



**CENTERS FOR DISEASE™  
CONTROL AND PREVENTION**

**Centers for Disease Control and Prevention**

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

Preventing Violence Affecting Young Lives (PREVAYL)

CDC-RFA-CE21-2104

05/01/2021

## Table of Contents

A. Funding Opportunity Description .....	3
B. Award Information .....	24
C. Eligibility Information .....	26
D. Application and Submission Information .....	27
E. Review and Selection Process .....	39
F. Award Administration Information .....	44
G. Agency Contacts .....	50
H. Other Information .....	51
I. Glossary .....	52

### Part I. Overview

Applicants must go to the synopsis page of this announcement at [www.grants.gov](http://www.grants.gov) and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-CE21-2104. Applicants also must provide an e-mail address to [www.grants.gov](http://www.grants.gov) to receive notifications of changes.

#### A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

#### B. Notice of Funding Opportunity (NOFO) Title:

Preventing Violence Affecting Young Lives (PREVAYL)

#### C. Announcement Type: New - Type 1:

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

#### D. Agency Notice of Funding Opportunity Number:

CDC-RFA-CE21-2104

#### E. Assistance Listings (CFDA) Number:

93.136

#### F. Dates:

##### 1. Due Date for Letter of Intent (LOI):

N/A

##### 2. Due Date for Applications:

05/01/2021

11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov).

### **3. Due Date for Informational Conference Call:**

This call will be for eligible applicants (see Eligibility Section) on **Thursday, April 8, 2021, 1:30PM - 3:00PM EST.**

You **MUST** register to access the webinar at

<https://cdc.zoomgov.com/meeting/register/vJIsd--vqTwuErEBL7wFguoKO3NwtgbodSM>

One tap mobile

+16692545252,,1610677748#,,,,,0#,,02635069# US (San Jose)

+16468287666,,1610677748#,,,,,0#,,02635069# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 551 285 1373 US

+1 669 216 1590 US (San Jose)

Meeting ID: 161 067 7748

Passcode: 02635069

Find your local number: <https://cdc.zoomgov.com/u/aJnzoeb9g>

If you are having trouble **registering** for or accessing the webinar, please contact the Agency Contact for this NOFO, Corey Lumpkin, [clumpkin@cdc.gov](mailto:clumpkin@cdc.gov); 770-488-1275.

The purpose of this conference call/webinar is to help potential applicants understand the scope and intent of this Program Announcement: Preventing Violence Affecting Young Lives (PREVAYL). Participation on the conference call is not mandatory. Potential applicants are requested to call using only one telephone line. A Frequently Asked Questions document will be made available following the call. Because this is a competitive process, applicants should follow the requirements for this program as they are described in the funding announcement and any related amendments. Applicants who want to submit questions prior to the call, or should applicants find they have additional questions or need clarification after the call, please see the Agency Contact listed at the end of this Notice of Funding Opportunity (NOFO).

## **G. Executive Summary:**

### **1. Summary Paragraph**

This NOFO will address multiple forms of violence impacting adolescents and young adults in communities with high rates of violence. This includes youth violence, teen dating violence, and other adverse childhood experiences (ACEs), as well as conditions that put communities at greater risk for violence. Recipients of this NOFO should address risk factors such as social determinants of health (e.g., concentrated poverty, limited educational/employment opportunities) and racial inequity. This is accomplished by implementing complementary prevention strategies at outer levels of the social-ecological model to prevent and decrease the rates of violence in high burden communities (see Glossary). Recipients of this NOFO will be tasked with implementing at least 2 strategies at the community/societal level. One of the

strategies must be a public engagement and education campaign that addresses multiple forms of violence in the target population (adolescents and young adults ages 10-24). Recipients will also be expected to enhance a current/active jurisdiction-level strategic plan that integrates multiple forms of violence impacting adolescents and young adults; evaluate implementation quality, reach, and impact based on short-term and intermediate outcomes, and participate in a multi-sector coalition.

**a. Eligible Applicants:**

Open Competition

**b. Funding Instrument Type:**

CA (Cooperative Agreement)

**c. Approximate Number of Awards**

8

**d. Total Period of Performance Funding:**

\$ 10,000,000

**e. Average One Year Award Amount:**

\$ 250,000

**f. Total Period of Performance Length:**

5

**g. Estimated Award Date:**

September 01, 2021

**h. Cost Sharing and / or Matching Requirements:**

No

**Part II. Full Text**  
**A. Funding Opportunity Description**  
**1. Background**

**a. Overview**

Youth violence is the intentional use of physical force or power to threaten or harm others by young people ages 10-24. It has serious and lasting effects on the physical, mental, and social health of young people, and is the 3<sup>rd</sup> leading cause of death for young African American males (10-24 years of age) and the 2<sup>nd</sup> leading cause for young African American females (ages 10-24), and results in more than 400,000 (21.9%) nonfatal injuries each year. CDC's 2019 Youth Risk Behavior Survey (YRBS) found that 8.2% of high school students were in a physical fight during the 12 months before the survey; 15.7% of high school students were electronically bullied during the 12 months before the survey; and 19.5% of high school students were bullied on school property during the 12 months before the survey.

Risks among African American males, as both perpetrators and victims, are elevated across the continuum of aggressive behaviors as indicated in epidemiological evidence (e.g., Whaley and McQueen, 2019). Homicide has been the leading cause of death for African American youth for more than four decades. Based on data from the 2019 Youth Risk Behavior Survey (YRBS), black, non-Hispanic and Hispanic youth were more likely to carry a weapon on school property (*Such as a gun, knife, or club, on at least 1 day during the 30 days before the survey.*) and carry a gun (*On at least 1 day during the 12 months before the survey, not counting the days when they*

carried a gun only for hunting or for a sport, such as target shooting.) compared to white, non-Hispanic youth (CDC, 2020).

This NOFO will allow for the implementation of complementary community and societal level strategies, and address social determinants of health and racial inequity to prevent violence impacting adolescents and young adults in order to decrease the high rates of violence (e.g. in communities of color) and sustain widespread impact and reach of violence prevention strategies. It builds on the accomplishments and outcomes achieved in CDC-RFA-CE16-1605, Addressing Teen Dating and Youth Violence Through Shared Risk and Protective Factors, and places an emphasis on outer-level (community and societal level) strategies.

- Community-level strategies are those strategies that target the characteristics of settings (e.g., schools, workplaces, and neighborhoods) that increase the risk for or protect people from violence particularly the social, economic, and environmental characteristics of settings.
- Societal-level strategies are those strategies that look at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms that support violence as an acceptable way to resolve conflicts. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society.

Whaley and McQueen (2019). Evaluating Africentric Violence Prevention for Adolescent Black Males in an Urban Public School: An Idiographic Approach. *Journal of Child and Family Studies* (2020) 29:942–954 <https://doi.org/10.1007/s10826-019-01637-9>.

Centers for Disease Control and Prevention. (2020). Youth Risk Behavior Surveillance — United States, 2019 Supplementary Tables [https://www.cdc.gov/healthyyouth/data/yrbs/2019\\_tables/pdf/2019\\_MMWR-SS\\_Tables.pdf](https://www.cdc.gov/healthyyouth/data/yrbs/2019_tables/pdf/2019_MMWR-SS_Tables.pdf) Accessed 8 December 2020.

### **b. Statutory Authorities**

Sections 301(a) and 392(a)(1) and (b)(1) and (2) of the Public Health Service Act (PHS Act), 42 U.S.C. 241(a) and 280-0(a)(1) and (b)(1) and (2)

### **c. Healthy People 2030**

*This NOFO addresses the following Healthy People objectives:*

- Reduce sexual or physical adolescent dating violence – [IVP-18](#)
- Reduce homicides – [IVP-09](#)
- Reduce nonfatal physical assault injuries — [IVP-10](#)
- Reduce physical fighting among adolescents – [IVP-11](#)
- Reduce gun carrying among adolescents — [IVP-12](#)
- Reduce the rate of minors and young adults committing violent crimes – [AH-10](#)
- Reduce adolescent sexual violence by anyone – [IVP-17](#)

- Reduce the rate of adolescent and young adult victimization from violent crimes – [AH-R11](#)
- Reduce the proportion of adolescents and young adults who aren't in school or working — [AH-09](#)
- Reduce the proportion of people living in poverty — [SDOH-01](#)
- Increase the proportion of schools with policies and practices that promote health and safety — [EH-D01](#)

**d. Other National Public Health Priorities and Strategies**

This NOFO aligns with the health topical priorities of the National Health Initiatives, Strategies & Action Plans. Specifically, it supports the [National Strategies for Suicide Prevention: Goals and Objectives for Action](#), the [HHS Action Plan to Reduce Racial and Ethnic Health Disparities](#), and the [National Stakeholder Strategy for Achieving Health Equity](#), and [CDC’s National Center for Injury Prevention and Control’s research priorities](#) including priorities that are specific to child abuse and neglect, cross-cutting, intimate partner, sexual, and self-directed violence prevention impacting adolescents and young adults.

**e. Relevant Work**

- [Preventing Teen Dating and Youth Violence by Addressing Shared Risk and Protective Factors](#)
- [Dating Matters: Strategies to Promote Healthy Teen Relationships](#)
- [CDC’s A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors](#)
- [CDC’s Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices](#)
- [CDC’s Preventing Adverse Childhood Experiences \(ACEs\): Leveraging the Best Available Evidence](#)
- [Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017](#)

**2. CDC Project Description**

**a. Approach**

**Bold** indicates period of performance outcome.

CDC-RFA- CE21-2104 Logic Model: Preventing Violence Affecting Young Lives (PREVAYL)

**Bold** indicates period of performance outcome.

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<b>Activity 1: Outer SEM Level Strategy Implementation</b> <ul style="list-style-type: none"> <li>• Implement at least 2 complementary strategies at the Community/Societal level</li> </ul>	<b>1.1 Increased implementation of prevention strategies that address multiple forms of violence</b>	<b>1.4 Decreased risk and increased protective factors with multiple</b>	Sustained, widespread impact, and reach of violence prevention strategies in communities with

<ul style="list-style-type: none"> <li>• Address social determinants of health and racial inequity</li> </ul> <p><b>Activity 2: Strategic Collaboration and Sustainability</b></p> <ul style="list-style-type: none"> <li>• Enhance a current/active jurisdictional violence prevention strategic plan that addresses violence impacting adolescents and young adults</li> <li>• Align a strategic plan with a state violence prevention action plan</li> <li>• Engage and build the capacity of a current/active and functioning multi-sector coalition</li> <li>• Develop and initiate a sustainability plan</li> </ul> <p><b>Activity 3: Program Evaluation</b></p> <ul style="list-style-type: none"> <li>• Plan and conduct process and outcome evaluation</li> <li>• Facilitate use of data for program improvement and prioritizing prevention activities</li> <li>• Translate data into action and disseminate to broader audience</li> </ul>	<p><b>impacting adolescents and young adults</b></p> <p><b>1.2 Increased reach of prevention strategies that address multiple forms of violence impacting adolescents and young adults</b></p> <p><b>1.3 Increased implementation of strategies that address health and racial inequity</b></p> <p><b>2.1 Increased awareness about the intersection between violence and social determinants of health and racial inequity and its impact on adolescents and young adults</b></p> <p><b>2.2 Enhanced strategic plan activities that address multiple forms of violence in communities with high rates of violence</b></p> <p><b>2.3 Increased coordination and</b></p>	<p><b>forms of violence impacting adolescents and young adults</b></p> <p><b>2.4 Increased engagement and commitment by multi-sector coalition to prevent violence impacting adolescents and young adults</b></p> <p><b>2.5 Increased alignment with state and local violence prevention priorities</b></p> <p><b>2.6 Increase capacity of coalitions to prevent multiple forms of violence impacting adolescents and young adults</b></p> <p><b>3.2 Increased sharing and use of data for action (e.g., prioritize, monitor, and</b></p>	<p>high rates of violence</p> <p>Decreased rates of violence impacting adolescents and young adults in communities disproportionately burdened with high rates of violence</p> <p>Improved health and social outcomes that have been linked to ACEs</p> <p>Decreased inequalities in power, access, opportunities, treatment affecting communities disproportionately burdened with high rates of violence</p>
---	---	---	--

	<b>collaboration between LHD and other multi-sector coalition and promote sustainability</b>  <b>3.1 Increased evaluation and translation, access to, and tracking of data</b>	<b>improve prevention activities and awareness)</b>	
--	--	---	--

*Program Logic Model*

Applicants shall submit a logic model with their application. The logic model must clearly illustrate and specify the problem to be addressed and the linkages and relationships between selected prevention strategies, activities, and outcomes; and should align with the NOFO logic model to the maximum extent possible but should not replicate it. The above NOFO logic model depicts a high-level view of the relationship among the NOFO activities and intended outcomes. Short-term and intermediate outcomes are expected to be achieved during the period of performance. The applicant’s logic model shall describe their plans to use CDC funds to achieve sustained, widespread impact, and reach of violence prevention strategies that address multiple forms of violence impacting adolescents and young adults in communities with high rates of violence. At a minimum, the logic model must include specific prevention strategies that address the outer levels of the social ecological model (as described under strategies and activities) and specific risk and protective factors that the applicant will address through the Preventing Violence Affecting Young Lives (PREVAYL) program. The logic model must also include associated short-term, intermediate and long-term outcomes as related to the above NOFO logic model.

**i. Purpose**

The purpose of this funding is to address multiple forms of violence impacting adolescents and young adults by implementing prevention approaches with an emphasis on the outer levels of the social-ecological model (i.e., community/societal levels). Recipients must implement community/societal level strategies and approaches that address multiple forms of violence impacting adolescents and young adults, develop and/or enhance a jurisdictional violence prevention strategic plan, develop and implement an evaluation plan, develop a sustainability plan, and participate in a multi-sector coalition.

**ii. Outcomes**

Recipients are expected to achieve the following short-term outcomes within the first 2 years of the period of performance:

- 1.1 Increased implementation of prevention strategies that address multiple forms of violence impacting adolescents and young adults based upon the best available evidence
- 1.2 Increased reach of prevention strategies that address multiple forms of violence impacting adolescents and young adults based upon the best available evidence



- 1.3 Increased implementation of strategies that address health and racial inequity
- 2.1 Increased awareness about the intersection between violence and social determinants of health and racial inequity and its impact on adolescents and young adults
- 2.2 Enhanced strategic plan activities that address multiple forms of violence in communities with high rates of violence
- 2.3 Increased coordination and collaboration between LHD and other multi-sector coalition and promote sustainability
- 3.1 Increased evaluation and translation, access to, and tracking of data

Recipients are expected to achieve the following intermediate outcomes within 3 to 5 years of the period of performance:

1.4 Decreased risk and increased protective factors with multiple forms of violence impacting adolescents and young adults, specifically:

- Increased healthy relationships and positive connections
- Improved community connectedness, cohesion and resiliency
- Increased healthy and positive norms that protect against violence
- Improved social, economic, and environmental factors and conditions that give rise to adversity and violence (e.g., lower rates of unemployment and housing stability)
- Decreased social isolation/lack of social support
- Decreased family conflict

2.4 Increased engagement and commitment by multi-sector coalition to prevent violence impacting adolescents and young adults

2.5 Increased alignment with state and local violence prevention priorities

2.6 Increase capacity of coalitions to prevent multiple forms of violence impacting adolescents and young adults

3.2 Increased sharing and use of data for action (e.g., prioritize, monitor, and improve prevention activities and awareness)

### **iii. Strategies and Activities**

This NOFO aims to address multiple forms of violence impacting adolescents and young adults in high-risk communities (see Glossary) by implementing prevention approaches, with emphasis at the outer levels of the social ecological model (SEM) (i.e., community and societal levels).

Using these approaches, recipients are expected to implement community and societal level prevention strategies and approaches that address multiple forms of violence impacting adolescents and young adults, develop and/or enhance a jurisdictional violence prevention strategic plan, develop and implement an evaluation plan, develop a sustainability plan, and participate in a multi-sector coalition.

Applicants must propose at least 2 community/societal-level programs, policies, and/or practices that align with strategies and approaches from [CDC's technical packages](#) . One of these must be a public engagement or public education campaign that addresses multiple forms of violence impacting adolescents and young adults in the target population (adolescents and young adults ages 10-24) with emphasis at the outer levels of the SEM; collaborate and coordinate a violence prevention strategic plan with multisector partners to expand and sustain violence prevention;

conduct process and outcome evaluation; and translate data into action and facilitate the use of data. **While this NOFO is focused on the implementation of prevention strategies at the outer levels of SEM, applicants are expected to demonstrate ongoing sustained effort/activities of prevention strategies at the inner levels of the SEM (individual and relationship). The implementation of the outer level strategies of this NOFO must complement current effort/activities of inner level strategies.** Implementation of more than two programs, policies, and/or practices is encouraged, but not required.

Recipients must begin implementation of at least 1 program, policy, and/or practice within the first 6 months of the project and the remaining programs, policies, and/or practices by the beginning of Year 2 of the project. Recipients can work with CDC during the first six month to enhance the implementation plans and finalize the plan to evaluate the collective efforts. The recipients must demonstrate use of the public health approach (see Glossary) in planning the overall prevention approach and selecting the prevention strategies (see [Violence Prevention in Practice](#) for more information in planning a prevention approach). Moreover, recipients must submit an overall logic model for their collective efforts and prevention strategy implementation plans for the selected strategies. A template is provided in the Work Plan Section.

The sections that follow describe the activities that recipients are expected to do, the information expected at application to demonstrate use of a public health approach to planning the overall prevention efforts of this NOFO and selecting their prevention strategies, and the criteria required of the selected prevention strategies.

The NOFO has three areas of activities: 1) Strategy Implementation, 2) Strategic Collaboration and Sustainability, and 3) Program Evaluation. In addition to participating in CDC's technical assistance, meetings, and evaluation activities, recipients will coordinate with a current/active multi-sector coalition, steering committee, community advisory board, or similar collaborative entity to complete the ongoing three areas of activities for this NOFO as specified in their annual NOFO *work plan*. Recipients will work with this entity to facilitate and coordinate strategic planning, implementation, evaluation, and sustainability planning and expand violence prevention efforts impacting adolescents and young adults in *communities of color* (see Glossary). This expansion can include integration of all forms of violence impacting adolescents and young adults in communities with a high risk of violence into current/active prevention efforts, expanding reach to additional individuals or communities, or increasing intensity.

- **Strategy Implementation:** Implement at least 2 programs, policies, and/or practices that align with strategies and approaches from CDC's technical packages, with one being a social marketing or public education campaign at the outer levels of the SEM that address violence impacting adolescents and young adults in the target population (adolescents and young adults ages 10-24) [See Table 1].

Recipients are expected to begin their implementation of at least one of their selected policies, programs, and/or practices within the first 6 months from the start of the NOFO period of performance. Implementation of the remaining proposed policies, programs, and/or practices

must be started by the beginning of Year 2 of the project.

- At the time of application, applicants are expected to select prevention strategies and develop implementation plans for each program, policy, and/or practice. The prevention strategy implementation plans outline in detail the critical considerations and steps in developing and starting implementation of each prevention strategy. The process allows recipients to proactively consider challenges and critical factors to the success of the prevention strategy and help them prepare and be ready to implement and address challenges and unanticipated events. In addition, it allows recipients to consider components to evaluate to inform continuous program improvement of the prevention strategy. A template is provided in the Work Plan Section of this NOFO.
- Within the first 6 months from the start of the NOFO period of performance, recipients must finalize the prevention strategy implementation plans. Recipients can refine the implementation plans for the selected prevention strategies submitted in the application with the support of CDC's technical assistance and subject matter experts. This refinement is to ensure that the implementation of the prevention strategies is addressing the community's needs, all forms of violence impacting adolescents and young adults in communities with high burdens of violence, and linking specified outcomes in recipient's logic models as described in the section below on using a public health approach.
- Within the first 6 months from the start of the NOFO period of performance, recipients are expected to finalize the logic model submitted at the time of application. This logic model describes the recipient's collective efforts for this NOFO as specified in the Outcomes section. The logic model for the collective efforts must be aligned with the NOFO's goals and logic model and must clearly illustrate the linkages and relationships among specified outcomes, collective approach, and their selected prevention strategies and activities.
- Throughout the period of performance, recipients are expected to continue implementation and to expand implementation and reach according to their goals, objectives, and plans. The prevention strategy implementation plans may be updated based on data and feedback obtained from evaluation activities and CDC's continuous program improvement activities. If these plans are updated, then recipients must submit updated prevention strategy implementation plans with the annual continuation application. As part of the evaluation, recipients should track planned and field adaptations to the implementation of the prevention strategies in the field. CDC will provide further guidance and tools for the evaluation and performance measurement after the start of the award.
- Throughout the period of performance, recipients are expected to participate regularly in CDC's technical assistance, monitoring meetings, and other support such as community of practice or consultation with CDC subject matter experts to promote the implementation quality, reach, and sustainability of the prevention strategies.

Below are examples of strategies and approaches that can be implemented at community and societal levels of the social-ecological model. The strategies and approaches listed in the table below address multiple forms of violence impacting adolescents and young adults, including teen dating violence. Recipients may also choose to implement a novel program that meets the following implementation and evaluation criteria:

- Either has documented evidence of effectiveness; or is grounded in theory, has shown preventive effects through a less rigorous evaluation for the targeted population, and has been successfully implemented prior to the time of application
- Address shared risk and protective factors of violence impacting adolescents and young adults
- Demonstrates a link between the theory of the strategy and intended outcomes
- Has implementation materials available to practitioners
- Is feasible to implement and expand in a practice setting

<b>Table 1: Strategy Implementation (Community/Societal Level)</b>		
<b>Strategy</b>	<b>Approach</b>	<b>Example Programs, Policies, and Practices</b>
Create Protective Community Environments	<ul style="list-style-type: none"> <li>• Modify the physical and social environment</li> <li>• Reduce exposure to community-level risks (e.g., policies to reduce excessive alcohol use and zoning policies to limit the density of alcohol outlets</li> <li>• Street outreach and community-norm change</li> <li>• Improve school climate and safety</li> </ul>	<ul style="list-style-type: none"> <li>• Crime Prevention Through Environmental Design (<a href="https://www.cpted.net/">https://www.cpted.net/</a>)</li> <li>• Cure Violence (<a href="https://cvg.org/">https://cvg.org/</a>)</li> <li>• Shifting Boundaries –Building Component</li> <li>• Business Improvement Districts (<a href="https://www.pps.org/article/bid-2">https://www.pps.org/article/bid-2</a>)</li> <li>• Low Income Housing Tax Credits</li> </ul>

<p>Promote Social Norms that Protect Against Violence and Adversity</p>	<ul style="list-style-type: none"> <li>Public engagement and education campaigns</li> </ul> <p>(e.g., use of communication strategies such as framing Bystander Approaches</p> <ul style="list-style-type: none"> <li>Mobilizing men and messaging or social marketing and social media) boys as allies</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">i2i What R U Looking 4?</a> (Dating Matters)</li> <li><a href="#">No More</a></li> <li><a href="#">That's Not Cool</a></li> <li><a href="#">Be The One</a></li> <li><a href="#">MenCare (Promundo)</a></li> <li><a href="#">Pride, Peace, &amp; Prevention</a></li> <li><a href="#">Green Dot</a></li> <li><a href="#">Men and Boys as Allies</a></li> <li><a href="#">Bringing the Bystander</a></li> </ul> <p>The above hyperlinks are example campaigns that have been implemented for violence prevention programs. Any campaign must be developed to address the target population and forms of violence impacting adolescents and young adults being addressed.</p>
<p>Strengthening Economic Supports for Families</p>	<ul style="list-style-type: none"> <li>Strengthen household financial security</li> <li>Family-friendly work policies</li> </ul>	<ul style="list-style-type: none"> <li>Tax credits (e.g., Earned Income Tax Credit, Child Tax Credits)</li> <li>Paid leave policies</li> <li>Flexible and consistent work schedules</li> </ul>

Recipients should consider adaptations to the programs, policies, practices selected to ensure that they address shared risk and protective factors and multiple forms of violence impacting adolescents and young adults, racial inequity, social determinants of health, and structural violence. Additionally, it is important to bolster engagement and leadership in prevention activities and empower adolescents and young adults to be part of the solution. Specific information on how to use essential elements to adapt violence prevention approaches can be found on [Violence Prevention in Practice](#) /adaptation.

Recipients should plan to work closely with partner organizations to implement selected strategies. Recipients should also seek opportunities to have enhanced impact and reach with their prevention strategies. This may include increased data collection and evaluation opportunities, and/or increased reach to uncommon implementation settings.

For more information about these programs, see:

- Center for the Study and Prevention of Violence’s Blueprints for Healthy Youth Development <http://www.colorado.edu/cspv/blueprints/index.html>
- Centers for Disease Control and Prevention’s A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Behaviors - <https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf>

- Centers for Disease Control and Prevention’s Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence - <https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf>
- Centers for Disease Control and Prevention’s Preventing Child Abuse & Neglect: A Technical Package for Policy, Norm, and Programmatic Activities - <https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>
- Centers for Disease Control and Prevention’s Preventing Intimate Partner Violence Across the Lifespan: A Technical Package for Programs, Policies, and Practices - <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>
- Centers for Disease Control and Prevention’s STOP SV: A Technical Package to Prevent Sexual Violence - <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>
- Centers for Disease Control and Prevention’s STRYVE Selector Tool: <https://vetoviolence.cdc.gov/apps/stryve/>
- Centers for Disease Control and Prevention’s Violence Prevention in Practice - <https://www.cdc.gov/violenceprevention/pub/technical-packages-best-practices.html>
- Dating Matters Interactive Guide to Informing Policy <https://vetoviolence.cdc.gov/apps/datingmatterspolicy/>
- Department of Justice’s Crime Solutions, <http://www.crimesolutions.gov/>
- SAMHSA’s National Registry of Evidence-Based Programs and Practices, <https://www.samhsa.gov/ebp-resource-center>
- Violence Prevention in Practice - <https://vetoviolence.cdc.gov/apps/violence-prevention-practice/#/>

**Strategic Collaboration and Sustainability:** Collaborate and coordinate a violence prevention strategic plan with multisector partners to expand and sustain violence prevention **activities**.

Recipients are expected to enhance a current/active city, county, or other jurisdictional violence prevention strategic plan that addresses violence impacting adolescents and young adults, particularly in communities with high rates of violence. Recipients are also expected to align their strategic plan with a state violence prevention action plan (e.g., Rape Prevention and Education, Essentials for Childhood, DELTA Impact or Preventing Adverse Childhood Experiences: Data to Action initiatives). Implementation of the enhanced strategic plan should begin by Year 2.

Partnership with a multi-sector coalition is essential to the success of the overall project. Recipients are expected to work with a current/active and functioning multi-sector coalition that supports the prevention of violence impacting adolescents and young adults in communities of color, and the planning, implementation, and evaluation process of a strategic plan. The multi-sector coalition should seek to include representation from sectors that support work in communities with a high risk of violence including, but not limited to education and adolescents and young adult-serving agencies, family and social services, public safety and juvenile justice, mental health, labor, faith-based organizations, and local businesses. The collaboration of local health departments and local public safety organizations is strongly recommended.

Before the end of the NOFO period of performance, recipients are expected to engage in a process to plan for sustainability and develop and initiate a *sustainability plan* (see Glossary). The sustainability planning includes identifying the necessary financial, human, and time resources needed to implement the city, county, or other jurisdictional violence prevention strategic plan, and sustain the coalition and the programs, policies, and/or practices that were successfully implemented during the project.

- Within the first 6 months of the period of performance, each recipient will collaborate with a current/active multi-sector coalition, steering committee or community advisory board, or similar collaborative entity to enhance a current/active city, county, or other jurisdictional violence prevention strategic plan. This strategic plan that will be enhanced will be focused on multiple forms of violence.
  - The current/active *city, county, or other jurisdictional violence prevention strategic plan* should include the following elements (A checklist of items for each element is in the Glossary).
    - Details about the implementation of the activities, including timeline and responsible parties, in the strategic plan.
    - A **vision** for the community.
    - A **needs and assets assessment** that assesses the community's needs and assets including local data and data sources as well as the human and financial resources to support implementation of the city, county, or other jurisdictional violence prevention strategic plan.
    - The identification and selection of **critical issues** based on the needs and asset assessments, environmental scan, and/or other assessments.
    - The identification and selection of **goals and strategies** to address the community's identified critical issues. Programs, policies, and/or practices must be relevant to the community.
  - The enhancement should include the following items:
    - the prioritization of primary prevention at the outer levels of the social-ecological model;
    - a description of how violence impacting adolescents and young adults be addressed through shared strategies;
    - the role of the multi-sector coalition;
    - a sustainability plan; and
    - a demonstration of alignment opportunities with the corresponding state's [RPE Program](#) action, and other state and/or local priorities. [DELTA Impact](#) and [Essentials for Childhood Program's](#) state action plans should also be considered if applicable.
- Throughout the period of performance, recipients are expected to continue to collaborate with the current/active multi-sector coalition, steering committee or community advisory board, or similar collaborative entity to implement the enhanced *city, county, or other jurisdictional violence prevention strategic plan* with assistance from CDC's subject matter experts and scientists. This process will ensure consistency in plans to measure improvements in organizational and community capacity; tracking implementation

process such as program fidelity, dosage, and reach within the given community; and finally plans to track trends and rates for violence impacting adolescents and young adults to capture program impact within the community.

- Before the end of the period of performance, recipients are expected to finalize and initiate implementing the sustainability plan. Before the end of the NOFO project recipients must implement a plan to sustain the necessary resources (e.g., financial, human, time, partnership/coalition) needed to implement and evaluate the public health approach beyond the period of performance, and sustain the coalition and the programs, policies, and/or practices that were successfully implemented during the project. The plan should describe strategies and activities that recipients will take to build upon and strengthen their prevention efforts. These may include integrating prevention efforts of violence impacting adolescents and young adults with other topic areas, initiating and maintaining partnership or collaboration with other sectors or agencies, collecting and using data for planning and action, and ensuring adequate support or resources.

**Program Evaluation:** Develop and implement a process and outcome evaluation plan.

Recipients are expected to evaluate both process and outcomes of all NOFO activities. As part of this, they will:

- Develop a logic model that specifies the selected approaches and outcomes and aligns with, but does not replicate the CDC logic model
- Develop and implement an evaluation plan that includes all components of NOFO activities, including selected prevention strategies, strategic collaboration and sustainability and evaluation activities
  - This plan must include an approach to continuous program improvement, including the process of how data will be accessed and used, and how they will engage stakeholders in program improvement practice, the methods that they will use, and how they will share lessons learned and ensure use
  - This plan must include how data sources will be identified, accessed, and used for their evaluation (e.g., MOU or data sharing with partners)
  - This plan must include how qualitative and quantitative indicators will be identified, tracked, and reported their evaluation for all components of NOFO activities.
- Develop and implement a plan to translate evaluation findings into actionable items (e.g., policy impact statements, programmatic lessons learned, or other translation products)
- Use and facilitate use of their data for planning and improvement among program stakeholders (e.g., adaptation and fidelity for improving implementation quality or using data to prioritize prevention activities)
- Ensure appropriate evaluation capacity to complete these activities
- Within the first 6 months from the start of the NOFO period of performance, recipients are expected to work with CDC to refine, finalize, and start implementing the evaluation plan aligned with the evaluation approach of the overall NOFO. This includes working to



develop, operationalize, establish a system or process (as necessary), and start the measurement, collection, and monitoring of the performance, process, and outcome indicators and related measures. This may include working to select, operationalize, establish a system or process (as necessary) to measure, collect and monitor performance, process, and outcome indicators and related measures.

- Within the first 6 months from the start of the NOFO period of performance, recipients are expected to participate in CDC's baseline capacity assessment to inform technical assistance, sustainability planning, and CDC's evaluation of the NOFO.
- Throughout the period of performance, recipients are expected to continue to implement the evaluation plan to measure and track the process (e.g., implementation, quality, and reach) and outcomes related to the collective efforts of their NOFO activities. The evaluation plan may be updated using data, lessons learned, and rapid feedback provided by CDC. The submitted information on performance milestones related to their NOFO activities in the annual NOFO work plan allows CDC to monitor the recipients' activities and their achievement of the project goals, objectives, and activities for this NOFO.
- Throughout the period of performance, recipients are expected to submit annually the process and outcome indicators and related measures with the Annual Performance Report (APR). In addition, recipients must submit key performance milestones related to their NOFO activities in the annual NOFO work plan, so that CDC can monitor the recipients' activities and their achievement of the project goals, objectives, and activities for this NOFO. By the end of the first year, their submission with the APR will be the baseline. CDC will provide further guidance and information about evaluation and performance measurement post award.
- Throughout the period of performance, recipients are expected to assist CDC with obtaining and tracking publicly available data on victimization and perpetration rates of violence impacting adolescents and young adults in the target population (adolescents and young adults ages 10-24) so that CDC can track, monitor, and evaluate the outcomes of the NOFO.
- Throughout the period of performance, recipients are expected to participate in CDC's evaluation of the NOFO such as qualitative interviews with stakeholders (including recipients and their partners) to further understand the process, critical factors, and context associated with implementing a public health approach to prevent violence impacting adolescents and young adults by addressing shared risk and protective factors across the outer levels of the social ecological model using prevention strategies based on best available evidence.
- Throughout the period of performance, recipients are expected to participate in the CDC's annual capacity assessment to monitor the improvement of recipients' capacity over the NOFO period of performance. Recipients are expected to use capacity assessment data to understand and leverage strengths, assets, and opportunities to implement and evaluate the public health approach, and to sustain these efforts beyond the period of performance. This will help CDC provide responsive technical assistance and rapid feedback for continuous program improvement to help recipients develop and

initiate a plan to sustain integrated efforts to prevent multiple forms of violence impacting adolescents and young adults in communities with high burden of violence.

- Throughout the period of performance, recipients are expected to engage in a process with CDC to develop and implement a sustainability plan to sustain the necessary resources (e.g., financial, human, time, partnership/coalition) to continue, expand, and sustain current prevention program efforts and their reach beyond the period of performance. In this plan, recipients are encouraged to document efforts to supplement funding from sources outside CDC, and other partnerships not already captured as part of the NOFO.
- Throughout the period of performance, recipients are expected to use data such as performance measurement and CDC's rapid feedback for continuous program improvement of the ongoing implementation and evaluation of their efforts. Recipients can update their implementation and evaluation plan as necessary and must submit the revised plans at the time of the continuation applications.
- Throughout the period of performance, recipients are expected to participate in CDC's annual meeting or site visits, community of practice, monthly monitoring meetings or conference calls, technical assistance or training events (e.g., webinars) provided through the Violence Prevention Technical Assistance Center (VPTAC), and other check-ins to increase recipient's capacity to implement the strategy for the NOFO.
- Throughout the period of performance, recipients are expected to work with CDC to plan, use, and share findings and lessons learned with key stakeholders and broader audience and the field (practice and scientific audience) to inform future similar efforts through a variety of methods (e.g., peer-reviewed publication, brief reports, aggregated reports).

Recipients are encouraged to use the following CDC's National Center for Injury Prevention and Control Resources to prioritize, plan, and implement the strategies and activities associated with this NOFO.

- *Division of Violence Prevention*, <http://www.cdc.gov/ViolencePrevention/index.html>
- *Connecting the Dots*, [http://www.cdc.gov/violenceprevention/pdf/connecting\\_the\\_dots-a.pdf](http://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf)
- *CDC Bullying Compendium*, <https://www.cdc.gov/violenceprevention/pdf/bullycompendium-a.pdf>
- *VetoViolence*, <http://vetoviolence.cdc.gov/index.php/violence-type-information/youth-violence/>
- *STRYVE Online*, <https://vetoviolence.cdc.gov/apps/stryve/>
- *CDC EvaluAction*, <https://vetoviolence.cdc.gov/apps/evaluation/>
- *Social Ecological Model on VetoViolence*, <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>
- *Public Health Approach on VetoViolence*, <https://www.cdc.gov/violenceprevention/publichealthissue/publichealthapproach.html>

- *Understanding Evidence*, <http://vetoviolenecdc.gov/apps/evidence/#&panel1-1>
- *Principles of Prevention*, <https://www.cdc.gov/violenceprevention/POP.html>
- *Violence Prevention in Practice* - <https://vetoviolenecdc.gov/apps/violence-prevention-practice/#/>
- *Dating Matters®: Strategies to Promote Healthy Teen Relationships Toolkit* - <https://vetoviolenecdc.gov/apps/dating-matters-toolkit/explore-component#/>

## 1. Collaborations

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

Applicants are encouraged to collaborate with any other CDC-funded programs in their jurisdiction who serve the priority population community and have a vested interest in achieving the NOFO related outcomes. Applicants are encouraged to plan their activities in a manner that is complementary with other CDC-funded programs operating in the community. A list of CDC-funded violence programs is available at <https://www.cdc.gov/violenceprevention/publichealthissue/fundedprograms/index.html>. A few of those and other CD-funded programs are highlighted below:

- Core State Violence and Injury Prevention Program (CORE SVIPP), <https://www.cdc.gov/injury/stateprograms/index.html>
- Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Impact, <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/delta/impact/index.html>
- Essentials for Childhood: Creating Safe, Stable, Nurturing Relationships and Environments, <https://www.cdc.gov/violenceprevention/childabuseandneglect/essentials.html>
- Injury Control Research Centers (ICRCs), <https://www.cdc.gov/injury/erpo/icrc/index.html>
- National Centers for Excellence on Youth Violence Prevention (YVPC), <https://www.cdc.gov/violenceprevention/youthviolence/yvpc/index.html>
- National Violent Death Reporting System (NVSRC), <https://www.cdc.gov/violenceprevention/datasources/nvdrs/index.html>
- Preventing Adverse Childhood Experiences: Data to Action, <https://www.cdc.gov/injury/fundedprograms/preventing-adverse-childhood-experiences/index.html>
- Rape Prevention Education (RPE), <https://www.cdc.gov/violenceprevention/sexualviolence/rpe/index.html>

### b. With organizations not funded by CDC:

Partnership with a current/active and functioning multi-sector coalition, steering committee, community advisory board, or similar collaborative entity is essential to the success of the overall project. Applicants are required to work with a current/active multi-sector coalition for this project. The multi-sector coalition should seek to prevent multiple forms of violence impacting adolescents and young adults and include representation from sectors that support work in the community including, but not limited to: education and adolescents and young

adults-serving agencies, family and social services, civic, public safety and juvenile justice, social justice, race and health equity, mental health, labor, faith-based, healthcare, government, media, and business organizations. Inclusion of other local health department divisions that are associated with the health and safety of adolescents and young adults ages 10-24 is strongly recommended.

Recipients will work with the multi-sector coalition to implement strategies, with emphasis on the outer level of the SEM and to coordinate the enhanced comprehensive jurisdiction violence prevention strategic planning, and implementation, and evaluation processes.

Documentation (MOU or letter of support) of the multi-sector coalition is required to be submitted at the time of the application and should include a brief history of the coalition, its current membership and leadership, a list of current activities, and letters of support from coalition leadership. Applicants must submit the MOU, MOA and/or letters of support, as appropriate, name the file MOUs/MOAs/letters of support, and upload it as a PDF file at [www.grants.gov](http://www.grants.gov).

If additional partners need to be added to enhance the current/active multi-sector coalition to address the objectives of the NOFO, the applicant must submit Letters of Support from the additional partners.

Recipients are also required to participate in national opportunities for sharing information by compiling and dissemination evaluation results, including but not limited to lessons learned, successes, challenges, and evaluation findings, via multiple mechanisms such as listservs, conference calls, recipient meetings, web conferences and regional and national conferences.

## **2. Target Populations**

Recipients will focus their activities on adolescents aged 10-24 in communities with a high risk of violence (above the average for the state or city) of multiple forms of violence. To demonstrate communities with a large burden of multiple forms of violence, applicants must document the targeted populations using the following data:

- Map of the community (census tract, zip code, neighborhoods, etc.) included in the selected population
- Demographic makeup of the area (age, sex, and race/ethnicity)
- % of income below 100% of federal poverty level
- Multiple violence indicators demonstrating multiple forms of violence impacting adolescents and young adults

Applicants should also provide evidence of high risk in the communities of color and track other data describing them, such as socioeconomic status, health literacy, geography, and other relevant indicators. The applicants must describe how data has been used to prioritize and select the target population.

### **a. Health Disparities**

This NOFO addresses social determinants of health and racial inequity and focuses on preventing multiple forms of violence impacting adolescents and young adults. Applicants are expected to implement prevention strategies in high-risk communities – those with high rates of

violence (see Glossary) and address issues related to racism and discrimination. In addition, applicants are required to demonstrate how their proposed program efforts will address health disparities. Health disparities may be based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy and other relevant dimensions.

#### **iv. Funding Strategy**

Funding is based on the burden of violence in the community. In order to qualify as high-risk, the community must be experiencing elevated rates of violence, high rates of key risk factors for violence or low rates of key protective factors for violence. For example, the local community contains a school that is shown to have elevated levels of both violent crime (e.g., homicide, aggravated assault, felony assault, sexual assault) and economic hardship (i.e., poverty). Applicants must demonstrate how the selected schools and/or communities are higher in both violent crime and poverty.

### **b. Evaluation and Performance Measurement**

#### **i. CDC Evaluation and Performance Measurement Strategy**

#### **ii. Applicant Evaluation and Performance Measurement Plan**

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see <https://www.cdc.gov/grants/additionalrequirements/ar-25.html>.

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

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

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

Further guidance for the DMP will be provided to recipients upon award.

**c. Organizational Capacity of Recipients to Implement the Approach**

*Successful applicants will demonstrate that they have the capacity to initiate implementation of at least one prevention strategy within the first 6 months of the NOFO project period, and of all prevention strategies no later than the end of the first year of the NOFO project period.*

*Successful applicants should demonstrate a strong understanding of the public health approach to prevent violence prevention and the social-ecological model. Successful applicants will also describe a clear vision and approach for effectively implementing the purpose and outcomes associated with this NOFO. Successful applicants will document and demonstrate ongoing sustained prevention activities at the inner levels of the SEM (individual and relationship) and their planned implementation of the outer level strategies of this NOFO complement current implementation of the inner level strategies.*

As part of their application, applicants must demonstrate that they have:

- Expertise and experience implementing violence impacting adolescents and young adults programming. Applicants must have demonstrated use of information and data (e.g., needs assessment, environmental scan, literature review, evaluation, or other reports), according to the public health approach, to inform planning and implementation of violence prevention strategies impacting adolescents and young adults.
- Applicants must have a demonstrated track record of improving violence impacting adolescents and young adult outcomes through community, systems, environmental, programmatic, or infrastructure prevention strategies. Applicants must demonstrate the outcomes that have stemmed from their implementation of an individual/relationship level program.
- Experience and capacity with program planning, program evaluation, performance monitoring, budget management, financial reporting, and personnel management, and ability to develop, award and manage required procurement efforts
- Adequate and appropriate organizational infrastructure and capacity to support the requirements of this cooperative agreement including the proposed staffing plan to successfully implement the program activities and achieve project outcomes
- The necessary relationships in place to begin implementation of the program. Applicants must demonstrate that partners have agreed to implement prevention strategies by submitting relevant MOUS (or similar documentation) with their application package.
- Experience in managing or working with city- or community-wide multi-sector collaborations aimed at preventing forms of violence impacting adolescents and young adults. Applicants must demonstrate existence of an established, successful collaborative effort with a broad range of partners or entities such as local or state health departments; community health centers; faith-based organizations; tribal organization; national organization that target the selected population or health disparities; or university/academic institutions. The evidence of collaborations should be reflected in

variety of materials, e.g., MOAs, MOUs, Letters of Involvement, meeting minutes, newsletters, and media articles.

- If the applicant is not a health department, the applicant must submit a MOU (or similar documentation) that outlines the relationship between the health department and the applicant organization, and willingness of the health department to participate in the project's multi-sector coalition.
- Applicants have to demonstrate that partners engaged with the current city, county, or other jurisdictional violence prevention strategic plan have agreed to enhance the plan to integrate violence impacting adolescents and young adults prevention efforts if they are not reflected in the current plan by submitting relevant MOUs (or similar documentation) with their application package. Applicants must submit the MOU, MOA and/or letters of support, as appropriate, name the file "MOUs/MOAs/letters of support", and upload it as a PDF file at [www.grants.gov](http://www.grants.gov).

Experience in performing program evaluation to measure, track, and evaluate the implementation of strategies, implementation of activities specified in the jurisdiction violence prevention strategic plan, improvement in organizational and community capacity, and trends and rates to violence impacting adolescents and young adults to capture program impact within the community.

#### **d. Work Plan**

*Applicants must provide a detailed work plan for the first year of the project and a high-level workplan for the subsequent years. With each annual performance report and continuation applications, recipients are to complete an annual work plan collecting information on their progress toward goals and objectives and information about their key milestones. The work plan allows the CDC's program to monitor the awardees' overall activities and their achievement of the project goals, objectives, and activities for the NOFO. The submitted work plans must describe in detail ongoing activities for each of the three areas of activities.*

*Objectives are written the forms of SMART (Specific, measurable, achievable, realistic, and time-bound) for each outcome for the year.*

The following work plan format is offered as an example to show the essential elements that should be included in the work plan. Applicants may submit the work plan in a format that is most conducive for them, however, the essential elements must be included and it must be clear how the components in the work plan cross walk to the strategies and activities, outcomes, and evaluation and performance measures presented in the logic model and the narrative sections of the NOFO. This format will be used for the annual performance report and continuation application, which recipients will be required to submit via DVP's Partner Portal. In addition, the work plan provides details of all necessary activities that will be supported through the approved budget, on personnel and/or partners who will complete the activities, and on the timeline for completion. Post-award, CDC will provide further details and standard tools or templates for a work plan to monitor recipient activities as part of Evaluation and Performance Measurement.

The work plan includes how applicants plan to achieve the following NOFO activity areas: 1) Strategy Implementation; 2) Strategic Collaboration and Sustainability; and 3) Program Evaluation.

Applicants must submit a work plan using the following template for each goal and objective, as well as key milestones to achieve each goal/objective.

**Required Goal 1. Strategy Implementation**

**1.1** Improved implementation of prevention strategies that address multiple forms of violence impacting adolescents and young adults based upon the best available evidence

**1.2** Increased reach of prevention strategies that address multiple forms of violence impacting adolescents and young adults based upon the best available evidence

**1.3** Improved implementation of strategies that address health and racial inequity

**1.4** Decrease shared risk factors and increase shared protective factors with multiple forms of violence impacting adolescents and young adults, specifically:

- Increased healthy relationships and positive connections
- Improved community connectedness, cohesion and resiliency
- Increased healthy and positive norms that protect against violence
- Improved social, economic, and environmental factors and conditions that give rise to adversity and violence

**Required Goal 2. Strategic Collaboration**

**2.1** Increased awareness about the intersection between violence and social determinants of health and racial inequity and its impact on adolescents and young adults

**2.2** Increased number of strategic plan activities that address multiple forms of violence in communities with high rates of violence

**2.3** Increased coordination and collaboration between LHD and multi-sector coalitions

**2.4** Increased engagement and commitment by multi-sector coalition to prevent violence impacting adolescents and young adults

**2.5** Increased alignment with state and local violence prevention priorities

**2.6** Increase capacity of coalitions to prevent multiple forms of violence impacting adolescents and young adults

**Required Goal 3. Program Evaluation**

**3.1** Increased evaluation, access to, and tracking of data

**3.2** Increased sharing and use of data for action (e.g., prioritize, monitor, and improve prevention activities and awareness)

<b>Goal #:</b>			
<b>Objective #:</b>		<b>Start Date</b>	<b>End Date</b>
		MM/DD/YYYY	MM/DD/YYYY
<b>Key Milestones</b>	<b>List Key Activities to Complete Milestone</b>	<b>Start Date</b>	<b>End Date</b>
		MM/DD/YYYY	MM/DD/YYYY
		MM/DD/YYYY	MM/DD/YYYY
		MM/DD/YYYY	MM/DD/YYYY

**e. CDC Monitoring and Accountability Approach**



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

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

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

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

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

*CDC and the awardee will work closely to assess milestones and performance measures aligned with selected strategies. Monitoring milestones and performance measures ensures the mutual success of CDC and the awardees in achieving the NOFO outcomes. Post-award cooperative agreement monitoring will include, but not limited to:*

- *communicating as needed, or at a monthly minimum*
- *participating in webinars and mandatory annual grantee meetings*
- *establishing a process for monitoring continuous program improvement over time*
- *ensuring that awardees are conducting activities outlined in the NOFO on a routine basis (e.g., data collection and analysis, partnership engagement, strategic communication, etc)*
- *ensuring the adequacy of awardee systems that underlie and generate data reports*
- *reviewing APR including documentation of successes, challenges, and lessons learned as prescribed by CDC and provide feedback to the awardee*
- *Providing awardees with rapid feedback based on monitoring, performance, and evaluation data*

*Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes.*

## **B. Award Information**

### **1. Funding Instrument Type:**

CA (Cooperative Agreement)

CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

**2. Award Mechanism:**

H28

**3. Fiscal Year:**

2021

**4. Approximate Total Fiscal Year Funding:**

\$ 2,000,000

**5. Total Period of Performance Funding:**

\$ 10,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:

\$ 10,000,000

**6. Total Period of Performance Length:**

5

year(s)

**7. Expected Number of Awards:**

8

**8. Approximate Average Award:**

\$ 250,000

Per Budget Period

**9. Award Ceiling:**

\$ 250,000

Per Budget Period

This amount is subject to the availability of funds.

**10. Award Floor:**

\$ 225,000

Per Budget Period

**11. Estimated Award Date:**

September 01, 2021

**12. Budget Period Length:**

12 month(s)

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

### **13. Direct Assistance**

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

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

## **C. Eligibility Information**

### **1. Eligible Applicants**

Eligibility Category:

99 (Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility")

01 (County governments)

02 (City or township governments)

00 (State governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

11 (Native American tribal organizations (other than Federally recognized tribal governments))

12 (Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education)

13 (Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education)

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

## 2. Additional Information on Eligibility

Applicants must demonstrate a strong understanding of the public health approach to violence prevention and have experience implementing adolescents and young adult violence prevention strategies.

Eligible applications must include the following to be responsive and move forward for review:

- Letter of support (LOS) or Memorandum of Understanding (MOU) from the applicant's local health department.
- Current/active violence prevention plan (the quality of the plan will be assessed via the evaluation criteria).

Applicants must submit the MOU, MOA, LOS, and violence prevention plan as appropriate, name the file MOUs/MOAs/LOS/VPP, and upload it as a PDF file at [www.grants.gov](http://www.grants.gov).

Applications that do not meet the above criteria will be considered non-responsive and will not move forward for review.

## 3. Justification for Less than Maximum Competition

N/A

## 4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

## 5. Maintenance of Effort

### D. Application and Submission Information

#### 1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at [www.grants.gov](http://www.grants.gov).

##### a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at [http:// fedgov.dnb.com/ webform/ displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do). The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

##### b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM

information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at <https://www.sam.gov/SAM/>.

**c. [Grants.gov](http://www.grants.gov):**

The first step in submitting an application online is registering your organization at [www.grants.gov](http://www.grants.gov), the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at [www.grants.gov](http://www.grants.gov).

All applicant organizations must register at [www.grants.gov](http://www.grants.gov). The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	<ol style="list-style-type: none"> <li>Click on <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a></li> <li>Select Begin DUNS search/request process</li> <li>Select your country or territory and follow the instructions to obtain your DUNS 9-digit #</li> <li>Request appropriate staff member(s) to obtain DUNS number, verify &amp; update information under DUNS number</li> </ol>	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at ( <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a> ) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	<ol style="list-style-type: none"> <li>Retrieve organizations DUNS number</li> <li>Go to <a href="https://www.sam.gov/SAM/">https://www.sam.gov/SAM/</a> and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)</li> </ol>	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact <a href="https://fsd.gov/fsd-gov/home.do">https://fsd.gov/fsd-gov/home.do</a> Calls: 866-606-8220
3	Grants.gov	<ol style="list-style-type: none"> <li>Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR)</li> <li>Once the account is set up the E-BIZ POC will be notified via email</li> </ol>	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

		<p>3. Log into grants.gov using the password the E-BIZ POC received and create new password</p> <p>4. This authorizes the AOR to submit applications on behalf of the organization</p>		
--	--	--	--	--

## 2. Request Application Package

Applicants may access the application package at [www.grants.gov](http://www.grants.gov).

## 3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at [www.grants.gov](http://www.grants.gov).

## 4. Submission Dates and Times

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

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

#### b. Application Deadline

Number Of Days from Publication 60

05/01/2021

11:59 pm U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov). If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

### Due Date for Information Conference Call

This call will be for eligible applicants (see Eligibility Section) on **Thursday, April 8, 2021, 1:30PM - 3:00PM EST.**

You **MUST** register to access the webinar at

<https://cdc.zoomgov.com/meeting/register/vJIsd--vqTwuErEBL7wFguoKO3NwtgbodSM>

One tap mobile

+16692545252,,1610677748#,,,,,0#,,02635069# US (San Jose)

+16468287666,,1610677748#,,,,,0#,,02635069# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 551 285 1373 US

+1 669 216 1590 US (San Jose)

Meeting ID: 161 067 7748

Passcode: 02635069

Find your local number: <https://cdc.zoomgov.com/join/9123456789>

If you are having trouble **registering** for or accessing the webinar, please contact the Agency Contact for this NOFO, Corey Lumpkin, [clumpkin@cdc.gov](mailto:clumpkin@cdc.gov); 770-488-1275.

The purpose of this conference call/webinar is to help potential applicants understand the scope and intent of this Program Announcement: Preventing Violence Affecting Young Lives (PREVAYL). Participation on the conference call is not mandatory. Potential applicants are requested to call using only one telephone line. A Frequently Asked Questions document will be made available following the call. Because this is a competitive process, applicants should follow the requirements for this program as they are described in the funding announcement and any related amendments. Applicants who want to submit questions prior to the call, or should applicants find they have additional questions or need clarification after the call, please see the Agency Contact listed at the end of this Notice of Funding Opportunity (NOFO).

## 5. CDC Assurances and Certifications

All applicants are required to sign and submit “Assurances and Certifications” documents indicated at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx).

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file “Assurances and Certifications” and upload it as a PDF file with at [www.grants.gov](http://www.grants.gov)
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at [http://wwwn.cdc.gov/grantassurances/\(S\(mj444mxct51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjmaa))/Homepage.aspx)

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

## Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant’s CDC Risk Questionnaire, located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, as well as a review of the applicant’s history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (<https://www.fapiis.gov/>), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents \_ Procurement Policy.

### **Duplication of Efforts**

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

## **6. Content and Form of Application Submission**

Applicants are required to include all of the following documents with their application package at [www.grants.gov](http://www.grants.gov).



## 7. Letter of Intent

The LOI is requested, but not required as part of the application for this NOFO. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

The LOI should be sent via email, U.S. express mail, delivery service, or fax to:

Corey D. Lumpkin, MPH  
Project Officer/Public Health Advisor  
Adversity Prevention and Implementation Practice Team (APIPT)  
Prevention Practice and Translation Branch (PPTB)  
Division of Violence Prevention (DVP)  
National Center for Injury Prevention and Control (NCIPC)  
Centers for Disease Control and Prevention (CDC)  
4770 Buford Highway NE, MS S106-10  
Atlanta, Georgia 30341  
Office: 770-488-1275 | Fax: 770-488-4222  
Email address: [clumpkin@cdc.gov](mailto:clumpkin@cdc.gov)

## 8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at [www.grants.gov](http://www.grants.gov).

## 9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted at [www.grants.gov](http://www.grants.gov). The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at [www.grants.gov](http://www.grants.gov).

## 10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at [www.grants.gov](http://www.grants.gov). The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities

to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

### **a. Background**

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

### **b. Approach**

#### **i. Purpose**

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

#### **ii. Outcomes**

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

#### **iii. Strategies and Activities**

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

### **1. Collaborations**

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

### **2. Target Populations and Health Disparities**

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

### **c. Applicant Evaluation and Performance Measurement Plan**

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance

Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see <http://www.hhs.gov/ocio/policy/collection/>.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

#### **d. Organizational Capacity of Applicants to Implement the Approach**

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

#### **11. Work Plan**

(Included in the Project Narrative's page limit)

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

#### **12. Budget Narrative**

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

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

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

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

through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

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

### **13. Funds Tracking**

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/subaccounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

### **14. Intergovernmental Review**

Executive Order 12372 does not apply to this program.

### **15. Pilot Program for Enhancement of Employee Whistleblower Protections**

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

### **16. Copyright Interests Provisions**

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC’s

Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

## **17. Funding Restrictions**

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

## 18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:

<https://www.cdc.gov/grants/additionalrequirements/ar-25.html>

## 19. Other Submission Requirements

### a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at [www.grants.gov](http://www.grants.gov). Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at [www.grants.gov](http://www.grants.gov) under the "Workspace Overview" option.

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

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

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

application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a “validation” e-mail within two business days of application submission, please contact [www.grants.gov](http://www.grants.gov). For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

[https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=Get\\_Started%2FGet\\_Started. htm](https://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=Get_Started%2FGet_Started.htm)

**d. Technical Difficulties:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should contact Customer Service at [www.grants.gov](http://www.grants.gov). The [www.grants.gov](http://www.grants.gov) Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at [support@grants.gov](mailto:support@grants.gov). Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that [www.grants.gov](http://www.grants.gov) is managed by HHS.

**e. Paper Submission:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should call the [www.grants.gov](http://www.grants.gov) Contact Center at 1-800-518-4726 or e-mail them at [support@grants.gov](mailto:support@grants.gov) for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant’s request for permission to submit a paper application must:

1. Include the [www.grants.gov](http://www.grants.gov) case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the [www.grants.gov](http://www.grants.gov) Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

## **E. Review and Selection Process**

### **1. Review and Selection Process: Applications will be reviewed in three phases**

#### **a. Phase 1 Review**

All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants



Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

### **b. Phase II Review**

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

- i. Approach
- ii. Evaluation and Performance Measurement
- iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements

#### **i. Approach**

**Maximum Points: 35**

#### **Purpose and Outcomes (20 points)**

(10 points) To what extent were the applicant's stated goals and objectives relevant to the purpose of the NOFO to use a public health approach to address violence impacting adolescents and young adults (e.g., demonstrated through outcomes on the logic model)? Are the applicants integrating efforts to prevent violence impacting adolescents and young adults? Are shared risk and protective factors of violence impacting adolescents and young adults considered? Are the outer levels of social ecological model considered in the applicant's proposals, work plans, implementation plans, and/or evaluation plan? Does the applicant integrate prevention in all activities to address violence impacting adolescents and young adults? Did the applicant document and demonstrate the ongoing sustained implementation of prevention strategies at the inner levels of the SEM (individual and relationship)?

(5 points) To what extent did the applicant's planned approach and selected prevention strategies align with the goals, target outcomes, or defined problems? Do the selected prevention strategies complementary to each other such that they are designed to work at the community and societal levels to address one or more identified needs within a community? Are the selected prevention strategies complementary such that the prevention efforts could address defined problems or needs universally in the general community as well as to targeted subgroups at elevated risk through linked shared risk and protective factors?

(5 points) To what extent has the applicant outlined the appropriate activities, plans, strategies, or other items necessary to accomplish the goals and purpose of this NOFO (e.g., outcomes NOFO logic model) in the work plan, implementation plan, or narrative? Is the described approach feasible to implement within the NOFO period of performance? Did the applicant provide a prevention strategy implementation plan for the prevention strategies eligible under this NOFO? Does the applicant have clearly defined roles and responsibilities of each unit, organization, agency, and/or partners for the activities of the NOFO?

### **Use of Public Health Approach (15 points)**

(5 points) To what extent were data (e.g., needs assessment, environmental scan, surveillance, evaluation, or other sources) used to define the problem and target population? Did applicant demonstrate an understanding of who, what, when, where, and how associated with the violence impacting adolescents and young adults' problems (Step 1)? Does the applicant have clearly defined target population for the implementation of the selected strategies?

(5 points) To what extent did the applicant use data to identify and understand the shared risk and protective factors related to the defined violence impacting adolescents and young adults' problems (Step 2)? Did the applicant consider shared risk and protective factors of violence impacting adolescents and young adults across the multiple levels of the social ecological level, with emphasis on the outer level?

(5 points) To what extent did the applicant use data to target and plan the activities associated with implementation and evaluation of the public health approach to prevent violence impacting adolescents and young adults as demonstrated through the work plan, prevention strategy implementation plan, and/or evaluation plans (Step 3)? Did the applicant demonstrate use of data and considerations to select prevention strategies based on best available evidence that fit with their program, is appropriate for their target population or setting, and align with defined problems and needs?

### **ii. Evaluation and Performance Measurement**

**Maximum Points: 25**

(5 points) To what extent did questions align with the selected prevention strategies, activities, and their outcomes?

(5 points) To what extent did the evaluation and performance measures align with the evaluation questions, and their collective approach and implementation?

(5 points) To what extent did the applicant indicate access to available data or to feasible data collection for evaluation purposes?

(5 points) To what did the applicant demonstrate ability and plans to use data for program improvement and action (including sustainability planning) and to share and disseminate lessons learned?

(5 points) To what extent did the applicant demonstrate adequate and appropriate staff, expertise, or resources to perform program evaluation and measurement, and use data for action (e.g., planning and continuous program improvement)?

**iii. Applicant's Organizational Capacity to Implement the Approach**

**Maximum Points: 40**

(5 points) To what extent did the applicant demonstrate that current prevention efforts will be leveraged to implement the prevention strategies for this NOFO? Is the applicant currently working on the prevention of violence impacting adolescents and young adults?

(5 points) To what extent did the applicant indicate a track record of success in improving violence impacting adolescents and young adults' outcomes through community, systems, environmental, programmatic, and infrastructure strategies?

(5 points) To what extent did the applicant demonstrate adequate and appropriate organizational infrastructure, capacity, and commitment to implement the prevention strategies in this NOFO?

(5 points) To what extent did the applicant demonstrate adequate staff with the appropriate expertise, experience, diversity and capacity to implement the prevention strategies that address social determinants of health and racial inequity impacting adolescents and young adults in communities with high rates of violence (e.g. in communities of color) and to sustain widespread impact and reach in this NOFO?

(5 points) To what extent did the applicant indicate current/active relationships or collaborations with multi-sector coalitions to leverage, implement, and sustain the prevention strategies in this NOFO? Did the applicant describe how they will collaborate with key partners and leverage current/active relationships necessary to implement prevention strategies?

(5 points) To what extent did the applicant demonstrate that the violence prevention strategy YV, TDV, or general violence prevention plan is current and active? Does the applicant demonstrate willingness of partners to enhance their current/active comprehensive strategic YV, TDV, or general violence prevention plan?

(5 points) To what extent did the applicant demonstrate capacity or experience to produce, disseminate, and communicate information about their prevention, from their evaluation, and other lessons learned?

(5 points) To what extent did the applicant demonstrate their readiness to engage partners and their organization in a strategic process to plan and initiate sustain their prevention efforts, which may include seeking or having available funding outside of CDC?

**Budget**

**Maximum Points: 0**

- Did the applicant provide a detailed budget and narrative justification consistent with stated objectives and planned program activities?
- Did the applicant include funds for conducting program evaluation and performance monitoring?
- Did the applicant include funding for at least one person to attend one meeting annually with CDC?

**i. Approach**

**Maximum Points: 0**

**ii. Evaluation and Performance Measurement**

**Maximum Points: 0**

**iii. Applicant's Organizational Capacity to Implement the Approach**

**Maximum Points: 0**

**Budget**

**Maximum Points: 0**

**c. Phase III Review**

CDC reserves the right to select out of rank order. The following factors may affect the order of the funding decisions:

- No more than one applicant within a state will be funded.
- Achieving a geographically balanced spread of programs across the United States.
- Consideration of factors relating to rural, American Indian/Alaska Native, and economically disadvantaged communities.

**Review of risk posed by applicants.**

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a

Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

## **2. Announcement and Anticipated Award Dates**

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, and the total period of performance for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative and Principal Investigator and reflects the only authorizing document. It will be sent prior to the start date of September 01, 2021 by email notification.

## **F. Award Administration Information**

### **1. Award Notices**

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

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

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

## 2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at <http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17>.

The HHS Grants Policy Statement is available at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.

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

## 3. Reporting

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

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

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

<b>Report</b>	<b>When?</b>	<b>Required?</b>
<i>Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)</i>	<i>6 months into award</i>	<i>Yes</i>
<i>Annual Performance Report (APR)</i>	<i>No later than 120 days before end of budget period. Serves as yearly continuation application.</i>	<i>Yes</i>
<i>Federal Financial Reporting Forms</i>	<i>90 days after the end of the budget period.</i>	<i>Yes</i>
<i>Final Performance and Financial Report</i>	<i>90 days after end of project period.</i>	<i>Yes</i>
<i>Payment Management System (PMS) Reporting</i>	<i>Quarterly reports due January 30; April 30; July 30; and October 30.</i>	<i>Yes</i>

### a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

#### Performance Measurement

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

#### Evaluation

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

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

#### **b. Annual Performance Report (APR) (required)**

The recipient must submit the APR via [www.Grantsolutions.gov](http://www.Grantsolutions.gov) no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.

- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
  - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
  - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
  - Recipients must describe success stories.
- **Challenges**
  - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
  - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
  - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost Rate Agreement.

The information for the project narrative of the annual performance report will be entered into the DVP Partner Portal.

The recipients must submit the Annual Performance Report via [www.Grantsolutions.gov](http://www.Grantsolutions.gov) no later than 120 days prior to the end of the budget period.

**c. Performance Measure Reporting (optional)**

CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

**d. Federal Financial Reporting (FFR) (required)**

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only



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

#### **e. Final Performance and Financial Report (required)**

The Final Performance Report is due 120 days after the end of the period of performance. The Final FFR is due 120 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

#### **4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)**

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, <http://www.USASpending.gov>.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- [https://www.fdrs.gov/documents/ffata\\_legislation\\_110\\_252.pdf](https://www.fdrs.gov/documents/ffata_legislation_110_252.pdf)
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

## **5. Reporting of Foreign Taxes (International/Foreign projects only)**

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;

“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to [VATreporting@cdc.gov](mailto:VATreporting@cdc.gov).

5) Contents of Reports: The reports must contain:

a. recipient name;

b. contact name with phone, fax, and e-mail;

c. agreement number(s) if reporting by agreement(s);

d. reporting period;

e. amount of foreign taxes assessed by each foreign government;

f. amount of any foreign taxes reimbursed by each foreign government;

g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

#### 7) Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

- (1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

### **G. Agency Contacts**

CDC encourages inquiries concerning this notice of funding opportunity.

#### **Program Office Contact**

**For programmatic technical assistance, contact:**

First Name:

Corey

Last Name:

Lumpkin

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

4770 Buford Highway NE,

MS F-64

Atlanta, GA 30341-3717

Telephone:

(770) 488-1275

Email:  
hik1@cdc.gov

### Grants Staff Contact

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

First Name:  
Cathleen  
Last Name:  
Franklin  
Grants Management Specialist  
Department of Health and Human Services  
Office of Grants Services

Address:  
Office of Grants Services  
2920 Brandywine Rd  
Atlanta, GA 30341

Telephone:  
678-475-552

Email:  
qtm0@cdc.gov

For assistance with **submission difficulties related to** [www.grants.gov](http://www.grants.gov), contact the Contact Center by phone at 1-800-518-4726.

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

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

### H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at [www.grants.gov](http://www.grants.gov). Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A

- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

Resumes / CVs

Position descriptions

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

Letters of involvement

Meeting minutes

Newsletters

Media articles

Violence Prevention Strategic Plan

## I. Glossary

**Activities:** The actual events or actions that take place as a part of the program.

### **Administrative and National Policy Requirements, Additional Requirements**

**(ARs):** Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see [http://www.cdc.gov/grants/additional\\_requirements/index.html](http://www.cdc.gov/grants/additional_requirements/index.html). Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

**Approved but Unfunded:** Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

**Assistance Listings (CFDA):** A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

**Assistance Listings (CFDA) Number:** A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

**Award:** Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

**Budget Period or Budget Year:** The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

**Carryover:** Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

**CDC Assurances and Certifications:** Standard government-wide grant application forms.

**Competing Continuation Award:** A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the “life” of the award).

**Continuous Quality Improvement:** A system that seeks to improve the provision of services with an emphasis on future results.

**Contracts:** An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

**Cooperative Agreement:** A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

**Cost Sharing or Matching:** Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

**Direct Assistance:** A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. [http:// www.cdc.gov /grants /additionalrequirements /index.html](http://www.cdc.gov/grants/additionalrequirements/index.html).

**DUNS:** The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at [http://fedgov.dnb.com/ webform/displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do).

**Evaluation (program evaluation):** The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

**Evaluation Plan:** A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

**Federal Funding Accountability and Transparency Act of 2006 (FFATA):** Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at [www.USAspending.gov](http://www.USAspending.gov).

**Fiscal Year:** The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

**Grant:** A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

**Grants.gov:** A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at [www.grants.gov](http://www.grants.gov).

**Grants Management Officer (GMO):** The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

**Grants Management Specialist (GMS):** A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

**Health Disparities:** Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

**Health Equity:** Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

**Health Inequities:** Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

**Healthy People 2030:** National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

**Inclusion:** Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

**Indirect Costs:** Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

**Intergovernmental Review:** Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: [https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental\\_Review\\_SPOC\\_01\\_2018\\_OFFM.pdf](https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_Review_SPOC_01_2018_OFFM.pdf).

**Letter of Intent (LOI):** A preliminary, non-binding indication of an organization's intent to submit an application.

**Lobbying:** Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

**Logic Model:** A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

**Maintenance of Effort:** A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

#### **Memorandum of Understanding (MOU) or Memorandum of Agreement**

**(MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.



**Nonprofit Organization:** Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher education, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

**Notice of Award (NoA):** The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

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

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

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

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

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

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

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

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

**Public Health Accreditation Board (PHAB):** A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health

departments in the U.S. through national public health department accreditation <http://www.phaboard.org>.

**Social Determinants of Health:** Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

**Statute:** An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

**Statutory Authority:** Authority provided by legal statute that establishes a federal financial assistance program or award.

**System for Award Management (SAM):** The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing [www.grants.gov](http://www.grants.gov) to verify identity and pre-fill organizational information on grant applications.

**Technical Assistance:** Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

**Work Plan:** The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

### NOFO-specific Glossary and Acronyms

**Adverse Childhood Experiences:** Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example:

- experiencing violence, abuse, or neglect
- witnessing violence in the home or community
- having a family member attempt or die by suicide

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with:

- substance misuse
- mental health problems
- instability due to parental separation or household members being in jail or prison

ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. ACEs can also negatively impact education and job opportunities.

**City, County, or other Jurisdictional Violence Prevention Strategic Plan:** The city, county, or other jurisdictional violence prevention strategic plan is a comprehensive conceptual framework for addressing violence in the community.

**High-Risk (Burden) Community:** A high-risk community is a geographically defined area that has high rates of multiple forms of violence impacting adolescents and young adults, a high prevalence of multiple risk factors related to multiple forms of violence impacting adolescents and young adults and/or a low prevalence of protective factors related to multiple forms of violence impacting adolescents and young adults. The high-risk community must be an area that is geographically defined, such as a neighborhood or a defined area in a city, town, or township. Communities may be urban, suburban, or rural. In order to qualify as high-risk, the community must be experiencing elevated rates of violence, high rates of key risk factors for violence or low rates of key protective factors for violence. For example, the local community contains a school that is shown to have elevated levels of both violent crime (e.g., homicide, aggravated assault, felony assault, sexual assault) and economic hardship (i.e., poverty). It will be up to the applicants to demonstrate how the selected schools and/or communities are higher in both violent crime and poverty.

**Protective Factor:** Characteristic that decreases the likelihood of a person becoming a victim or perpetrator of violence because it provides a buffer against risk.

**Public Health Approach:** The public health approach is a four-step process that is rooted in the scientific method. It can be applied to violence and other health problems that affect populations. <https://www.cdc.gov/violenceprevention/publichealthissue/publichealthapproach.html>

**Racial Inequity:** Health inequities are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age. Health inequities are unfair and could be reduced by the right mix of government policies.

<https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>

**Risk Factor:** Characteristic that increases the likelihood of a person becoming a victim or perpetrator of violence.

**Social Ecological Model:** The ultimate goal is to stop violence before it begins. Prevention requires understanding the factors that influence violence. CDC uses a four-level social ecological model to better understand violence and the effect of potential prevention strategies. This model considers the complex interplay between individual, relationship, and community factors. It allows us to understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. The overlapping rings in the model illustrate how factors at one level influence factors at another level. By acting across multiple levels at the same time, prevention efforts are more likely to be sustained than any single intervention. Prevention strategies at the individual level are usually designed to promote attitudes, beliefs, skills, and behaviors that ultimately prevent violence. Prevention strategies at the relationship level focus on parenting, family, mentoring, or peers to reduce conflict, foster problem solving skills, promote healthy relationships, and address factors related to the social circle, peers, partners, family members and other adult allies who influence an individual behavior and experience. Prevention strategies at the community level are designed to impact characteristics of the settings (e.g., school, workplace, and neighborhood) in which social relationships occur, or social and physical environment factors such as reducing social isolation,

improving economic and housing opportunities, and improving climate within school and workplace settings. <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>

**Prevention Strategy Implementation Plan:** An implementation plan is a management tool designed to illustrate, in detail, the critical steps in developing and starting a project. It is a guide or map that helps program staff be proactive rather than reactive in developing their program and identifying any challenges along the way. It allows any person working on the program, regardless of his or her level of involvement, to fully understand the goal of the program and how it is to be accomplished. It ensures that everyone working on the project is on the same page and any discrepancies are resolved before they become costly to the project or population served. For the purpose of this NOFO, a strategy specific implementation plan is required for each identified strategy to evaluate readiness to implement and plan each strategy. A prevention strategy implementation plan is required for each selected prevention strategy at the time of application. Information on how to develop an implementation plan can be found on [Violence Prevention in Practice](#).

**Reach:** Reach is the proportion of the intended target population who actually participated in the prevention efforts. Reach can also be calculated using settings that contain the targeted population (e.g., number of targeted schools or school districts). The unit of analysis could be either individuals or settings.

**Sustainability Plan:** A sustainability plan is a written, community-based plan to achieve sustainability. The plan should include goals, objectives, strategies, community-home structures, resources, and roles of community decision-makers. [http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability\\_guide.pdf](http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability_guide.pdf)

**Teen Dating Violence:** The intentional use of threatened or actual physical force, power, or coercion within the context of dating that has the potential to result in injury, death or psychological harm. Perpetrators of dating violence may be current or former dating partners. Dating violence may consist of any of the following: (1) physical violence; (2) sexual violence; (3) threat of physical or sexual violence; (4) psychological or emotional violence; and (5) stalking. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/teendating.html>

**Youth Violence:** The term *youth violence* used by the CDC and in this resource refers to when young people aged 10–24 years intentionally use physical force or power to threaten or harm others. The World Health Organization has described this behavior as “violence between individuals who are unrelated, and who may or may not know each other, generally taking place outside the home.” Youth violence typically involves youth perpetrating violence against other young people. A young person can be involved with youth violence as a victim, an offender, or a witness. Youth violence can take different forms, such as fighting, bullying, threats with weapons, and gang-related violence. These different forms of youth violence can vary in where and how often they occur and who is impacted. They can also vary in the harm that results and can include physical harm, such as injuries or death as well as psychological harm. However, the

different forms of youth violence can be prevented.

<https://www.cdc.gov/violenceprevention/youthviolence/index.html>