:58:20.570 --> 00:58:21.770

Jon Messick: Of course

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00:58:23.180 --> 00:58:35.399

Dr. Sue Visser (she/her), CDC/DVBD: Sounds good, and we know that that changes. Again, the beauty of a cooperative agreement is we can and do expect change to the work plan, and so we can be flexible and revisit those budgets over time as well.

240

00:58:37.020 --> 00:59:04.899

Dr. Sue Visser (she/her), CDC/DVBD: Okay. So if a program was ABUed from our last round of centers of excellence funding on our research cooperative agreement can relevant projects, trainings, The data management plans be recycled to this NOFO, and, as we mentioned once awarded, you can't be awarded for something that is identical. Another award. But, yes, if you have not received funding

241

00:59:04.910 --> 00:59:12.969

Dr. Sue Visser (she/her), CDC/DVBD: for sure you could propose those activities in this application as well, John, any further guidance on that.

242

00:59:13.030 --> 00:59:14.720

Jon Messick: I don't have anything additional.

243

00:59:17.450 --> 00:59:26.960

Dr. Sue Visser (she/her), CDC/DVBD: Okay, thanks. can we use funds to provide incentives as part of our strategies? start with that part first.

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00:59:27.500 --> 00:59:35.049

Jeff Borchert (he/him), CDC/DVBD: Yeah, I mean I'm assuming that by incentives maybe you mean in terms of

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00:59:35.540 --> 00:59:38.270

Jeff Borchert (he/him), CDC/DVBD: surveys

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00:59:38.280 --> 00:59:58.549

Jeff Borchert (he/him), CDC/DVBD: and if that's what's meant by that, it might be possible. It's something that we've come up with in the past. There's a lot of reluctance within CDC to support that. But there has been justification, for that's been...where folks have been able to do that. And so, I think

247

00:59:58.560 --> 01:00:13.900

Jeff Borchert (he/him), CDC/DVBD: it's something that's okay to propose. But it would be something that we would need to spend some more time looking into that particular project overlaps into research, and if it doesn't, then, you know, would we be able to provide funding to support those incentives.

248

01:00:15.930 --> 01:00:39.039

Jon Messick: So for incentives it obviously has to be reasonable. You can't offer, you know, five hundred dollars as an incentive for someone to come in off the street

and answer a question. So it has to be reasonable. Usually it from my understanding of my recollection, anyway, usually like a twenty-five dollar incentive for somebody to fill out a questionnaire or evaluation or something like that would be sufficient. So it depends on what's proposed.

249

01:00:40.140 --> 01:00:43.839

Jeff Borchert (he/him), CDC/DVBD: Yeah, and I don't think we've ever seen one as high as Twenty-five so that

250

01:00:43.850 --> 01:00:46.450

Jon Messick: right

251

01:00:46.460 --> 01:00:53.839

Dr. Sue Visser (she/her), CDC/DVBD: And just a quick point of clarification. Letters of support and Biosketches. They all get uploaded separately from Project Narrative, is that correct?

252

01:00:55.240 --> 01:00:58.690

Jeff Borchert (he/him), CDC/DVBD: That's in the NOFO that's correct. That's the way it's written.

253

01:00:58.700 --> 01:01:09.150

Jeff Borchert (he/him), CDC/DVBD: Although I don't know how that's done, John. Do you have insight? We're we're not powerusers of grants.gov. Could you provide guidance on that?

254

01:01:09.180 --> 01:01:33.490

Jon Messick: I believe that that's in...I forget what the section is, but I don't believe it counts as as part of the Project Narrative. But yeah, so. But I don't think that there's any type of restriction on it. So maybe it's optional documents or something like that. I don't remember exactly what the the section is, but

255

01:01:34.090 --> 01:02:02.669

Jon Messick: It's not included in your Project narrative, we don't want it to count against your twenty pages. There is another bucket, and we can't recall if it's additional resources or optional documents or something. But if you have trouble uploading that please reach out so we can help you. And then I think that one of the things that we've always kept in mind is that it's basically if it's uploaded, no matter what section it's in, then it's included in the application, and it'll be reviewed.

256

01:02:03.700 --> 01:02:32.129

Dr. Sue Visser (she/her), CDC/DVBD: and then we are at the top of the hour, so I'll land on one final question: Are you looking for initiatives that are local, regional, or statewide? This was designed to be more regional in coverage, but we have not specified the coverage of the work that's proposed here. So I would say that whatever you propose, you justify it very very well about the impact, and why you selected

257

01:02:32.140 --> 01:02:38.779

Dr. Sue Visser (she/her), CDC/DVBD: the region that you have, whether it be local, more multi-state or statewide, for example.

258

01:02:39.580 --> 01:03:08.610

Dr. Sue Visser (she/her), CDC/DVBD: All right. With that, what I will promise you is that we do have all the rest of your questions. We will take those and provide answers to them when we provide all of the question and answers that will include an Faq. That we will post. We'll follow up with everyone who attended when that information and this recording is posted, so you'll have access to it, and we are so grateful for you joining on and for your interest in this NOFO, we're really excited to work on it.

259

01:03:08.620 --> 01:03:10.909

Dr. Sue Visser (she/her), CDC/DVBD: In the coming months as you submit your applications.

260

01:03:11.350 --> 01:03:13.479

Dr. Sue Visser (she/her), CDC/DVBD: Any final words from you, Jeff?

261

01:03:13.490 --> 01:03:17.290

Jeff Borchert (he/him), CDC/DVBD: No, just thanks, everybody. Good luck! We're looking forward to seeing them.

262

01:03:17.870 --> 01:03:19.009

Dr. Sue Visser (she/her), CDC/DVBD: Thank you.

263

01:03:19.080 --> 01:03:22.610

Jon Messick: Thank you very much, everybody. Thank you!