

BUDGET AND PRIOR APPROVAL

Question 1: Is there any guidance on how much programs should budget for at least one Sexual Assault Coalition RPE Staff to attend one meeting each year with the CDC as required by the NOFO?

Answer: There isn't specific guidance provided on budget allocation apart from what's outlined in the NOFO activities.

Question 2: We do not plan on having subcontractors in the first year of this grant cycle, but we may wish to add them in years 2-4. Is that allowable?

Answer: Yes, you can. The budget is allocated for a 12-month cycle, and you'll submit a new budget each year. So, if you decide to add subcontractors in the later years, you can adjust your budget accordingly.

Question 3: Is a gift card policy required? If so, when should it be submitted?

Answer:

You can use gift cards or incentives, but you need approval first. If you want to include participant support costs in your budget, like stipends or gifts, you'll need to ask for permission by submitting a budget amendment. You also need a clear policy for buying, distributing, and safeguarding gift cards. Your budget plan should explain how you'll use the gift cards, when, and how you decided on the amounts. If you're awarded the grant and you have questions or need more help, refer to the Office of Grants Management Services (OGS)

DEFINITIONS

Question 4: Please provide some clarification on the difference between focus population and priority population.

Answer: There is no difference between the focus and priority populations.

Question 5: How is a Tribal Sexual Assault Coalition Defined? Is a Tribal Coalition one with Sexual Assault Prevention programming and education part of that group?

Answer: According to 34 U.S.C. § 10441(d)(2)(A), eligible entities for formula funding under this program are tribal coalitions that meet the statutory definition of a "tribal coalition," A "tribal coalition" is defined as an established nonprofit, nongovernmental Indian organization, Alaska Native organization, or a Native Hawaiian organization. These coalitions provide education, support, and technical assistance to member Indian service providers, Native Hawaiian organizations, or the Native Hawaiian community. They aim to establish and maintain culturally appropriate services, including shelter and rape crisis services, for Indian or Native Hawaiian women and their dependents who are victims of domestic violence, dating violence, sexual assault, and stalking. These coalitions should have board and general members representing the member service providers, organizations, or communities and the tribal or Native Hawaiian communities receiving the services.

DELIVERABLES AND DUE DATES

Question 6: Will a specific due date be shared for the Annual Performance Review (APR) each year?

Answer: Yes, we will share the due dates along with the APR guidance.

Question 7: I see that you mention an “enhanced primary prevention assessment with the 2nd Annual Performance Report” on page 14 of the NOFO. Could you please discuss what you mean by enhanced primary prevention assessment? I am assuming that this language is for the coalitions who are currently conducting the assessment as a part of their 1-year requirements, but I’d also like to confirm that as well.

Answer: Yes, we require recipients to complete a new assessment or enhance the existing assessment completed as an activity for the 1-year coalition grant.

Question 8: We are currently working with our State Health Department on our state action plan, and we are in the middle of our needs assessment. We would like to use both of these things to inform the activities that we propose in Activity 3.1. Can we state that in our application and defer proposing our plans for the focus areas until they are completed later this year? If not, is it possible to change our plans if what we propose is no longer consistent with our final state action plan and needs assessment findings?

Answer: The NOFO requires that at least one program, practice, or policy begins in the first year. Applicants should specify the two selected focus areas and any information about the specific programs, practices, or policies they plan to implement, as stated in the NOFO requirements on page 15. However, after receiving the award, recipients can work with their project officer to request changes to the proposed based on state action planning after the award, as long as they remain within the listed focus areas.

Question 9: Does the CDC offer any guidance such as using a portion of this funding to offer a sub-grant to an organization working in a local community vs. focusing on coalition staffing?

Answer: We do not offer specific guidance on how to use your funding to offer grants to your sub-recipients. CDC recipients are expected to use—and ensure your sub-recipients use—the public health approach to implement violence prevention programs, practices, or policies. A sub-recipient, per CFR 200, is defined as A non-federal entity that receives a sub-award from a pass-through entity to carry out part of a federal program but does not include an individual that is a beneficiary of such program. A sub-recipient may also be a recipient of other Federal awards directly from a federal awarding agency.

DUPLICATION OF EFFORTS AND COLLABORATION

Question 10: The SHD and Coalition in our state work jointly on our RPE efforts with no separation of strategies/activities. In looking at the NOFO, we were wondering if we would need to include a Duplication of Efforts attachment to our application? In the guidance, it says: "You must provide this attachment only if you have submitted a similar request for a grant, cooperative agreement, or contract to another funding source in the same fiscal year and it may result in any of the following types of overlap". Technically the coalition has not submitted a similar request, the SHD did. However, the projects we will include in the RPE Coalition NOFO will be the same as were included in the RPE SHD NOFO because we do all our prevention work jointly in our state. Please advise on whether you think we need to include that attachment. If we do need to include the attachment, could you please provide more information on what should be included?

Answer: 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 if:

(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.

Based on the facts you described in your question, you would need to supply a duplication of effort attachment. For pass-through, recipients should refer to <https://www.ecfr.gov/current/title-45/section-75.201>.

Question 11: For coalitions already working closely with their SHD and receiving pass-through funds for CE-24-0027, will guidance be provided on how best to navigate both RPE grants/funding?

Answer: Yes, the program will work with OGS to provide guidance on a case-by-case basis. Similarly to question #10, recipients should refer to <https://www.ecfr.gov/current/title-45/section-75.201> for pass-through.

Question 12: This application mirrors the SHD RPE grant application and encourages collaboration on many levels, including the state action and evaluation plans. As a state coalition that works symbiotically with our SHD on RPE, we are thrilled with this, as it makes perfect sense to work jointly on preventing sexual violence. Can we assume that CDC wants our projects to align and be collaborative since the goals in the two NOFOs are the same – and since in states such as ours, there are not enough funds separately in either RPE grant to fully implement projects without partnerships?

Answer: Yes, that is correct; for example, ***only one State Action Plan per state or territory is necessary. The SHD and SA Coalition should not work on separate plans.***

INDIRECT COST RATE

Question 13: Are subrecipients limited to the 5% administrative expense limit as well as the direct grantee?

Answer: If you receive the award, talk to your grants management specialist about what costs are allowed and not allowed for sub-recipients. However, if you're a CDC recipient, there's a rule under section 393B of the Public Health Service Act that says you can't spend more than 5% of the money you get each year on administrative expenses. This 5% limit replaces the indirect cost rate. But, if you calculate that your total indirect costs are less than 5% of what you received in the fiscal year, you can still submit and use an indirect cost rate.

Question 14: Could you talk more about indirect cost policies? The language of 10% MDTC for the de minimis rate feels like it conflicts with the language on the same page but right column (“total of direct and indirect administrative costs cannot exceed 5% of the amount awarded”).

Answer: The CDC commonly includes standardized language in its NOFOs. Congressional legislation 42 U.S.C. 280b-1b: Use of allotments for RPE stipulates that you can't spend more than 5% of the money you get each year on administrative expenses. This 5% limit replaces the indirect cost rate. You can still

submit and use an IDC rate if, after calculations, the total IDC is no more than 5% of the total received in the fiscal year.

OUTCOMES AND SCOPE OF WORK

Question 15: I have questions about the scope of work that can be accomplished with a grant of \$135,000. In our state that amount is less funds that the Public Health Department RPE grantees get each year to implement prevention in a specific community. In both the logic model's short term and intermediate outcomes and in Strategy 3: Implement SV prevention approaches, there is a goal to implement prevention with very few funds. Is the intention of this NOFO to use these funds to implement prevention programs, or is the intention to support the implementation of RPE program from the Public Health Department RPE program? Clearly Strategies 1, 2 and 4 are designed to support implementation of prevention strategies that include the Public Health Department's RPE program. Please clarify what the expectations are for Strategy 3: Implement SV prevention approaches. Is the intention to provide technical assistance and build/enhance prevention support system, or is it for actual implementation of prevention activities?

Answer: As outlined in the NOFO, the expectation is that Coalitions will collaborate closely with the SHD and other partners to accomplish most of the required activities. There is an intentional alignment between the strategies and activities of the RPE State Health Department NOFO and the RPE State, Territory, and Tribal Coalition NOFOs. The expectation is that the activities related to state action planning, data collection, and evaluation will be carried out collaboratively.

In addition, the NOFO expects recipients to meaningfully collaborate with a range of multi-sectoral partners to accomplish the NOFO's goals. For Strategy 3, which involves implementing sexual violence prevention approaches, the Coalition is required to carry out two programs, practices, or policy efforts selected from two of the three focus areas during the project period outlined in the NOFO.

There are various example programs, practices, and policy efforts that fit within these focus areas, and implementing them requires a wide range of resources. Therefore, the Coalition should identify two feasible efforts to implement with the available funding, ensuring alignment with the needs and priorities outlined in the state action plan. In addition, Coalitions are encouraged to identify partners and resources that can be utilized to implement these efforts.

Question 16: In the logic model (page 10-11), there are several short term and intermediate outcomes that we are asked to report on that are difficult areas to make an impact for a grant of \$135,000 a year, especially in a large state that we live in. Please clarify the expectation for the outcomes listed below. The other outcomes in the logic mode make sense for the size of the grant as they are about the grantees' capacity to identify and monitor. The outcomes below call for an actual change in prevention activities, reach and risk and protective factors:

- 3.1 Increased community and societal level implementation of SV prevention strategies*
- 3.2 Increased implementation of prevention strategies among communities and populations with disproportionately high rates of SV*
- 3.3 Increased implementation of prevention strategies that seek to prevent SV by addressing social and structural determinants of health*

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3.4 Increased reach of prevention strategies that impact communities and populations with disproportionately high rates of SV

3.6 Increase in protective factors and decrease in risk factors associated with SV*.

Answer: The Coalition is not expected to demonstrate how their specific NOFO activities are singularly responsible for changes in the logic model outcomes but to articulate how their activities helped to contribute to changes in the logic model outcomes – along with activities from other partners and organizations. In addition, as specified in the NOFO, the Coalition is expected to collaborate with the SHD to implement their evaluation plan with RPE-funded State Health Departments & tribal SA Coalitions.

Question 17: As a new person to the movement and this grant, in reviewing the NOFO, there seems to be a lot of pre-determined outcomes/ expectations, how flexible is CDC with the outcomes?

Answer: Recipients are required to include the outcomes into their evaluation plan and logic model, but they have flexibility in how they are measure them. The outcomes are written broadly enough that recipients can customize how they measure the outcomes to their specific activities and efforts. For example, the expectation is that recipients will identify specific risk and protective factors that are related to their activities, rather than measuring all possible risk and protective factors. Further guidance related to evaluation and outcomes measurement will be provided post-award.