

TB Elimination and Laboratory Cooperative Agreement  
CDC-RFA-PS30-2001  
NOFO July 2019

## You Have to Start Somewhere!

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## You Have to Start Somewhere!

### • Line Up Your Internal Resources

- Make your own supervisory staff aware that the NOFO is posted, the type of award and the due date for submission.
- Establish who your fiscal point person is within your organization who will assist you with this application to:
  - Verify fringe and indirect cost rates to prepare your budget,
  - Make sure your organization reviewers receive in plenty of time to get approval to submit to CDC (make sure they are aware it is a competitive award and the time frame it covers,
  - Find out who is authorized to submit the application (if you are not) and agree on the submission date (give yourself at least 24 hours in case of computer glitches).

**NOTE:** Establish communication preferences and share schedules as appropriate (including planned vacations).

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### • **Line Up Your Internal Resources**

- Identify your internal team; the people who you will or may need to help you with the application (your staff, your contracted partners, your colleagues from other programs i.e., HIV, STD, Laboratory)
  - **Example:** MD provides funding to 3 large morbidity local health departments through this co-ag. Have already reached out (with a due date) requesting assistance with a projected “true needs” budget from their perspective. Made them aware it is competitive award and will set the stage for next 5 years of funding.

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## You Have to Start Somewhere!

### • **Read Through the Document**

- **Note significant dates**
- **Note the language used throughout the description of required elements**
  - Be especially alert to key words such as “will”, “should”, “must”.
  - Don’t panic; no TB program can do everything (if they could we would not have any TB).
  - As you read keep in mind that a workplan is required so some of the “will” and “should” requirements can become part of the workplan which allows you to establish time frames for meeting requirements perhaps you are not currently resourced to do.

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### • Read Through the Document

#### • Note the bolded language and bullet points listed in the application and the language

- How many are you already addressing or planning to do?
- How many are realistic to your program?
- How many relate to your own local epidemiology?
- Who are potential partners that might factor into a workplan to address something you know should be addressed but you do not have the resources to do it alone? (Doesn't mean you need to contact them now.....maybe that is a Year 3 activity detailed in your overall workplan).
- Meet with your own staff and colleagues to address key bullet points. (It will probably be the first of several meetings or exchanges).
- Determine how you are going to divide the workload and when subsequent meetings to discuss/ review content will be held.

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Strategy/Activities	Year(s)	Outcomes
<b>1. Improved TB case detection and management</b>  Priority 1 – Identify individuals with suspected or confirmed TB disease and ensure standard and appropriate treatment regimens.	Years 1-5 – Standard Operating Activities <ul style="list-style-type: none"> <li>• Maryland requires all laboratories to report AFB smear and culture positive tests to the State lab.</li> <li>• Drug sensitivities are done by DHMH lab on all culture + specimens</li> <li>• Continue to seek expert guidance from the RTMCC for cases with MDR/XDR TB and other complex cases, as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain Standard Operating Activities as outlined in Years 1-5.</li> </ul>
	Year 1 <ul style="list-style-type: none"> <li>• Educate hospital IPs (Infection Preventionists) about TB reporting, connecting with the local health department TB program, case management, and directly observed therapy procedures.</li> <li>• Implement the inclusion of diabetic assessment and therapeutic drug monitoring for new TB cases, as indicated.</li> <li>• Provide guidance for LHDs regarding electronic DOT (eDOT).</li> </ul>	<ul style="list-style-type: none"> <li>• Educational webinar held for statewide hospital IPs.</li> <li>• Therapeutic drug monitoring and diabetic assessment included into standard case management.</li> <li>• Guidance provided to LHDs for eDOT.</li> </ul>
	Years 2-3 <ul style="list-style-type: none"> <li>• Evaluate the case management review process through CTBCP and the statewide TB Program Evaluation Team.</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation completed in Year 3.</li> </ul>
	Years 4-5	

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- **Read Through the Document**

- **Note any questions you have.**

- Realize that some questions may not be able to be answered unless they become part of DTBE official FAQ response.
    - Colleagues who are familiar with CDC may be helpful interpreting or sharing how they responded to similar types of language in their own applications.

- **Keep in touch with your project officer to the extent they will permit you to; they may be able to facilitate an official response to questions.**

- Understand that they are not your enemies in this process, but are under constraints when it comes to discussing the NOFO.

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- **Initiating the Writing**

- Write notes to yourself.
  - Group discussions; assign someone to keep notes to share.
  - Establish some kind of shared electronic workspace to use for notes, drafts, edits, revisions.
  - Use the suggested language in Table of Contents, the Logic Model provided and all the bolded language and bullet points to identify sections of your application to the extent you can.
  - Edit for length as you go along, but hold major editing for length later in the process.
  - Find an internal reviewer for narrative who is familiar with writing grants if you can OR have internal staff review sections they did not help write.
  - Recognize there will be repetition in different sections. If they ask you to repeat .....REPEAT!

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## You Have to Start Somewhere!

- **DO NOT PANIC**
- **Use the Provided Estimator to Establish Budget Parameters**
  - Realize this is the rough ballpark number CDC is going to use and so don't ask for less.
  - Understand this is not a guaranteed number and budget rewrites are sometimes requested after review.
- **Recognize and address (briefly) those NTIPS that are not likely to change immediately no matter what you do.**
  - **Example:** With over 80-85% case rate in FB, many older and with underlying co-morbidities we see lots of drug intolerance, drug holidays, use of second-line meds and therefore have a higher % of patients than we would like who take > 12 months to complete treatment. That is not likely to change for us.

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## Thank You and Good Luck!

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