



Centers for Disease Control and Prevention

National Center on Birth Defects and Developmental Disabilities

Improving the Health of People with Mobility Limitations and Intellectual Disabilities through State-based
Public Health Programs

CDC-RFA-DD16-1603

Application Due Date: 04/19/2016

Improving the Health of People with Mobility Limitations and Intellectual Disabilities through State-based
Public Health Programs
CDC-RFA-DD16-1603
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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DD16-1603. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

Improving the Health of People with Mobility Limitations and Intellectual Disabilities through State-based Public Health Programs

C. Announcement Type: New - Type 1

This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered Research for this purpose is defined at <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>.

D. Agency Funding Opportunity Number:

CDC-RFA-DD16-1603

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.184

F. Dates:

- | | |
|---|--|
| 1. Due Date for Letter of Intent (LOI): | 03/22/2016 |
| 2. Due Date for Applications: | 04/19/2016 , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov . |
| 3. Date for Informational Conference Call: | 03/03/2016 |

An informational conference call will take place on March 3rd, 2016 from 3:00 pm to 4:00 pm EST. The conference call can be accessed by calling the following toll-free number 1-877-988-0576 and entering the participant pass code #27284619.

G. Executive Summary:

1. Summary Paragraph:

The purpose of this Funding Opportunity Announcement (FOA) will be to support a new 5-year initiative to improve the health and quality of life among people with mobility limitations and/or intellectual disabilities (ID) through adaptation and implementation of evidence-based strategies in states, U.S. territories, and tribal governments. This FOA will provide funding to develop and strengthen internal capacity and health-related disability programs to: (1) improve knowledge and awareness about the usefulness and effectiveness of programmatic, policy, systems and environmental changes for people with select functional disability types (i.e., mobility limitations and/or ID), and (2) support applicants to plan, implement, evaluate, and disseminate non-research activities aimed at promoting inclusion and accessibility and reducing health disparities between people with and without disabilities.

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|---|-----------------------|
| a. Eligible Applicants: | Limited |
| b. FOA Type: | Cooperative Agreement |
| c. Approximate Number of Awards: | 18 |
| d. Total Project Period Funding: | \$27,000,000 |

e. Average One Year Award Amount:	\$300,000
f. Number of Years of Award:	5
g. Estimated Award Date:	07/01/2016
h. Cost Sharing and / or Matching Requirements:	N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Disabilities affect over 53 million adults in the United States -- cutting across the boundaries of age, race, sex, and socioeconomic status. Specifically, cardiovascular disease, which is associated with smoking, physical inactivity and obesity/overweight, has been identified as the leading cause of death (32.8%) among adults with disabilities. Moreover, adults with disabilities are more likely to have hypertension when compared to those without disabilities (34.2% vs 26.9%), and working-age adults with disabilities are three times more likely to report heart disease, stroke, and diabetes than those without disabilities. Yet, few health interventions exist that target people with disabilities.

People with disabilities need public health programs and health care services for the same reasons anyone does—to be healthy, active, and part of the community. Public health should strive to be inclusive of people with disabilities. Inclusion of people with disabilities allows everyone to take full advantage of the benefits of health promotion activities if implemented with suitable adaptations or accommodations. It involves identifying and eliminating barriers to participation due to physical, communication, social, and/or attitudinal barriers. Many obstacles can be eliminated through the use of universal design, which involves the creation of environments that are usable by the largest number of people, regardless of their abilities.

This FOA is aimed at promoting inclusion and accessibility in public health programs and reducing health disparities between people with and without disabilities with a focus on cardiovascular disease and diabetes and their related risk factors. Applicants may apply for funds to support either a Capacity Building program or a Core Implementation program. Additional funds may be provided to a subset of Core Implementation states that have the ability to complete advanced work by providing technical assistance (i.e., mentoring activities) and analyze Medicaid data (i.e., identify patterns of health care utilization).

Applicants may apply for either:

Capacity Building Programs

Supports applicants with limited capacity or experience in developing, implementing, evaluating, and disseminating programmatic, policy, systems, and environmental changes for people with disabilities.

Core Implementation Programs

Supports applicants who are "implementation ready" and have the existing infrastructure to implement, evaluate, and disseminate programmatic, policy, systems, and environmental changes for people with disabilities.

Enhanced Implementation Activities - Provides additional funding to a subset of Core Implementation programs that have the knowledge, skills, and ability to accomplish these additional activities: (1) mentoring a Capacity Building state to establish infrastructure and support disability-related activities through

peer-to-peer networking, and (2) accessing and utilizing Medicaid data to identify patterns of health and health care utilization for people with intellectual/developmental disabilities. CDC will assist with matching a Capacity Building state (mentee) with a Core Implementation state receiving additional funds for Enhanced Implementation activities (mentor) post-award.

State applicants should clearly denote, in their abstract, if they are applying for a Core Implementation program with or without Enhanced Implementation activities.

Recipient activities will vary and address the following health topics: Cardiovascular disease, diabetes, physical activity, nutrition, healthy weight, tobacco use and exposure, hypertension, oral health.

Capacity Building programs should address at least one of the health topic areas by the end of Year 3. Core Implementation programs should immediately address at least two health topic areas, one of which must be physical activity.

Public health interventions will achieve greater impact when changing the social and environmental context, thus, utilizing a multi-level approach, including individual, interpersonal, organizational, community, and societal levels, is expected. For this FOA, each health topic addressed should focus on 2 or more levels of influence. Funds should not be used to develop new programs; however, funds can be used to tailor an existing program for people with mobility limitations and/or ID.

b. Statutory Authorities

This program is authorized under Sections 317C [42 U.S.C. 247b-4] of the Public Health Service Act.

c. Healthy People 2020

This program addresses the *Healthy People 2020* focus areas of Disability and Health (DH) and Physical Activity (PA). This FOA specifically supports the following *Healthy People* objectives: DH-2 "Increase the number of States and the District of Columbia that have health promotion programs for people with disabilities," DH-4 "Reduce the proportion of people with disabilities who report delays in receiving primary and periodic preventive care due to specific barriers," DH-8 "Reduce the proportion of people with disabilities who report (encountering) physical or program barriers to local health and wellness programs," DH-13 "Increase the proportion of people with disabilities who participate in social, spiritual, recreational, community, and civic activities to the degree they wish," and PA-1, "Reduce the proportion of adults who engage in no leisure-time physical activity." Additional information on *Healthy People 2020* is available at <http://www.healthypeople.gov>.

d. Other National Public Health Priorities and Strategies

This FOA supports NCBDDD's strategic goals and priorities which are available at: http://www.cdc.gov/ncbddd/aboutus/documents/ncbddd_strategicplan_2-10-11.pdf.

e. Relevant Work

This Funding Opportunity Announcement (FOA) builds on 15 years of CDC-funded disability programs in chronic disease prevention and health promotion as well as the experience of [national disability organizations and state programs nationwide](#). Specifically, this FOA is an extension of the lessons learned that supports making programmatic, policy, systems, and environmental changes to impact the health and well-being of people with disabilities. As emphasized in the [Health Impact Pyramid](#), public health interventions will achieve greater impact when changing the environmental context so that individuals can easily take healthy actions in the normal course of their lives. In addition, the [Socio-Ecological Model](#) denotes the importance of influencing factors within and across levels (i.e., individual, intrapersonal, organizational, community, societal) that affect personal health. Each level provides potential support for the initiation and maintenance of healthy behaviors; however, individual behavior change is best achieved if reinforced and supported by organizational and community level improvements. This FOA supports the implementation of multi-level public health programs that can advance sustainable impact on the health and well-being of people with disabilities as well as the need for evaluation and dissemination of best practices.

2. CDC Project Description

a. Approach

Bold indicates project period outcome.

The following logic model outlines strategies and outcomes for each component addressed in this FOA.

CDC-RFA- DD16-1603 Logic Model: Improving the Health of People with Mobility Limitations and Intellectual Disabilities through State-based Public Health Programs			
Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<p>Overarching Strategy</p> <p>Improve inclusion and accessibility and reduce health disparities for people with disabilities in public health programs</p> <ul style="list-style-type: none"> • Develop internal capacity • Enhance and expand partnerships • Assess, develop and disseminate health promotion resources, tools, and inclusion strategies • Deploy evidence-based health promotion programs adapted for people with disabilities • Promote evidence-based and innovative, programmatic, policy, 	<ul style="list-style-type: none"> • Increased knowledge and awareness of health risk factors • Improved collaboration with partners • Improved data collection methods • Increased availability and use of health promotion resources, tools, and inclusion strategies 	<ul style="list-style-type: none"> • Improved organizational capacity • Improved monitoring of health and health care utilization • Increased participation in evidence-based and innovative health promotion programs • Increased use of programmatic, policy, systems, and environmental changes 	<ul style="list-style-type: none"> • Increased healthy behaviors • Decreased prevalence of chronic disease risk factors • Decreased prevalence of chronic diseases • Improved sustainability of programmatic, policy, systems, and environmental improvements

<p>systems, and environmental changes</p> <ul style="list-style-type: none"> • Provide training and education • Provide technical assistance • Enhance and utilize data to identify patterns of health and health care utilization • Evaluate program impact 		<ul style="list-style-type: none"> • Improved evidence-base for health promotion programs 	
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Bold indicates outcomes expected to be achieved during the project period.

Recipient activities will vary based on program requirements and address the following health topics: Cardiovascular disease, diabetes, physical activity, nutrition, healthy weight, tobacco use and exposure, hypertension, oral health.

Capacity building applicants should address at least one of the primary health topic areas by the end of Year 3. Core Implementation applicants should address at least two primary health topic areas, one of which must be physical activity.

Public health interventions will achieve greater impact when changing the social and environmental context, thus, utilizing a multi-level approach, including individual, interpersonal, organizational, community, and societal levels, is expected. For this FOA, each health topic addressed should focus on 2 or more levels of influence.

i. Purpose

The overarching strategy is to improve inclusion and accessibility and reduce health disparities for people with mobility limitations and/or ID in public health programs for:

Capacity Building Programs

- Supports applicants with limited capacity or experience in developing, implementing, evaluating, and disseminating programmatic, policy, systems, and environmental changes for people with disabilities.

Core Implementation Programs

- Supports applicants who are "implementation ready" and have existing infrastructure to implement, evaluate, and disseminate programmatic, policy, systems, and environmental changes for people with disabilities.

Enhanced Implementation Activities - Provides additional funding to a subset of Core Implementation programs that have the competency to complete advanced work.

ii. Outcomes

Awardees will be responsible for measuring **short-term and intermediate outcomes**. Monitoring progress on short-term and intermediate outcomes provides an opportunity for awardees to make adjustments to strategies to ensure increased long-term health impact. The following key outcomes are expected to be achieved by the end of the 5-year project period:

Short-term Outcomes

- *Increased knowledge and awareness of health risk factors*
- *Improved collaboration with partners*
- *Improved data collection methods*
- *Increased availability and use of health promotion resources, tools, and inclusion strategies*

Intermediate Outcomes

- *Improved organizational capacity*
- *Improved monitoring of health and health care utilization*
- *Increased participation in evidence-based and innovative health promotion programs*
- *Increased use of programmatic, policy, systems, and environmental changes*
- *Improved evidence-base for health promotion programs*

As part of a National Evaluation Plan, CDC will be responsible for estimating **long-term outcomes** including:

- *Increased healthy behaviors*
- *Decreased prevalence of chronic disease risk factors*
- *Decreased prevalence of chronic diseases*
- *Improved sustainability of programmatic, policy, systems, and environmental improvements*

iii. Strategies and Activities

Applicants for this award must implement strategies and activities to achieve and measure the outcomes described in the logic model above. Strategies for Capacity Building and Core Implementation programs (with and without Enhanced Implementation Activities) are listed below and include examples of potential activities. For each health topic addressed, applicants are expected to choose public health strategies that address 2 or more levels of influence.

Capacity Building Programs

- *Develop internal capacity*
 - hire and maintain appropriate staff (e.g., identify individuals with demonstrated capacity in administrative and fiscal management, establish and maintain other qualified staff, contractors, and consultants as needed)
 - ensure infrastructure to support state-level advisory committee (e.g., communication plan, meeting schedule, decision-making process) that facilitates active participation of all disability partners
 - establish and promote the disability program (e.g., develop and implement strategic and integrated media and communication activities to help advance program efforts)
 - enhance staff competencies (e.g., assess and strengthen core knowledge and skills related to promoting inclusion and accessibility)
 - participate in CDC convened webinars, peer calls, and trainings to facilitate information exchange, training, and technical assistance
- *Enhance and expand partnerships*
 - establish a state-level advisory committee, including representation from people with disabilities (e.g., develop committee charter, define member roles and responsibilities)

- participate in relevant local and/or state-wide coalitions (e.g., build support for and integrate disability focus into other groups and efforts)
- establish new relationships (e.g., state ID program provider, state chronic disease programs)
- *Assess, develop and disseminate health promotion resources, tools, and inclusion strategies*
 - assess gaps in information, resources and programs/policies by conducting a community health needs assessment (e.g., Community Health Inclusion Index)
 - use the [Disability and Health Data System](#) (DHDS) to describe the magnitude of disability related health disparities within a state
 - use data-driven process to identify health disparities to be addressed through the work plan
 - promote access and inclusion through media and innovative messaging (e.g., share program impact and lessons learned through social media, policy briefs, and success stories)
- *Deploy evidence-based health promotion programs adapted for people with disabilities (to be initiated by the end of year 3)*
 - use existing guidelines and recommendations to implement at least one evidence-based program addressing a primary health topic area
 - implement health promotion programs (e.g., adaptive physical activity programs, nutrition policy to restrict the availability of less healthy foods and beverages, tobacco cessation programs, access to hypertension screening programs)
- *Evaluate program impact*
 - utilize tools to document and monitor program performance and track outcomes

Core Implementation Programs

- *Enhance and expand partnerships*
 - strengthen and maintain established advisory committee, including representation from people with disabilities
 - participate in relevant local and/or state-wide coalitions
 - strengthen and maintain a working relationship with the state ID program provider or state chronic disease director
 - participate in a joint project with a National Center on Disability (e.g., inclusive fitness center model implemented in multiple states and/or communities)
- *Assess, develop and disseminate health promotion resources, tools, and inclusion strategies*
 - use [Disability and Health Data System](#) (DHDS) to assess and identify health disparities within the state
 - develop health promotion resources tailored for people with disabilities; consider health literacy
 - promote access and inclusion through the development, implementation, evaluation and dissemination of community models (e.g., universal design approaches to make streets safer for pedestrians, bicyclists, and public transit users, inclusive fitness centers)
 - disseminate key findings and lessons learned through multiple communication modes (e.g., conference presentations, manuscripts, social media, success stories, webinars and websites)
- *Deploy evidence-based health promotion programs adapted for people with disabilities*
 - use public health guidelines and/or existing recommendations to customize evidence-based programs for people with disabilities (e.g., adapt [Common Community Measures for Obesity Prevention](#) for people with ID)
 - implement health promotion programs (e.g., adaptive physical activity program, nutrition policy to restrict the availability of less healthy foods and beverages, tobacco cessation programs, access to hypertension screening programs)
- *Promote evidence-based and innovative, programmatic, policy, systems, and environmental changes*
 - develop/pilot innovative strategies (e.g., adapt [Common Community Measures for Obesity Prevention](#) for people with mobility limitations)
 - implement/disseminate evidence-based strategies (e.g., inclusion policy, universal design approaches that increase access to clinical preventive services)

- implement and rigorously evaluate a new program (e.g., adapt HealthMatters for people with mobility disabilities)
- *Provide training and education*
 - train select audiences (e.g., state health departments, advocates, public) about health risk factors, health disparities, and policies that affect people with disabilities
 - train health care professionals to provide quality health screenings and assessments (e.g., build professional competencies, identify adaptive equipment)
- Provide technical assistance
 - support people with disabilities and their families, health care providers, organizations serving people with disabilities and the general public
- *Evaluate program impact*
 - utilize tools to document and monitor program performance and track outcomes (e.g., develop work plans that relate to short-term and intermediate outcomes, track progress on objectives that address health disparities)

(With) Enhanced Implementation Activities

- *Provide technical assistance (mentoring)*
 - assess and monitor the needs and gaps of one Capacity Building program (e.g., help identify and build staff competencies, share example of advisory committee charter)
 - develop an annual technical assistance plan to outline and track mentoring activities (e.g., coordinate key activities to support the capacity building state, including frequency of conference calls and date(s) of site visits)
 - provide assistance and support through peer-to-peer exchanges (e.g., conduct quarterly calls to discuss successes and/or barriers, conduct a minimum of three site visits to a Capacity Building state across the 5-year project period)
 - Assist Capacity Building state to use data to help identify potential programmatic, policy, systems, and environmental changes that can be implemented by the end of Year 3
- *Enhance and utilize data to identify patterns of health and health care utilization (Medicaid data)*
 - use Medicaid claims data to characterize people with intellectual and developmental disabilities (IDD) at the state level
 - use Medicaid claims data to identify leading causes of hospitalization, emergency department and outpatient utilization and their associated costs
 - collaborate to prioritize identified health issues across Core Implementation programs with Enhanced Implementation activities
 - utilize Medicaid data to tailor a targeted evidence-based intervention across all Core Implementation programs with Enhanced Implementation activities
 - publish and disseminate findings (e.g., presentations at national and state conferences, joint publications with CDC and other Core Implementation programs with Enhanced Implementation activities)
- *Evaluate program impact*
 - utilize tools to document and monitor program performance and track outcomes

To assist applicants in identifying potential activities that may be modified or adapted for people with mobility limitations and/or ID, CDC has developed a list of public health strategies which are available at: <http://www.cdc.gov/ncbddd/disabilityandhealth/funding-opportunity-announcements.html>.

Awardees may not use funds for research or clinical care.

1.Collaborations

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

Applicants are expected to collaborate with other State-based Disability and Health programs supported under this award and with CDC-funded programs, including the National Centers on Health Promotion for People with Disabilities (CDC-RFA-DD16-1602).

b. With organizations not funded by CDC:

Collaborations between consumer groups, states, national or community-based organizations, state chronic disease directors, clinicians, and researchers are encouraged. If collaborations are proposed, it is expected that the nature of these collaborations are clearly described in the proposal and letters of support, and/or MOUs/MOAs are included in the appendix. If contractual agents or agencies will be used, describe potential contractors, how contractors will be selected, and the role of the applicant as compared to those of the contractor.

2. Target Populations

The target populations for the proposed projects are: People with mobility limitations and/or intellectual disabilities (ID), their families, health care providers, organizations serving people with these disabling conditions, and the general public.

It is expected that applicants will describe the specific target population, identify applicable health disparities, and develop and evaluate program objectives and related activities to reduce or eliminate these disparities.

a. Inclusion

Funded programs must include people with disabilities in all aspects of the program (e.g., advisory boards, planning committees, project staff, consultants, etc.). Where appropriate, applicants are encouraged to also include: tribal organizations; rural populations; non-English speaking populations; lesbian, gay, bisexual, and transgender (LGBT) populations; and people with limited health literacy. For additional information about disability inclusion, go to <http://www.cdc.gov/ncbddd/disabilityandhealth/disability-inclusion.html>.

iv. Funding Strategy (for multi-component FOAs only)

The amount and number of awards are contingent on the availability of funds. Funding levels will vary based upon the type of program selected (i.e., Capacity Building or Core Implementation). Annual funds are available as follows:

- Capacity Building Programs; up to \$150,000
- Core Implementation Programs; up to \$300,000
 - Enhanced Implementation Activities; up to an additional \$150,000 may be awarded to a subset of Core Implementation Programs for a total annual budget of up to \$450,000

Awardees may not use funds for research or clinical care.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurements help demonstrate achievement of program objectives; build a stronger evidence base for specific program interventions; clarify applicability of the evidence base to different populations, settings, and contexts; drive continuous program improvement; and help determine if program strategies are scalable and effective at reaching target populations.

As part of their evaluation plan, awardees will be responsible for measuring short-term and intermediate outcomes. Monitoring progress on short-term and intermediate outcomes provides an opportunity for awardees to make adjustments to strategies to ensure increased long-term health impact. All awardees will be expected to measure and report short-term outcomes (including reach, or number of people impacted by an intervention) that align to objectives included in their work plans.

If selected for funding, CDC staff will work with the grantees to finalize program specific measures. These will include both process and outcome measures, such as:

Process evaluation measure examples:

- *Develop internal capacity*
 - Description of organizational structure, staff roles and responsibilities, organizational chart
- *Enhance and expand partnerships*
 - List of collaborators and their roles and responsibilities, type of interagency agreements
- *Assess, develop and disseminate health promotion resources, tools, and inclusion strategies*
 - Summary of current tools and resources, numbers and types of materials developed, language and literacy of materials, methods of dissemination, audiences reached, numbers of resources requested and distributed, quality assessment of materials, web metrics
- *Deploy evidence-based health promotion programs adapted for people with disabilities*
 - Summary of current literature, list of evidence-based programs, description of adaptations, number of participants engaged
- *Promote evidence-based and innovative, programmatic, policy, systems, and environmental changes*
 - Summary of literature on evidence-based programs, policy, system, or environmental changes, summary of promotional activities and events, documentation of reach
- *Provide training and education*
 - List and types of training provided, number of people who received training
- *Provide technical assistance*
 - Number of technical assistance requests, list of organizations requesting assistance, summary of technical assistance provided
- *Enhance and utilize data to identify patterns of health and health care utilization*
 - List available data sources
- *Evaluate program impact*
 - Documentation of an evaluation plan and logic model, documentation of program reach

Short-term outcome evaluation measure examples:

- *Increased knowledge and awareness of health risk factors*
 - Percentage of change in knowledge and awareness of health risk factors
- *Improved collaboration with partners*
 - Increase in number of partners or joint projects, activities conducted and meetings held
- *Improved data collection methods*
 - Standardized protocols, analyses and documentation of findings
- *Increased availability and use of health promotion resources, tools, and inclusion strategies*
 - Percentage of change in use of resources, tools, and inclusion strategies

Intermediate outcome evaluation measure examples:

- *Improved organizational capacity*

- Percentage of staff exhibiting key staff competencies
- *Improved monitoring of health and health care utilization*
 - Percentage of change in health and health care utilization monitoring activities
- *Increased participation in evidence-based and innovative health promotion programs*
 - Percentage of change in number of program participants
- *Increased use of programmatic, policy, systems, and environmental changes*
 - Percentage of change in the number of inclusive policy, systems, and accessible environments, and new policies initiated
- Improved evidence-base for health promotion programs
 - Findings published in peer-reviewed journals

CDC emphasis will be supporting awardees to measure process, short-term, and intermediate outcomes, as outlined in the logic model. As part of the National Evaluation Plan, CDC will be responsible for determining overall FOA impact based on performance monitoring and progress achieved by all awardees.

CDC will also have routine calls with grantees to track progress of objectives outlined in the work plans and provide feedback or guidance around issues, such as finalizing logic models and evaluation plans and measuring program impact. CDC will use evaluation findings and performance measures for continuous program quality improvement and to demonstrate the impact of the FOA.

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).

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).

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

Applicants must provide an evaluation and performance measurement plan that is consistent with the CDC strategy. The plan must:

- Include a program logic model that aligns with the FOA logic model
- Affirm their ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy
- Describe how key program partners will participate in the evaluation and performance measurement planning process
- Describe how evaluation findings will be used for continuous program quality improvement
- Describe the type of evaluation (i.e., process, outcome, or both) and timeline
- Describe key evaluation questions to be addressed by these evaluations

- Identify available data sources and discuss the feasibility of collecting these data
- Explain how the evaluation and performance measures will contribute to developing an evidence base for programs that employ strategies lacking strong evidence

c. Organizational Capacity of Awardees to Implement the Approach

Applicants must demonstrate the ability to execute the CDC strategies and activities and meet project period outcomes.

Applicants should:

- Describe the current status of programs conducted by their organization, and describe their understanding of the need for this program as well as their agency's capacity in implementing and evaluating the activities within the proposed plan.
- Describe the anticipated level of organizational capacity applicants will need in order to implement the award. Organizational capacity includes skill sets such as: program planning, program evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management.
- Applicants should demonstrate relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes, experience and capacity to implement the evaluation plan, and a staffing plan and project management structure sufficient to achieve the project outcomes and clearly define staff roles.
- Applicants are encouraged to submit up to three success stories that demonstrate program accomplishments. Each success story should not exceed one page and may be included in the appendix.
- Applicants must be capable of managing the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations, and meet reporting requirements related to federal programmatic, financial, and management benchmarks as required in the FOA.

d. Work Plan

Applicants must provide a detailed work plan for the first year of the project period and a high-level description that covers the remaining four years of the project period. The work plan must crosswalk to the strategies and activities, short-term and intermediate outcomes, and performance measures presented in the logic model and narrative sections of the FOA. The work plan should include the associated performance measures, program strategies and activities, target dates for completion, and person(s) responsible for the activities. A sample work plan format is presented below to show how a traditional work plan aligns with the logic and narrative. In this format, the table would be completed for each project period outcome. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

Project Period Outcome: <i>[from Outcomes section and/or logic model]</i>		Outcome Measure: <i>[from Evaluation and Performance Measurement section]</i>	
Strategies and Activities	Process Measure <i>[from Evaluation and Performance Measurement section]</i>	Responsible Position / Party	Completion Date
1.			
2.			
3.			

4.			
5.			
6.			

If selected for funding, CDC staff will work with grantees to finalize the proposed work plan post-award.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee 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 awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee 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:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees 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.

Other activities deemed necessary to monitor the award, if applicable.

These activities may include 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 grantees.

Other than those listed above, no additional monitoring activities are required.

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

CDC will have substantial involvement throughout the project period. To ensure the success of the cooperative agreement, CDC will provide the following:

Technical Assistance:

- CDC staff will provide access to subject matter experts in disability, Medicaid analyses, public health practice and evaluation.
- CDC staff will conduct routine conference calls with grantees and will assist, as needed, with program planning, work plan finalization, implementation, performance measurement and evaluation.
- CDC staff will work with states around specific health topics to create Communities of Practice (CoPs); specifically, staff will identify states working on similar topic areas/adaptations and convene special conference calls and/or meetings to identify and leverage best practices and share lessons learned.
- Where appropriate, CDC staff will collaborate in the development of health promotion materials, presentations, and publications associated with these activities.

Information Dissemination:

- CDC staff will share information, best practices, and lessons learned among partners through meetings, conferences, listservs, webinars, and other social media.
- CDC staff will also share information between awardees through routine conference calls and facilitate information exchanges between grantees.

Additional Support

- CDC staff will provide regular feedback on work plans, evaluation plans (including logic model) and required reports.

B. Award Information

- 1. Funding Instrument Type:** Cooperative Agreement
 CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.
- 2. Award Mechanism:** U-27
- 3. Fiscal Year:** 2016
 Estimated Total Funding: \$27,000,000
- 4. Approximate Total Fiscal Year Funding:** \$5,400,000
 This amount is subject to the availability of funds.
- 5. Approximate Project Period Funding:** \$27,000,000
- 6. Total Project Period Length:** 5 year(s)
- 7. Expected Number of Awards:** 18
- 8. Approximate Average Award:** \$300,000 Per Budget Period
 This amount is subject to the availability of funds.
- 9. Award Ceiling:** \$450,000 Per Budget Period
- 10. Award Floor:** \$150,000 Per Budget Period
- 11. Estimated Award Date:** 07/01/2016

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (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 project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length: 12 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: State governments
 Native American tribal governments (Federally recognized)

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)
Territorial governments or their bona fide agents in 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.

2. Additional Information on Eligibility

Organizations previously funded under DD07-702, *Health Promotion for People with Disabilities*, DD12-1204 and DD15-1502, *Improving the Health of People with Disabilities through State based Public Health Programs*, are not eligible to apply for Capacity Building funds; they are only eligible to apply for Core Implementation programs and Enhanced Implementation activities. CDC will consider any application requesting Capacity Building funds that have been funded under these previous FOA's as non-responsive and it will receive no further review.

The award ceiling for this FOA is \$450,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. ([http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf](http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf))

3. Justification for Less than Maximum Competition

This announcement is limited to state governmental agencies or their bona fide agents, U.S. territories, and Native American tribal governments. These agencies are uniquely positioned to improve the health of people with disabilities. Given their established infrastructure, existing state and local health promotion programs and various community-based partnerships, awardees will be expected to improve inclusion and accessibility of people with disabilities in health promotion programs. These government agencies or their bona fide agents have: credibility and influence in their targeted communities (e.g., developed and/or participated in existing community coalitions, events, and activities); experience implementing health promotion programs; direct access to targeted audiences; a variety of existing communication platforms (e.g., websites, newsletters, conferences, special events, etc); and demonstrated ability to leverage additional resources and partnerships.

Applicants that do not demonstrate the appropriate infrastructure and resources necessary to fulfill the requirements of this project as described above will be limited in their ability to achieve the goals and objectives of this project.

4. Cost Sharing or Matching

Cost Sharing / Matching No
Requirement:

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

Additional materials that may be helpful to applicants: <http://www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf>.

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at [http:// fedgov.dnb.com/webform/ displayHomePage.do](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-awardees, those sub-awardees 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 an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

c. Grants.gov: The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the “Get Registered” option at www.grants.gov.

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at http:// fedgov.dnb.com/ webform or call 1-866-705-5711

2	System for Award Management (SAM) formerly Central Contractor Registration (CRR)	<ol style="list-style-type: none"> 1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov) 	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	<ol style="list-style-type: none"> 1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization 	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **03/22/2016**

b. Application Deadline

Due Date for Applications: **04/19/2016**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Informational Conference Call:

03/03/2016

An informational conference call will take place on March 3rd, 2016 from 3:00 pm to 4:00 pm EST. The conference call can be accessed by calling the following toll-free number 1-877-988-0576 and entering the participant pass code #27284619.

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
- 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.

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

An LOI is requested but optional as part of the application for this FOA. The LOI should include the following: name of the applicant organization and Principal Investigator; number and title of this FOA; and the type of program (i.e., Capacity Building or Core Implementation) for which they are applying.

The LOI must be sent via U.S. express mail, delivery service, fax, or email by March 22, 2016 to:

Arlene Vincent-Mark, PhD
CDC, NCBDDD

4770 Buford Highway, NE

MS E-88, Atlanta, GA 30341

Telephone number: (404) 498-6780

Fax: (770) 488-0270

Email address: dsz4@cdc.gov

8. Table of Contents

(No page limit and not included in Project Narrative limit): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package.

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

9. Project Abstract Summary

(Maximum 1 page)

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

10. Project Narrative

(Maximum of 20 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 20 pages will not be considered. The 20 page limit includes the work plan. For a multi-component FOA, maximum page limit is 25.)

The Project Narrative must include all of the bolded headings shown in this section. 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 project period as identified in the CDC Project Description section. Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov.

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 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. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period 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 CDC Project Description: Strategies and Activities section.)

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC.

Applicants must file letters of support, as appropriate, name the file “Letters of Support”, and upload it as a PDF file at www.grants.gov.

Applicants must file the MOU or MOA, as appropriate, name the file “MOUs/MOAs”, and upload it as a PDF file at www.grants.gov.

2. Target Populations

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. Refer back to the Target Population section 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 awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. 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. See Section E (pages 4 and 5) at <http://www.hhs.gov/asfr/ogapa/aboutog/ogpoe/gpd2-02.pdf>. 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, 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).

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

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first 6 months of the project, as outlined in the reporting section of the FOA.

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

Included in the Project Narrative Page limits:

Multiple components: maximum of 15 pages for the base and up to 4 additional pages per component)
Single component: maximum of 20 pages)

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 awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Implement the Approach. 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 will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http://www.cdc.gov/grants/interested_in_applying/application_resources.html.

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 FOA 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 FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

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

Core Implementation applicants who are requesting additional funds for Enhanced Implementation activities must submit a separate budget for these activities. Applicants must name the additional file "Enhanced Budget Narrative" and upload it as a PDF file at www.grants.gov.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically Pro-Children Act of 2001, 20 U.S.C. Sections 7181-7184, that prohibits smoking in certain

facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>

<http://www.thecommunityguide.org/tobacco/index.html>

<http://www.cdc.gov/obesity/strategies/food-serv-guide.html>

14. Health Insurance Marketplaces

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplaces and the health care law, visit: www.HealthCare.gov.

15. Intergovernmental Review

Executive Order 12372 does not apply to this program.

16. 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 grantees 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.

16a. 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). Grantees will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide grantees and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

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

16b. 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.

16c. 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 grantee 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 grantee did not pay any taxes during the reporting period.]

- 2) Quarterly Report: The grantee must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.
- 3) Terms: For purposes of this clause: “Commodity” means any material, article, supplies, goods, or equipment; “Foreign government” includes any foreign government entity; “Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.
- 4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.
- 5) Contents of Reports: The reports must contain: a. grantee 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 grantee must include this reporting requirement in all applicable subgrants and other subagreements.

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees 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 awardee.
- 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 awardees](#).
- 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.
- 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.

Other than those listed above, there are no additional restrictions on the use of funds.

18. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by PGO Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at www.grants.gov.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the PGO TIMS staff at 770- 488-2700 or by e-mail at pgotim@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 PGO TIMS staff for processing from www.grants.gov on the deadline date.

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

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

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

http://www.grants.gov/help/html/help/index.htm?callingApp=custom#t=Get_Started%2FGet_Started.htm

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

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO 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 I Review

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC NCBDDD and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility 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.

Approach

Maximum Points: 50

Evaluate the extent to which the applicant:

- Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model.
- Describes an overall strategy and activities consistent with the CDC Project Description and logic model.
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes.
- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC.

Evaluation and Performance Management

Maximum Points: 25

Evaluate the extent to which the applicant:

- Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach.
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the FOA and for continuous program quality improvement.

- Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.
- Describes any evaluation studies they are to undertake. Describe in sufficient detail to identify the key evaluation questions, and data sources and analysis methods.

Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 25

Evaluate the extent to which the applicant addresses the items below.

- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes.
- Demonstrates experience and capacity to implement the evaluation plan.
- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles. Provides an organizational chart.

Budget

Maximum Points: 0

Additional Review Process Information

Enhanced implementation activities will be scored separately using the same criteria as stated above:

- Approach (50 points)
- Evaluation and Performance Management (25 points)
- Applicant's Organizational Capacity to Implement the Approach (25 points)
- Budget (0 points)

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.

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel.

The following factors also may affect the funding decision:

- Availability of funds
- Geographic diversity
- Relevance of the proposed project to program priorities

2. Announcement and Anticipated Award Dates

The anticipated award date is July 1, 2016.

F. Award Administration Information

1. Award Notices

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

Any applicant awarded funds in response to this FOA 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

Awardees 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>

The HHS Grants Policy Statement is available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>.

The following Administrative Requirements (AR) apply to this project: Generally applicable ARs:

- AR-9: Paperwork Reduction Act <http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html>
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving,” October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)
- AR-35: Nutrition Policies

ARs applicable to awards related to conferences:

- AR-27: Conference Disclaimer and Use of Logos

Organization-specific ARs:

- AR-8: Public Health System Reporting (community-based, nongovernment organizations)
- AR-15: Proof of Non-profit Status (nonprofit organizations)
- AR 23: Compliance with 45 C.F.R. Part 87 (faith-based organizations)]

For more information on the CFR visit <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>.

3. Reporting

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

- Helps target support to awardees;
- Provides CDC with periodic data to monitor awardee progress toward meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and

program improvement throughout the project period 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 FOA.

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 FOA copying the CDC Project Officer.

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes

Other than those listed above, no additional post-award reporting is required.

a. Awardee Evaluation and Performance Measurement Plan (required)

With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award.

This plan should provide additional detail on the following:

- The frequency that evaluation and performance data are to be collected.
- How data will be reported.
- How evaluation findings will be used for continuous quality and program improvement.
- How evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., improved public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

b. Annual Performance Report (APR) (required)

The awardee must submit the APR via www.grants.gov 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.

This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and

update measures, if needed.

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

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

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances);
- and Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before 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 awardees 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 calendar quarter in which the budget period ends. 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, awardees are required to submit a letter of explanation to

PGO and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

This report is due 90 days after the end of the project period. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire project period and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
- Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
- Impact/Results/Success Stories – Awardees 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.
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

Other than the information requested above, no additional information is required.

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

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

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

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

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.fsrs.gov/documents/ffata_legislation_110_252.pdf
- http://www.hhs.gov/asfr/ogapa/aboutog/Grants%20Management%20Information/ffata_guidelines.html.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Arlene Vincent-Mark, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway
Atlanta, GA 30341-3717
Telephone: (404) 498-6780
Email: dsz4@cdc.gov

Grants Management Office Information

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

Carmen Davis, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road

Atlanta, GA 30341

Telephone: (770) 488-2723

Email: xbq9@cdc.gov

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

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

For all other **submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Office of Financial Resources

Office of Grants Services

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

E-mail: pgotim@cdc.gov

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Table of Contents for Entire Submission

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

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 74 and Part 92 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 FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additional_requirements/index.html. Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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.

Catalog of Federal Domestic Assistance (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.

CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.

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 project period (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 awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

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 FOA evaluation plan is used to describe how the awardee and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

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

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

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

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

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

with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

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

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

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

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

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

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/grants_spoc/.

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.

Plain Writing Act of 2010: Requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

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 FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Project Period Outcome: An outcome that will occur by the end of the FOA’s funding period.

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>.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative

department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

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

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

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

Work Plan: The summary of project period 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.

Functional Disability Types: Self-reported difficulties with certain activities and functions, including serious difficulty walking or climbing stairs (mobility), serious difficulty concentrating, remembering or making decisions (cognitive), serious difficulty seeing (vision), difficulty dressing or bathing (self-care), difficulty doing errands alone (independent living).

National Centers on Health Promotion for People with Disabilities: Centers or Organizations that work with people with disabilities and have a national reach through a network of 15 or more state/local programs, chapters and/or affiliates across the United States.