Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion

Diabetes and Heart Disease & Stroke Prevent Programs-Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke

CDC-RFA-DP18-1817
Application Due Date: 07/09/2018
Diabetes and Heart Disease & Stroke Prevent Programs-Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke

CDC-RFA-DP18-1817

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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-DP18-1817. 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) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:
Diabetes and Heart Disease & Stroke Prevent Programs-Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke

C. Announcement Type: New - Type 1
This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

D. Agency Notice of Funding Opportunity Number:
CDC-RFA-DP18-1817

E. Catalog of Federal Domestic Assistance (CFDA) Number:
93.435

F. Dates:
1. Due Date for Letter of Intent (LOI): 05/28/2018

3. Date for Informational Conference Call:
Date: Monday May 21, 2018
Time: 3:30pm - 5:00pm ET
Name: CDC-RFA-DP18-1817 Informational Call
Conference Number: 888-455-8915
Participant Code: 1945550#
Webinar link: https://adobeconnect.cdc.gov/r166kqd3qh/
Questions may be submitted to 1817Communications@cdc.gov as soon as this NOFO is released.

Additional information about this NOFO may be found at: www.cdc.gov/RFA-DP18-1817
G. Executive Summary:

1. Summary Paragraph:
This NOFO will support the design, testing, and evaluation of novel approaches to address evidence-based strategies aimed at reducing risks, complications, and barriers to prevention and control of diabetes and cardiovascular disease (CVD) in high-burden populations. Work will occur in state and local/city/county health departments with a population of 900,000 or more (using July 2012 U.S. Census estimates) where significant reach may be achieved. Consortia of smaller local/city/county health departments may submit one application that, together, includes a population of 900,000 or more (using July 2012 U.S. Census estimates). High burden populations are those that data indicate are affected disproportionately by high blood pressure, high cholesterol, diabetes, or prediabetes due to socioeconomic or related factors. Category A includes diabetes management and type 2 diabetes prevention strategies. Category B includes CVD prevention and management strategies. Applicants may apply for Category A, Category B, or both via a single and clearly delineated application. In both categories, applicants will select from a menu of strategies, and should focus in areas where they have capacity to achieve greatest reach and impact. Applicants proposing to work in both categories should divide funds equally, and apply selected Category A and B strategies in the same populations/settings, so that work may be mutually reinforcing.

a. Eligible Applicants: Limited
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 15
d. Total Period of Performance Funding: $150,000,000
e. Average One Year Award Amount: $1,500,000
Each category in this NOFO is competitive. Applicants may apply to work on Category A strategies, Category B strategies, or both. Each applicant’s award amount will vary based on whether the applicant elects to, and is successful in, competing for one or both categories. The average award for both Category A and Category B is $1,500,000. The average award for a single category, i.e. Category A or Category B, is $750,000.

Awards are expected to range from a minimum of $400,000 per year to a maximum of $3,000,000 per year based on the categories for which the applicant successfully competes.
f. Total Period of Performance Length: 5
g. Estimated Award Date: 09/29/2018
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 NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

**Part II. Full Text**

**A. Funding Opportunity Description**

**Part II. Full Text**

**1. Background**

a. Overview

Diabetes is the 7th leading cause of death in the U.S.; the number one cause of kidney failure, lower-limb amputations, and adult-onset blindness; and a leading cause of heart disease and stroke. In treating people with diabetes, clinicians must assess the risks and benefits of each decision in light of the patient's glycemic control, cardiovascular status, renal function, and lifestyle, which can be challenging. Health Information Technology (HIT) can assist in managing complex conditions like diabetes. Public health can play a key role in educating care teams to maximize use of HIT and clinical decision support tools and redesign processes and workflows to improve quality of care.

Roughly 84 million Americans have prediabetes, a condition characterized by blood glucose levels that are elevated but not diagnostic for diabetes. People with prediabetes are at increased risk for type 2 diabetes, heart disease, and stroke. The CDC-led National Diabetes Prevention Program (National DPP) is a partnership of public and private organizations working to build the infrastructure for nationwide delivery of an evidence-based lifestyle change program for adults with prediabetes to prevent or delay onset of type 2 diabetes. The lifestyle change program is founded on the science of the Diabetes Prevention Program research study, and subsequent translation studies, which showed that making modest behavior changes helped people with prediabetes lose 5% to 7% of their body weight and reduce type 2 diabetes risk by 58%. The program is cost effective and can be cost saving.

Heart disease is the leading cause of death, and stroke is the 5th leading cause of death, in the U.S. Cardiovascular Disease (CVD), including heart disease, stroke, and other vascular diseases, accounts for >800 000, or about 1 in 3, deaths/year, and around 1 in 5 who die from CVD are younger than 65 years. CVD is costly, with an estimated 1 in 7 health care dollars spent on CVD (about 15%). Hypertension is a primary risk factor for CVD. While control of hypertension reflective of individual and system-level improvements has been increasing, less than half of those with hypertension are controlled. Interventions to support patient engagement, prevention, and health system improvements need to be maximized to improve hypertension management. High blood cholesterol is another primary risk factor for CVD. Several modifiable health behaviors can lower cholesterol, including eating a healthy diet, losing weight, and being physically active. Behavior modification improvements and health systems advances are needed to reduce the need for treatment and close the gap in treatment across the population. Health
system interventions may include use of team-based care and community health workers, electronic health record alignment with national guidelines, improved medication adherence, and interventions supporting better continuity of care across health care settings.

This NOFO represents a collaboration between CDC's Division of Diabetes Translation and Division for Heart Disease and Stroke Prevention. It will build on the accomplishments and outcomes achieved in the healthcare systems and community-clinical linkage domains of CDC-RFA-DP13-1305 (1305) and CDC-RFA-DP14-1422 (1422). The purpose of this NOFO is to design, test, and evaluate novel approaches to address a set of evidence based strategies aimed at reducing risks, complications, and barriers to prevention and control of diabetes and CVD among high-burden populations.

b. Statutory Authorities
Section 301(a) of the Public Health Service Act [42] U.S.C. Section 241(a) 93.426

c. Healthy People 2020
CVD:

- HDS-2: Reduce coronary heart disease deaths.
- HDS-3: Reduce stroke deaths.
- HDS-7: Reduce the proportion of adults with high total blood cholesterol levels.
- HDS-8: Reduce the mean total blood cholesterol levels among adults.
- HDS-12: Increase the proportion of adults with hypertension whose blood pressure is under control.

Diabetes:

- D-16: Increase prevention behaviors in persons at high risk for diabetes with prediabetes.
- Increase the proportion of persons at high risk for diabetes with prediabetes who report increasing their levels of physical activity (D-16.1), trying to lose weight (D-16.2), and reducing the amount of fat or calories in their diet (D-16.2).

http://www.healthypeople.gov/

d. Other National Public Health Priorities and Strategies

- Hypertension prevention, detection, and control
- Additional recommended strategies for Cardiovascular Disease Prevention and Control may be found at: https://www.thecommunityguide.org/content/task-force-findings-cardiovascular-disease
- Million Hearts® 2022: https://millionhearts.hhs.gov/
- Additional recommended strategies for Diabetes Prevention and Control may be found at: https://www.thecommunityguide.org/content/task-force-findings-diabetes
- Diabetes care and self-management

e. Relevant Work

2. CDC Project Description

a. Approach

**Bold** indicates period of performance outcome.
i. Purpose
This NOFO will support the design, testing, and evaluation of novel approaches to address a set of evidence based strategies aimed at reducing risks, complications, and barriers to prevention and control of diabetes and CVD in high-burden populations. Work will occur in states and local jurisdictions with a population of 900,000 or more where significant reach may be achieved. Category A includes diabetes management and type 2 diabetes prevention strategies. Category B includes CVD prevention and management strategies. Applicants may apply to work in Category A, Category B, or both.

ii. Outcomes
Applicants will focus only on those outcomes that align with the strategies on which they choose to work. Refer to the Strategy Table in Section 2.b., CDC Evaluation and Performance Measurement Strategy for more information.

CATEGORY A: Diabetes Management and Type 2 Diabetes Prevention

Type 2 Diabetes Prevention

Short-term outcomes:
--Increased access to the National DPP lifestyle change program in underserved areas for people with diabetes
--Increased community clinical links that support bi-directional referrals to assist in enrolling and retaining participants in the National DPP lifestyle change program

Intermediate outcomes:
--Increased enrollment and retention in CDC-recognized organizations delivering the National DPP lifestyle change program

Long-term outcomes:
--Increased number of people with prediabetes enrolled in a CDC-recognized lifestyle change program who have achieved 5-7% weight loss

Diabetes Management

Short-term outcomes:
--Increase adoption and use of clinical systems and care practices to improve health outcomes for people with diabetes

Intermediate outcomes:
--Increased number of people with diabetes served by healthcare systems actively using clinical systems and care practices to improve diabetes-related health outcomes

Long-term outcomes:
--Decreased proportion of people with diabetes with an A1C > 9
CATEGORY B: Cardiovascular Disease Prevention and Management

Short-term outcomes:
--Increased reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of patients with high blood pressure and high blood cholesterol
--Increased use of and adherence to evidence-based guidelines and policies related to team-based care for patients with high blood pressure and high blood cholesterol
--Increased community clinical links that support bi-directional referrals, self-management, and lifestyle change for patients with high blood pressure, high blood cholesterol, and/or who have had a cardiac event

Intermediate outcomes:
--Increased medication adherence among patients with high blood pressure and high blood cholesterol
--Increased engagement in self-management among patients with high blood pressure and high blood cholesterol
--Increased participation in evidence-based lifestyle interventions among patients with high blood pressure and high blood cholesterol

Long-term outcomes:
--Increased control among adults with known high blood pressure
--Increased cholesterol management among patients at high risk of cardiovascular events

iii. Strategies and Activities
Category A (Diabetes Management and Type 2 Diabetes Prevention) and Category B (Cardiovascular Disease Prevention and Management) strategies are listed below. Applicants may apply for Category A, Category B, or both via a single and clearly delineated application.

In both categories, applicants will select from a menu of strategies, and should focus in areas where they have capacity to achieve greatest reach and impact. Applicants should apply selected Category A and B strategies in the same populations/settings, so that work may be mutually reinforcing. Where appropriate, strategies should be addressed in a way that benefits people with prediabetes or diabetes, people with high blood pressure, and people with or at risk for high cholesterol. Additionally, applicants are strongly encouraged to coordinate efforts with state and local health departments, where appropriate.

**Applicants applying for Category A should select a minimum of 6 strategies from the Category A portion of the table below.**

**Applicants applying for Category B should select a minimum of 6 strategies from the Category B portion of the table below.**

**PLEASE NOTE:** Applicants applying for both Category A and Category B should select a minimum of 6 strategies from Category A and a minimum of 6 strategies from Category B from the respective portions of the table below.
CATEGORY A: DIABETES MANAGEMENT AND TYPE 2 DIABETES PREVENTION STRATEGIES (Applicants will select a minimum 6 strategies from the list of 8 below)

Type 2 Diabetes Prevention: Improve access to and participation and retention in the National Diabetes Prevention Program (National DPP) lifestyle change program for people with prediabetes

A.1. Implement systems to facilitate bi-directional e-referral between healthcare systems and CDC-recognized lifestyle change programs for type 2 diabetes prevention
A.2. Support organizations in increasing enrollment in existing CDC-recognized lifestyle change programs or establishing and sustaining new CDC recognized lifestyle change programs in underserved areas
A.3. Implement tailored communication/messaging to reach underserved populations at greatest risk for type 2 diabetes to increase awareness of prediabetes and the National DPP
A.4. Support advanced training for lifestyle coaches working at CDC-recognized lifestyle change programs to strengthen skills needed to engage and retain participants

Diabetes Management and/or Type 2 Diabetes Prevention

A.5. Explore and test innovative ways to eliminate barriers to participation and retention in CDC-recognized lifestyle change programs for type 2 diabetes prevention and/or ADA-recognized/AADE-accredited diabetes self-management education and support (DSMES*) programs for diabetes management among high burden populations
A.6. Work with health care systems to establish or expand use of telehealth technology to increase access to one or more of the following programs/services in underserved areas:

1. ADA-recognized/AADE-accredited DSMES* programs for diabetes management
2. CDC-recognized lifestyle change programs for type 2 diabetes prevention
3. Diabetic retinopathy screening (using a non-mydriatic retinal camera at the screening site connected to a central reading center through telemedicine)

Diabetes Management: Improve care and management of people with diabetes

A.7. Increase adoption and use of clinical systems and care practices to improve health outcomes for people with diabetes (e.g., HIT/EHRs, clinical decision support tools, learning collaboratives to improve quality of care)
A.8. Increase use of clinical decision support within the EHR to promote early detection of chronic kidney disease (CKD) in people with diabetes

*These programs meet national quality standards and are more likely to be sustained long-term due to reimbursement by Medicare, many private insurance plans, and some State Medicaid Agencies.
CATEGORY B: CARDIOVASCULAR DISEASE PREVENTION AND MANAGEMENT STRATEGIES (Applicants will select a minimum of 6 strategies from the list of 8 below)

Track and Monitor Clinical Measures shown to improve healthcare quality and identify patients with high blood pressure and high blood cholesterol

B.1. Increase identification of patients with undiagnosed hypertension using EHRs/HIT

B.2. Explore and test innovative ways to promote the adoption of evidence-based quality measurement at the provider level (e.g., use dashboard measures to monitor health outcomes among high burden subpopulations and implement related activities)

Implement Team-Based Care for patients with high blood pressure and high blood cholesterol

B.3. Explore and test innovative ways to engage non-physician team members (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers) in hypertension and cholesterol management in clinical settings

B.4. Promote the adoption of MTM between community pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification

Link Community Resources and Clinical Services that support bi-directional referrals, self-management, and lifestyle change for patients with high blood pressure, high blood cholesterol, and/or who have had a cardiac event

B.5. Facilitate engagement of patient navigators/community health workers in hypertension and cholesterol management in clinical and community settings

B.6. Implement systems to facilitate bi-directional referral between community programs/resources and healthcare systems (e.g. using EHRs, 800 numbers, 211 referral systems, etc.)

B.7. Explore and test innovative ways to expand use of telehealth including mobile health technology (e.g., smart apps, text messages) to promote management of hypertension and high blood cholesterol

B.8. Explore and test innovative ways to enhance referral, participation, and adherence in cardiac rehabilitation programs in traditional and community settings, including home-based settings

1. Collaborations

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

Applicants are encouraged to collaborate with other related CDC-funded programs that have a role in achieving the NOFO outcomes for the strategies selected. Collaborations may center on shared data; partner organizations; coalitions; intervention settings/locations; marketing approaches/messages; EHRs or other electronic clinical decision support systems; and/or targeted
high burden populations. Related CDC-funded programs include but are not limited to CDC-RFA-DP18-1816: WISEWOMAN; national organizations funded under CDC-DP17-1705 (Scaling the National Diabetes Prevention Program in Underserved Areas); tribes or tribal organizations funded under CDC-RFA-DP14-1421 (Good Health and Wellness in Indian Country, which ends in FY 2019); and other CDC-funded chronic disease prevention and management programs. Applicants should also link to strategies and collaborations described in the jurisdiction's Chronic Disease Plan, as applicable.

Letters of support and MOAs/MOUs are not required but should be considered where appropriate and helpful in supporting collaborative efforts. If used, they should be named "MOUs/MOAs.jurisdiction name" and uploaded as a PDF file at www.grants.gov.

b. With organizations not funded by CDC:

Collaborations with a variety of public and private organizations are encouraged to leverage resources and maximize reach and impact for the strategies selected. Applicants should describe collaborations proposed with organizations relevant to both categories in the NOFO. These organizations may include employers; commercial health plans; hospitals; FQHCs/RHCs/community health centers; non-profit agencies; other federal, state, or local government agencies; tribes or tribal organizations; professional associations (state medical society, other medical specialty associations, etc.); quality improvement organizations; and others.

Applicants should also describe collaborations unique to each category for which they are applying. For Category A, examples may include ADA-recognized and AADE-accredited diabetes self-management education (DSMES*) and support programs and CDC-recognized organizations delivering the National DPP lifestyle change program. For Category B, examples may include non-profit organizations such as American Heart Association (AHA) local affiliates, cardiac rehabilitation providers, and pharmacist associations.

Letters of support and MOAs/MOUs are not required but should be considered where appropriate and helpful in supporting collaborative efforts. If used, they should be named "MOUs/MOAs.jurisdiction name" and uploaded as a PDF file at www.grants.gov.

*These programs meet national quality standards and are more likely to be sustained long-term due to reimbursement by Medicare, many private insurance plans, and some State Medicaid Agencies.

2. Target Populations

Applicants must identify criteria for selecting their priority populations based on disease and risk factor burden data and combined potential to impact large numbers of adults across the state or city(ies)/county(ies). Priority populations should include those that data indicate are affected disproportionately by high blood pressure, high blood cholesterol, diabetes, or prediabetes due to socioeconomic or other characteristics, including inadequate access to care, poor quality of care, or low income. Emphasis should be placed on achieving maximum reach and impact across these populations.
a. Health Disparities
Eliminating health disparities is one of the four Healthy People 2020 Foundational Health Measures. This NOFO will address the challenges and health inequities in chronic disease risk factors and conditions that high-burden populations experience. These efforts will help determine the public health impact of programs intended to improve specific risks, conditions, and/or barriers experienced by populations living with high levels of disease burden for high blood pressure, high blood cholesterol, diabetes, or prediabetes. Additionally, the program will include populations who can benefit from the strategies included in this NOFO (e.g., people with disabilities; non-English speaking populations; lesbian, gay, bisexual, and transgender (LGBT) populations; people with limited health literacy); or other targeted populations.

iv. Funding Strategy
Each Category of this NOFO is competitive. Applicants may apply to work on Category A strategies, Category B strategies, or both. Each applicant's award amount will vary based on whether the applicant elects to, and is successful in, competing for one or both categories.

The award ceiling for both Category A and Category B is $3,000,000. The award ceiling for a single category, i.e. Category A or Category B, is $1,500,000.

The average award for both Category A and Category B is $1,500,000. The average award for a single category, i.e. Category A OR Category B, is $750,000.

The award floor for both Category A and Category B is $800,000. The award floor for a single category, i.e. Category A or Category B, is $400,000.

Awards are expected to range from a minimum of $400,000 per year to a maximum of $3,000,000 per year based on the categories for which the applicant successfully competes.

b. Evaluation and Performance Measurement
i. CDC Evaluation and Performance Measurement Strategy
Evaluation and performance measurement help demonstrate program accomplishments and strengthen the evidence for strategy implementation. They can also determine whether the identified strategies and associated activities can be implemented at various levels (i.e., state, cities, counties, priority populations, etc.) within a state.

Throughout the five-year period, CDC will work individually and collectively with recipients to track the implementation of recipient strategies and activities and assess progress on achieving the five-year NOFO outcomes. Both the process and outcome evaluation will seek to answer the following overarching evaluation questions:

1. Approach: To what extent have recipients' implementation approaches been innovative in achieving the desired outcomes?
2. Effectiveness:
   1. To what extent has the NOFO increased the reach of strategies to prevent and control diabetes and cardiovascular disease?
   2. To what extent has implementation of Category A and B strategies led to
improved health outcomes in the identified priority populations?
3. What factors or components were associated with effective implementation of Category A and Category B strategies?
4. What innovative strategies implemented by recipients can be replicated and/or scaled?

3. Impact: To what extent has the innovation contributed to a measurable change in health, behavior, or environment in a defined community, population, organization, or system?

CDC will use an evaluation framework that facilitates recipient-conducted rigorous evaluations of innovative strategies, as well as collection and reporting of data that assess the program across recipients. This will include collection and reporting of performance measures, a CDC-led national evaluation, and use of recipient-led evaluation data.

Performance measures developed for this program correspond to the strategies and outcomes described in the logic model. Performance measures that recipients will be responsible for collecting and reporting are noted in the table in this section. Tier 1 measures are measures that will be reported by all recipients regardless of the strategies selected, and focus on long term outcomes. Tier 2 measures are measures that will be reported by recipients based on the specific strategies selected, and focus on short term outcomes. The Category B Tier 2 measures are broadly stated and will be further operationalized and defined by CDC and recipients based on the specific activities recipients propose to conduct. For strategies that do not have a Tier 2 performance measure listed in the table, performance measures may be proposed by recipients based on activities conducted and finalized in collaboration with CDC. Performance measures will be reported annually, and CDC will manage and analyze the data to identify recipient program improvements, respond to broader technical assistance needs, and report to stakeholders. CDC will develop annual, aggregate performance measure reports to be disseminated to recipients and other key stakeholders, including federal partners, non-funded partners, and policy makers, as appropriate. These aggregate findings may also be presented during site visits and recipient meetings. In addition to performance measures reported by recipients, CDC will track all intermediate outcome measures and other short and long-term measures that are relevant to the program through national datasets or the national evaluation activities.

For the CDC-led national evaluation activities, CDC will lead the design, data collection, analysis, and reporting. Recipients will be asked to participate in evaluation activities such as surveys, interviews, case studies, and other data collection efforts. CDC will use findings from these evaluation efforts to refine its technical assistance and, in turn, maximize and sustain program outcomes.

For recipient-led evaluations, CDC will assist recipients in developing and implementing evaluation plans that are useful for recipient program improvement and measuring the impact of innovative strategies for the overall evaluation of the program. Recipients will be expected to conduct rigorous evaluations of their innovative strategies and activities as noted in the Applicant Evaluation and Performance Measurement Plan. For Category A, recipients will be required to select at least two strategies to rigorously evaluate. This is particularly recommended for
strategies A.3, A.5, A.6, and A.8, where there is significant potential for innovation and opportunities to learn from effective approaches. For Category B, recipients will be required to select at least two strategies from the list of strategies in the Category B portion of the table to rigorously evaluate.

CDC and recipients will only collect data that will be analyzed and used. CDC will provide evaluation technical assistance and ongoing evaluation guidance on recipient-level evaluation and performance measures. Evaluation technical assistance will be provided using a customized approach to ensure that tools and services provided meet the needs of the recipients. All information will be reported via a secure system. All evaluation findings produced by CDC and recipients will contribute to: (1) continuous program and quality improvement of program efforts; (2) the evidence base; (3) documentation and sharing of lessons learned to support replication and scaling of these program strategies; and/or (4) future funding opportunities supported by CDC.

The data collected by CDC for performance measurement and evaluation are directly related to the implementation of the strategies and/or the desired outcomes indicated in the logic model. The data collected for this NOFO for performance measurement and national evaluation do not include any personally identifiable information. Data being collected are strictly related to the implementation of the NOFO strategies, and shall be used for assessing and reporting progress and for other pertinent program improvement actions. All performance measure data will be stored using a secure data system. Recipients will report performance measure data annually and will only have access to their data. Over the five-year performance period, data will be secured with limited access to authorized CDC program and evaluation staff to the extent allowed under applicable Federal law. CDC will aggregate data across all recipients to publish annual and summative reports.

Short-term measures for each strategy (reported based on the strategies selected) and long term measures reported by all recipients are described in the table below. The table aligns with the logic model and shows the alignment between the overarching focus areas, specific strategies, outcomes and performance measures.

<table>
<thead>
<tr>
<th>Category A (Diabetes Management and Type 2 Diabetes Prevention) and Category B (Cardiovascular Disease Prevention and Management) strategies are listed below. Applicants may apply for Category A, Category B, or both. In both categories, applicants will select from a menu of strategies, and should focus in areas where they have capacity to achieve greatest reach and impact. Applicants proposing to work in both categories should divide funds equally, and apply selected Category A and B strategies in the same populations/settings, so that work may be mutually reinforcing. Where appropriate, strategies should be addressed in a way that benefits people with prediabetes or diabetes, people with high blood pressure, and people with or at risk for high cholesterol.</th>
</tr>
</thead>
</table>

**Applicants applying for Category A should select a minimum of 6 strategies from the Category A portion of the table below.**
Applicants applying for Category B should select a minimum of 6 strategies from the Category B portion of the table below.

PLEASE NOTE: Applicants applying for Category A and Category B must select a minimum of 6 strategies from Category A and a minimum of 6 strategies from Category B from the respective portions of the table below.

### CATEGORY A: DIABETES MANAGEMENT AND TYPE 2 DIABETES PREVENTION STRATEGIES

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Short term outcomes and measures</th>
<th>Intermediate outcomes and measures</th>
<th>Long term outcomes and measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Applicants will select a minimum 6 strategies from the list of 8 below)</td>
<td>All measures are Tier 2 measures</td>
<td>All measures are Tier 1 measures</td>
<td>All measures are Tier 1 measures</td>
</tr>
<tr>
<td><strong>Type 2 Diabetes Prevention:</strong> Improve access to and participation in the National Diabetes Prevention Program (National DPP) lifestyle change program for people with prediabetes</td>
<td><strong>Outcome:</strong> Increased access to the National DPP lifestyle change program in underserved areas for people with prediabetes</td>
<td><strong>Outcome:</strong> Increased enrollment and retention in CDC-recognized organizations delivering the National DPP lifestyle change program</td>
<td><strong>Outcome:</strong> Increased number of people with prediabetes enrolled in a CDC-recognized lifestyle change program who have achieved 5-7% weight loss</td>
</tr>
<tr>
<td></td>
<td><strong>Outcome:</strong> Increased community clinical links that support bi-directional referrals to assist in enrolling and retaining participants in the National DPP lifestyle change program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Measure: A.1. # of patients served within healthcare systems that use bi-directional referral systems to exchange information with CDC-recognized lifestyle change programs for type 2 diabetes prevention | **Measure:** A.9. # of participants enrolled in CDC-recognized lifestyle change programs | **Measure:** A.14. # of people with prediabetes participating in CDC-recognized lifestyle change programs who have achieved 5-7% weight loss |
| A.1. Implement systems to facilitate bi-directional e-referral between healthcare systems and CDC-recognized lifestyle change programs for type 2 diabetes prevention | | |
| A.2. Support organizations in increasing enrollment in new CDC-recognized lifestyle | | |
| A.3. Implement tailored communication/messaging to reach underserved populations at greatest risk for type 2 diabetes to increase awareness of prediabetes and the National DPP | Measure: A.3. # of people reached by tailored communication/messaging to increase awareness of prediabetes and the National DPP |
| A.4. Support advanced training for lifestyle coaches working at CDC-recognized lifestyle change programs to strengthen skills needed to engage and retain participants | Measure: A.4. # of lifestyle coaches who have completed advanced training |
| **Diabetes Management and/or Type 2 Diabetes Prevention** |  |
| A.5. Explore and test innovative ways to eliminate barriers to participation and retention in CDC-recognized lifestyle change programs for type 2 diabetes prevention and/or ADA-recognized/AADE-accredited DSMES programs for diabetes management among high burden populations | Measure: A.5. No short-term performance measure |
| A.6. Work with health care systems to establish or expand use of telehealth technology to increase access to one or more of the following programs/services in underserved areas | Measure: A.6. a) # of telehealth delivery sites established in underserved areas to increase access to ADA-recognized/AADE-accredited DSMES programs for diabetes management |
| Measure: A.10. # of people with diabetes with at least one encounter at an ADA-recognized/AADE-accredited DSMES program |
| Measure: A.14. # of people with prediabetes participating in CDC-recognized lifestyle change programs who have achieved 5-7% weight loss |
| Measure: A.15. Proportion of people with diabetes with an A1C > 9 |
| Measure: A.15. a) Proportion of people with diabetes with an A1C > 9 |
underserved areas:
  a) ADA-recognized/AADE-accredited DSMES programs for diabetes management
  b) CDC-recognized lifestyle change programs for type 2 diabetes prevention
  c) Diabetic retinopathy screening (using a non-mydriatic retinal camera at the screening site connected to a central reading center through telemedicine)

<table>
<thead>
<tr>
<th>Diabetes Management: Improve care and management of people with diabetes</th>
<th>Outcomes: Increase adoption and use of clinical systems and care practices to improve health outcomes for people with diabetes</th>
<th>Outcome: Increased number of people with diabetes served by healthcare systems actively using clinical systems and care practices to improve diabetes-related health outcomes</th>
<th>Outcome: Decreased proportion of people with diabetes with an A1C &gt; 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.7. Increase adoption and use of clinical systems and care practices to improve health outcomes for people with diabetes (e.g., HIT/EHRs, clinical decision support tools, learning collaboratives to improve quality of care)</td>
<td>Measure: A.7. # of healthcare systems actively using clinical systems and care practices to improve health outcomes for people with diabetes</td>
<td>Measure: A.12. # of people with diabetes served by healthcare systems actively using clinical systems and care practices to improve diabetes-related health outcomes</td>
<td>Measure: A.14. Proportion of people with diabetes with an A1C &gt; 9</td>
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</tbody>
</table>
# CATEGORY B: CARDIOVASCULAR DISEASE PREVENTION AND MANAGEMENT STRATEGIES

<table>
<thead>
<tr>
<th>Strategies (Applicants will select a <strong>minimum of 6 strategies</strong> from the list of 8 below)</th>
<th>Short term outcomes and measures (Recipients will report the short term measure for each strategy selected.) <em>All measures are Tier 2 measures. Note: All measures are broadly stated and will be refined with recipients and CDC based on innovative activities proposed.</em></th>
<th>Intermediate outcomes and measures (<em>All intermediate measures will be tracked/evaluated by CDC.</em>)</th>
<th>Long term outcomes and measures (<em>All long term outcomes and measures are relevant across every strategy. All recipients will report long term measures as Tier 1 measures.</em>)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Track and Monitor Clinical Measures shown to improve healthcare quality and identify patients with high blood pressure and high blood cholesterol</strong></td>
<td><strong>Outcome:</strong> Increased reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of patients with high blood pressure and high blood cholesterol</td>
<td><strong>Outcome:</strong> Increased medication adherence among patients with high blood pressure and high blood cholesterol</td>
<td><strong>Outcome:</strong> Increased control among adults with known high blood pressure</td>
</tr>
<tr>
<td>B1. Increase identification of patients with undiagnosed hypertension using EHRs/HIT <strong>Measure:</strong> B.1. # and % of providers with a protocol for identifying patients with undiagnosed hypertension</td>
<td><strong>Measure:</strong> B.2.a (required) % improvement blood pressure control and cholesterol management among priority populations based on innovative activities at the provider level <strong>Measure:</strong> B.2.b (optional) # and % of clinics or providers that use standardized quality measures to track differences in BP control and cholesterol management in priority populations compared to overall populations</td>
<td><strong>Measure:</strong> B.9. Proportion of adults with known high blood pressure who have achieved blood pressure control</td>
<td><strong>Measure:</strong> B.10. Proportion of patients considered at high risk of cardiovascular events who have their cholesterol managed with statin therapy</td>
</tr>
<tr>
<td>Implement Team-Based Care for patients with high blood pressure and high blood cholesterol</td>
<td><strong>Outcome:</strong> Increased use of and adherence to evidence-based guidelines and policies related to team-based care for patients with high blood pressure and high blood cholesterol</td>
<td><strong>Outcome:</strong> Increased medication adherence among patients with high blood pressure and high blood cholesterol</td>
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<tr>
<td><strong>B3.</strong> Explore and test innovative ways to engage non-physician team members (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers) in hypertension and cholesterol management in clinical settings</td>
<td><strong>Measure:</strong> B.3. % improvement in blood pressure control and cholesterol management among patients based on innovative activities</td>
<td><strong>Outcome:</strong> Increased engagement in self-management among patients with high blood pressure and high blood cholesterol</td>
<td></td>
</tr>
<tr>
<td><strong>B4.</strong> Promote the adoption of MTM between community pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification</td>
<td><strong>Measure:</strong> B.4. # and % of community pharmacists engaged in the practice of MTM to promote medication management and lifestyle modification for high blood pressure and high blood cholesterol</td>
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<tr>
<td><strong>Link Community Resources and Clinical Services that support bi-directional referrals, self-management, and lifestyle change for patients with high blood pressure, high blood cholesterol, and/or who have had a cardiac event</strong></td>
<td><strong>Outcome:</strong> Increased community clinical links that support bi-directional referrals, self-management, and lifestyle change for patients with high blood pressure, high blood cholesterol, and/or who have had a cardiac event</td>
<td><strong>Outcome:</strong> Increased medication adherence among patients with high blood pressure and high blood cholesterol</td>
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</tr>
<tr>
<td></td>
<td></td>
<td><strong>Outcome:</strong> Increased engagement in self-</td>
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</tr>
</tbody>
</table>
management among patients with high blood pressure and high blood cholesterol

Outcome: Increased participation in evidence-based lifestyle interventions among patients with high blood pressure and high blood cholesterol

B5. Facilitate engagement of patient navigators/community health workers in high blood pressure and high cholesterol management in clinical and community settings

Measure: B.5. # and % of patients within health care systems that engage Community Health Workers (CHWs) or community navigators to link patients to community resources that promote self-management of high blood pressure and high blood cholesterol

B6. Implement systems to facilitate bi-directional referral between community programs/resources and healthcare systems (e.g. using EHRs, 800 numbers, 211 referral systems, etc.)

Measure: B.6. # and % of health care systems with an implemented community referral system tracking bi-directional referrals for evidence based lifestyle change programs for people with high blood pressure and high blood cholesterol

B7. Explore and test innovative ways to expand use of telehealth including mobile health technology (e.g., smart apps, text messages) to promote management of hypertension and high blood cholesterol

Measures will be determined by recipients and CDC based on proposed activities.

B8. Explore and test innovative ways to enhance

Measures will be determined by recipients and CDC based
referral, participation, and adherence in cardiac rehabilitation programs in traditional and community settings, including home based settings on proposed activities.

In Category A (Diabetes Management and Type 2 Diabetes Prevention), the following performance measures are not required for recipients to report but will be tracked and/or evaluated by CDC (through national datasets, data from the American Diabetes Association's Education Recognition Program and the American Association of Diabetes Educators Diabetes Education Accreditation Program, and the CDC Diabetes Prevention Recognition Program):

- # of people with diabetes with at least one encounter at an ADA-recognized/AADE-accredited DSMES program
- # of people with prediabetes participating in CDC-recognized lifestyle change programs who have achieved 5-7% weight loss
- Proportion of people with diabetes with an A1C > 9
- Proportion of people with diabetes who have retinopathy

In Category B (Cardiovascular Disease Prevention and Management), the following performance measures are not required for recipients to report but will be tracked and/or evaluated by CDC (through national datasets, Million Hearts® data, national evaluation of the program, evaluations conducted by innovation states, case studies, etc.):

- % of patients with high blood pressure in adherence to medication regimens
- # and % of patients with high blood pressure that have a self-management plan
- # and % of patients referred to an evidence based lifestyle intervention who attend at least one session

### ii. Applicant Evaluation and Performance Measurement Plan

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

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

- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC’s policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

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

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

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

To enable the required rigorous evaluations, recipients will identify relevant measures and previously untapped data sources (e.g., health system and electronic health record systems; surveys), and where appropriate, develop partnerships to enhance current data systems to improve the comprehensiveness of monitoring approaches. The evaluation plans should:

- Describe how both process and outcome evaluation will be collected.
- Describe key evaluation questions (including strategy-specific questions) to be addressed in addition to those provided by CDC.
- Describe the evaluation design (e.g., quasi-experimental).
- Describe the comparison or control group, if any, used to show the effects of the innovation.
- Explain data collection approaches and proposed measures and data sources.
- Align each evaluation question with an approach, instruments/data sources, and timeline.
- Propose analyses for at least two time points (baseline and follow-up), and assess program impact on any targeted disparate populations.
- Describe dissemination and publication plans.

Applicants are encouraged to work with professional evaluators (either internal or external) to meet the evaluation and performance reporting requirements of this NOFO. Therefore, CDC requires that recipients allocate a minimum of 10% of the total funding award to evaluation and performance monitoring, and consider both development and implementation costs. For information on developing an evaluation plan, please refer to the CDC Framework for Program Evaluation in Public Health (Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. MMWR 1999; 48, No. RR-11; https://www.cdc.gov/mmwr
With support from CDC, recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, within the first 6 months of award, as described in the Reporting section of this NOFO. CDC will work closely with recipients to develop the detailed plan to ensure that it is appropriate for the activities undertaken, for compliance with the monitoring and evaluation guidance established by CDC, or other guidance otherwise applicable to this cooperative agreement.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must describe their organizational capacity to carry out the strategies included in the category(ies) for which they are applying Category A, B, or both. CDC expects all applicants to demonstrate sufficient capacity and readiness to address and implement the required strategies selected from Category A, B, or both, and demonstrate impact on the project period performance measures over the 5-year project period.

When applicants are describing organizational capacity, emphasis should be given to prior experience

- Addressing health equity within the jurisdiction (state, city, county, or group of cities/counties).
- Minimizing duplication of effort, and particularly, building on complementary efforts being funded by CDC.
- Coordinating efforts with other federally and privately funded programs within the jurisdiction in an effort to leverage resources and maximize reach and impact.

Applicants should demonstrate readiness to implement the evidence-based strategies in this NOFO by describing the following:

- Established partnerships with groups/organizations relevant to the strategies selected.
- Prior experience working and providing technical assistance on the strategies selected.
- Proven ability to conduct program evaluation and monitor performance, including the ability to collect data at a population level and use data to demonstrate impact on priority populations.
- Experience with planning and implementing programs at a jurisdiction-wide or systems level.
- Sufficient leadership within the applicant's organization for program planning and development, including the identification or reassignment and supervision of staff, contractors, and/or consultants sufficient in number and subject matter expertise to plan and implement activities to address the strategies within Category A, B, or both.

Applicants must submit CVs/Resumes for key staff and relevant Organizational Charts as part of documentation of organizational capacity. Applicants should name the supporting documentation "CVs/Resumes.jurisdiction name" or "Organizational Charts.jurisdiction name".

/preview/mmwrhtml/rr4811a1.htm)
name" and upload it at www.grants.gov.

Demonstrated category-specific readiness to work on selected strategies includes the ability of applicants to describe the following, as applicable:

**Category A**

- Established partnerships with key stakeholders relevant to the strategies selected (e.g., health care organizations, Quality Innovation Networks/Quality Improvement Organizations, Primary Care Associations, state chapters of national medical associations, CDC-recognized organizations delivering the National DPP lifestyle change program, payers, employers, ADA-recognized and AADE-accredited diabetes self-management education and support programs, etc.).
- Access to subject matter expertise (staff and/or contractual) relevant to the specific diabetes management and type 2 diabetes prevention strategies selected.
- For strategies A.1, A.7, and A.8, foundational experience working with health care systems to improve use of electronic health records and/or tools for clinical decision support.
- For strategy A.6, established relationships/experience with organizations that are actively involved in establishing or expanding use of telehealth.

**Category B**

- Access to health systems data, including clinical quality data.
- Established partnerships with key stakeholders for health system interventions to improve the quality of health care delivery to populations with the highest cardiovascular disease disparities (e.g., Quality Innovation Networks/Quality Improvement Organizations, State Medicaid, Primary Care Associations, Rural Health Associations, Health Center Controlled Networks, state chapters of national medical or nursing associations).
- Established partnerships with key stakeholders for promoting community-clinical links (e.g., CHW associations, community pharmacists or pharmacy associations, community wellness organizations such as the YMCA, Departments of Housing and Urban/Community Development).

**d. Work Plan**

**Category A (Diabetes Management and Type 2 Diabetes Prevention Strategies) and Category B (Cardiovascular Disease Prevention and Management strategies)**

Applicants must submit a detailed work plan for Year 1 of the award and provide a general summary of work plan activities for Years 2-5 in narrative form. Applicants may choose to apply for Category A (Diabetes Management and Type 2 Diabetes Prevention strategies), Category B (Cardiovascular Disease Prevention and Management strategies), or both. In each category, applicants will select from a menu of strategies.

For applicants applying for both categories, the work plan should demonstrate how activities addressing the selected Category A and B strategies will be implemented in the same high
burden areas/communities, so that work on these strategies may be mutually reinforcing. Where appropriate, strategies specific to advancing diabetes management and type 2 diabetes prevention and heart disease and stroke prevention should be addressed in a mutually beneficial way. (Example: Efforts to establish bi-directional referral systems should be implemented in a way that will benefit both people with prediabetes/diabetes and people with hypertension).

CDC will provide feedback and technical assistance to award recipients to finalize the work plan activities post-award.

Recipients will be held accountable for work on the selected Category A and/or B strategies and corresponding performance measures described in the table in Section 2.b., CDC Evaluation and Performance Measurement Strategy for more information. CDC will work with recipients to operationalize the performance measures and to identify available and feasible data sources.

Category A: Applicants must select a minimum of 6 strategies listed in the table, and report on the status of relevant and applicable short term performance measures.

Category B: Applicants must select a minimum of 6 strategies listed in the table, and report on the status of relevant and applicable short term performance measures.

Within the department of health, cost sharing of positions to support these activities is encouraged (i.e., using Category A and B funds to pay for staff who support activities in both categories).

Year 1 Work Plan
Complete a work plan template for each of the six strategies selected.

CATEGORY A: DIABETES MANAGEMENT AND TYPE 2 DIABETES PREVENTION

<table>
<thead>
<tr>
<th>Strategy Description A.1</th>
<th>Activity Description</th>
<th>Lead Personnel Assigned</th>
<th>CONTRIBUTING PARTNERS</th>
<th>KEY CONTRACTS &amp; CONSULTANTS</th>
<th>Start Quarter</th>
<th>End Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 1</td>
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<td>Activity 2</td>
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<td>Activity 3</td>
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<td>Activity 5</td>
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</table>

<table>
<thead>
<tr>
<th>Short Term Outcome(s)</th>
<th>Short Term Measures</th>
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</thead>
<tbody>
<tr>
<td>(Outcome description)</td>
<td><em>(For each measure, include the Measure Description, Baseline Value, Year 1 Target Value, and Data source)</em></td>
</tr>
</tbody>
</table>

- Measure:
  - Baseline:
  - Year 1 Target:
  - Data Source:

<table>
<thead>
<tr>
<th>Setting</th>
<th>(State Government, Community, Faith-Based, Healthcare, Other {Please Describe})</th>
</tr>
</thead>
<tbody>
<tr>
<td>POPULATION OF FOCUS</td>
<td>General <em>(General if this strategy does not have a specific population of focus)</em></td>
</tr>
</tbody>
</table>
  - Age *(Adults {20-24}, Adults {25-39}, Adults {40-49}, Adults {50-64}, Adults {65 & Older})* |
  - Ethnicity *(Hispanic or Latino, Not Hispanic or Latino)* |
Gender
(Male, Female)

Geography
(Rural, Urban, Frontier)

Race
(African American or Black, American Indian or Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian {Specify}, Native Hawaiian or Other Pacific Islander, Guamanian or Chamorro, Samoan, White, Other {Specify})

Sexual Identity
(Bisexual, Gay, Heterosexual, Lesbian, Questioning)

Other Populations
(Low Socioeconomic Status, Disability, Other {Specify})

Category A Work Plan: Years 2-5
Provide a general summary of work plan activities proposed in Category A for Years 2-5 (maximum of one page narrative).

Work Plan
Complete a work plan template for each of the six strategies selected.

CATEGORY B: CARDIOVASCULAR DISEASE PREVENTION AND MANAGEMENT

<table>
<thead>
<tr>
<th>Strategy Description B.1</th>
<th>Activity Description</th>
<th>Lead Personnel</th>
<th>CONTRIBUTING</th>
<th>KEY CONTRACTS</th>
<th>Start Quarte</th>
<th>End Quarte</th>
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</thead>
</table>

26 of 65
<table>
<thead>
<tr>
<th>Activity</th>
<th>Assigned</th>
<th>PARTNERS &amp; CONSULTANTS</th>
<th>r</th>
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<tbody>
<tr>
<td>Activity 1</td>
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<td>Activity 5</td>
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<td>(Outcome description)</td>
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<tr>
<td>Measure:</td>
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<tr>
<td>· Baseline:</td>
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<td>· Year 1 Target:</td>
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<td>General <em>(General if this strategy does not have a specific population of focus)</em></td>
</tr>
<tr>
<td>Only show the populations of focus that apply. Others should be deleted.</td>
<td>Age</td>
</tr>
</tbody>
</table>

27 of 65
<table>
<thead>
<tr>
<th>Adults {20-24}, Adults {25-39}, Adults {40-49}, Adults {50-64}, Adults {65 &amp; Older}</th>
</tr>
</thead>
</table>

**Ethnicity**  
*Hispanic or Latino, Not Hispanic or Latino*

**Gender**  
*Male, Female*

**Geography**  
*Rural, Urban, Frontier*

**Race**  
*African American or Black, American Indian or Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian {Specify}, Native Hawaiian or Other Pacific Islander, Guamanian or Chamorro, Samoan, White, Other {Specify}*

**Sexual Identity**  
*Bisexual, Gay, Heterosexual, Lesbian, Questioning*

**Other Populations**  
*Low Socioeconomic Status, Disability, Other {Specify}*

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**Category B Work Plan: Years 2-5**

Provide a general summary of work plan activities proposed in Category B for Years 2-5 (maximum of one page narrative).

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**e. CDC Monitoring and Accountability Approach**

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

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

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

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

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

The proposed work plan and performance measures will be reviewed annually by the project officer and evaluation staff, and may need to be altered to better reflect program activities as outlined in the NOFO. Monitoring will occur routinely through ongoing communication between CDC and recipients via monthly calls, reporting mechanisms (i.e., work plans, performance measures, and financial reporting), and site visits. Post-award cooperative agreement monitoring and provision of technical assistance and training will include:

- Ensuring that work plans are feasible, fiscally responsible, consistent with the intent of the NOFO, and have acceptable milestones and timelines.
- Ensuring that the activities outlined in the NOFO are being completed.
- Assisting recipients in adjusting work plan activities based on achievement of objectives and/or budget changes.
- Communicating as needed, or at minimum monthly, with the project coordinator and other program staff on conference calls/webinars.
- Sponsoring webinars and other meetings/trainings associated with the NOFO.
- Providing tools/resources aligned with program activities and NOFO outcomes, assessment, and implementation support.

CDC will analyze performance measure data to review progress and identify technical assistance needs on at least an annual basis. CDC and recipients will finalize and operationalize performance measures based on strategies selected and innovative activities proposed. The
performance measure data will be triangulated with other internal and external sources of appropriate data to arrive at a rational assessment of progress. Findings from the annual analysis of performance measure data will be used to identify program improvement and broader technical assistance needs, and to report to stakeholders. CDC will develop annual, aggregate performance measure reports to be disseminated to recipients and other key stakeholders including federal partners, other funded and non-funded partners, and policy makers, as appropriate. These aggregate findings may also be presented during site visits and recipient meetings. In addition to performance measures reported by recipients, CDC will track specific intermediate outcome measures and other short and long-term measures that are relevant to the program through national datasets or national evaluation activities.

The national evaluation will be used to answer questions regarding the approach, effectiveness, and impact of the strategies being implemented by recipients. The specific questions in each area will be updated annually based on findings from the performance measure data as well as other lessons learned throughout the year. CDC will work closely with recipients on the rigorous evaluation of each program and any collection of data across programs. CDC guidance will be provided to the recipients to ensure effective participation in any CDC-led national evaluation efforts. All evaluation findings produced by CDC and recipients, where appropriate, will contribute to: (1) continuous improvement of quality and effectiveness of program strategies; (2) the evidence base; (3) documentation and sharing of lessons learned to support replication and scaling of innovative program strategies; and/or (4) future funding opportunities supported by CDC.

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

The CDC programs supporting this NOFO will be substantially involved beyond site visits and regular performance and financial monitoring during the project period. Substantial involvement means that the recipient can expect federal programmatic partnership in carrying out efforts under the award. CDC will work in partnership with the recipient to ensure the success of the cooperative agreement by:

- Supporting recipients in implementing cooperative agreement requirements and meeting program outcomes;
- Providing technical assistance to revise annual work plans;
- Assisting recipients in advancing program activities to achieve project outcomes;
- Providing scientific subject matter expertise (e.g., engaging non-physician team members, implementing and sustaining the National Diabetes Prevention Program) and resources in support of the selected strategies;
- Collaborating with recipients to develop and implement rigorous evaluation plans that align with CDC evaluation activities;
- Providing technical assistance on recipients' evaluation and performance measurement plans;
- Providing technical assistance to define and operationalize performance measures;
- Using webinars and other social media for recipients and CDC to communicate and share tools and resources;
• Establishing learning communities to facilitate the sharing of information among recipients;
• Providing professional development and training opportunities either in person or through virtual, web-based training formats for the purpose of sharing the latest science, best practices, success stories, and program models;
• Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes;
• Coordinating communication and program linkages with other CDC programs and Federal agencies, such as the Health Resources and Services Administration (HRSA), Centers for Medicare & Medicaid Services (CMS), Indian Health Service (IHS), and the National Institutes of Health (NIH);
• Providing surveillance technical assistance and state-specific data collected by CDC;
• Providing technical expertise to other CDC programs and Federal agencies on how to interface with recipients;
• Translating and disseminating lessons learned through publications, meetings, and other means on promising and best practices to expand the evidence base; and
• Hosting a meeting/training during the first year of the project period and later in the project period (for a total of 2 meetings/trainings for recipients).

Additionally, CDC will:

• Ensure that recipients have access to expertise found throughout the National Center for Chronic Disease Prevention and Health Promotion.
• Collaborate with recipients to explore appropriate flexibilities needed to meet public health outcomes and goals. Flexibility in cooperative agreements includes recipients' ability to propose alternative methods to achieve the outcomes and goals of the cooperative agreement that align with recipients' opportunities for success, infrastructure, partner and stakeholder buy-in, demographics, and burden. This includes bringing together resources from multiple cooperative agreements to jointly advance the goals of each, and expanding the dialogue to bring in other CDC and recipient staff to reach a win/win solution.
• Create greater efficiencies and consistency across NCCDPHP programs. For example,
  o Jointly developed resources and tools that focus on cross-cutting functions, settings, domains, risk factors, conditions and diseases to ensure consistent messages and to meet technical assistance needs.
  o Joint training and technical assistance opportunities that help state health departments produce policies and programs that are more holistic.
• Continue and expand support for recipients to leverage National Center for Chronic Disease Prevention and Health Promotion resources to address cross-cutting functions, domains, settings, risk factors, and diseases.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement
2. **Award Mechanism:**

3. **Fiscal Year:** 2018

4. **Approximate Total Fiscal Year Funding:** $30,000,000

5. **Approximate Period of Performance Funding:** $150,000,000

This amount is subject to the availability of funds.

<table>
<thead>
<tr>
<th>Estimated Total Funding:</th>
<th>$150,000,000</th>
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<tbody>
<tr>
<td><strong>6. Approximate Period of Performance Length:</strong></td>
<td>5 year(s)</td>
</tr>
<tr>
<td><strong>7. Expected Number of Awards:</strong></td>
<td>15</td>
</tr>
</tbody>
</table>

8. **Approximate Average Award:** $1,500,000 Per Budget Period

Each category in this NOFO is competitive. Applicants may apply to work on Category A strategies, Category B strategies, or both. Each applicant’s award amount will vary based on whether the applicant elects to, and is successful in, competing for one or both categories. The average award for both Category A and Category B is $1,500,000. The average award for a single category, i.e. Category A or Category B, is $750,000.

Awards are expected to range from a minimum of $400,000 per year to a maximum of $3,000,000 per year based on the categories for which the applicant successfully competes.

9. **Award Ceiling:** $3,000,000 Per Budget Period

Each category in this NOFO is competitive. Applicants may apply to work on Category A strategies, Category B strategies, or both. Each applicant’s award amount will vary based on whether the applicant elects to, and is successful in, competing for one or both categories. The award ceiling for both Category A and Category B is $3,000,000. The award ceiling for a single category, i.e. Category A or Category B, is $1,500,000.

Awards are expected to range from a minimum of $400,000 per year to a maximum of $3,000,000 per year based on the categories for which the applicant successfully competes.

10. **Award Floor:** $800,000 Per Budget Period

Each category in this NOFO is competitive. Applicants may apply to work on Category A strategies, Category B strategies, or both. Each applicant’s award amount will vary based on whether the applicant elects to, and is successful in, competing for one or both categories. The award floor for both Category A and Category B is $800,000. The award floor for a single category, i.e. Category A or Category B, is $400,000.

Awards are expected to range from a minimum of $400,000 per year to a maximum of $3,000,000 per year based on the categories for which the applicant successfully competes.

11. **Estimated Award Date:** 09/29/2018
12. **Budget Period Length:** 12 month(s)

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

13. **Direct Assistance**

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

### C. Eligibility Information

#### 1. Eligible Applicants

<table>
<thead>
<tr>
<th>Eligibility Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>State governments</td>
</tr>
<tr>
<td>County governments</td>
</tr>
<tr>
<td>City or township governments</td>
</tr>
</tbody>
</table>

Additional Eligibility Category:

#### 2. Additional Information on Eligibility

State governments with a population of 900,000 or more (using July 2012 U.S. Census estimates), or their bona fide agents

Local governments with a population of 900,000 or more (using July 2012 U.S. Census estimates), or their bona fide agents --Consortia of smaller local/city/county health departments may collaborate to submit one application that, collectively, represents a population of 900,000 or more (using July 2012 U.S. Census estimates). One organization must be identified in the application as the primary fiduciary agent that will receive the award and be responsible for funds and leadership and coordination of recipient activities.

Applicants are strongly encouraged to coordinate efforts with state and local health departments, where appropriate.

The award ceiling is $3,000,000 for an application that includes both Category A and Category B and $1,500,000 for an application that includes a single category, i.e. Category A or Category B.

CDC will consider any application requesting an award higher than the aforementioned amounts, as indicated, as non-responsive and it will receive no further review. Applicants may apply to work on Category A strategies, Category B strategies, or both. Each applicant’s award amount will vary based on whether the applicant elects to, and is successful in, competing for one or both categories.
3. Justification for Less than Maximum Competition

2018 Congressional Report language, i.e., H.R. 115-244, S.R. 115-150, summarized below, directs CDC to fund state, local, and tribal public health departments. Tribes and tribal-serving organizations are currently funded under separate NOFOs. Therefore, this NOFO is limited to State governments with a population of 900,000 or more (using July 2012 U.S. Census estimates), or their bona fide agents and local governments with a population of 900,000 or more (using July 2012 U.S. Census estimates), or their bona fide agents.

Consortia of smaller local/city/county health departments may collaborate to submit one application that, collectively, represents a population of 900,000 or more (using July 2012 U.S. Census estimates). One organization must be identified in the application as the primary fiduciary agent that will receive the award and be responsible for funds and leadership and coordination of recipient activities.

Heart Disease and Stroke Prevention:

- House Report language states, “The Committee increases support for CDC’s heart disease and stroke prevention activities within state, local, and tribal public health departments, and for enhanced surveillance and research to target high-burden populations and guide public health strategies.“

- Senate Report language states, “The Committee continues funding to support, strengthen, and expand heart disease and stroke prevention and control activities within state, local, and tribal public health departments and to enhance surveillance and research to target high burden populations and guide public health strategies. The Committee encourages CDC to prioritize these funds to communities with the highest disease burden of heart disease and stroke to identify and disseminate novel and innovative evidence-based strategies, including scientifically valid risk factor reduction measures, through competitive awards.”

Diabetes:

- Senate Report language states, “...The Committee believes these activities must include clear outcomes and ensure transparency and accountability that demonstrate how funding was used to support diabetes prevention and specifically how diabetes funding reached state and local communities. Additionally, the Committee encourages CDC to support the translation of research into better prevention, care, and surveillance.”
4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO 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. Application and Submission Information

1. Required Registrations

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

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. The DUNS number will be provided at no charge.

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

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at 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.
<table>
<thead>
<tr>
<th>Step</th>
<th>System</th>
<th>Requirements</th>
<th>Duration</th>
<th>Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Data Universal Number System (DUNS)</td>
<td>1. Click on <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a> 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 &amp; update information under DUNS number</td>
<td>1-2 Business Days</td>
<td>To confirm that you have been issued a new DUNS number check online at <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a> or call 1-866-705-5711</td>
</tr>
<tr>
<td>2</td>
<td>System for Award Management (SAM) formerly Central Contractor Registration (CCR)</td>
<td>1. Retrieve organizations DUNS number 2. Go to <a href="http://www.sam.gov">www.sam.gov</a> and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)</td>
<td>3-5 Business Days but up to 2 weeks and must be renewed once a year</td>
<td>For SAM Customer Service Contact <a href="https://fsd.gov/fsd-gov/home.do">https://fsd.gov/fsd-gov/home.do</a> Calls: 866-606-8220</td>
</tr>
<tr>
<td>3</td>
<td>Grants.gov</td>
<td>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</td>
<td>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)</td>
<td>Register early! Log into grants.gov and check AOR status until it shows you have been approved</td>
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</tbody>
</table>

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

### 3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at [www.grants.gov](http://www.grants.gov). If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@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 NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

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

Due Date for Letter of Intent: **05/28/2018**

**b. Application Deadline**

Due Date for Applications: **07/09/2018**, 11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov). If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

**Date for Information Conference Call**

Date: Monday May 21, 2018  
Time: 3:30pm - 5:00pm ET  
Name: CDC-RFA-DP18-1817 Informational Call  
Conference Number: 888-455-8915  
Participant Code: 1945550#  
Webinar link: [https://adobeconnect.cdc.gov/r166kqd3qhq/](https://adobeconnect.cdc.gov/r166kqd3qhq/)  
Questions may be submitted to 1817Communications@cdc.gov as soon as this NOFO is released.

Additional information about this NOFO may be found at: [www.cdc.gov/RFA-DP18-1817](http://www.cdc.gov/RFA-DP18-1817)
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(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx).

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file “Assurances and Certifications” and upload it as a PDF file with at [www.grants.gov](http://www.grants.gov)

- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at [http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/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.

**Duplication of Efforts**

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year.

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

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

6. Content and Form of Application Submission

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

The purpose of a letter of intent (LOI) is to allow CDC program staff to estimate the number and plan for the review of submitted applications.

LOIs must be sent via U.S. express mail, delivery service, fax, or email to:

Robert Hancock
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Diabetes Translation
4770 Buford Highway
MS F-75
Atlanta, GA 30341
Fax: 770-488-8550
1817Communications@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package. Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

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

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must
include all of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

<table>
<thead>
<tr>
<th>a. Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Purpose</td>
</tr>
<tr>
<td>Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach
Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan
(Included in the Project Narrative’s page limit)
Applicants must prepare a work plan consistent with the CDC Project Description Work Plan
section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

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

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

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

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

Applicants should prepare a budget narrative and justification for the strategies they are proposing to implement in Category A (Diabetes Management and Type 2 Diabetes Prevention) and/or Category B (Cardiovascular Disease Prevention and Management). Applicants applying for both categories should divide costs equally between work on Category A and Category B strategies. The total amount of funding requested should not exceed $3,000,000.

Recipients will be required to attend a 3-day meeting/training to be held in Atlanta in the first year of the period of performance, and should budget for key program staff and evaluators to attend. This includes staff working on Category A and Category B strategies, as appropriate.

13. Funds Tracking
Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/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.

14. Intergovernmental Review
The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state’s process. The current SPOC list is available at: http://www.whitehouse.gov/omb/grants_spoc/.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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


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

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

17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
• Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
• Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
• Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
• Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  o 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
  o the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
• See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
• The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
• In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

18. Data Management Plan
As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant’s assurance of the quality of the public health data through the data’s lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information: https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. Other Submission Requirements

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**a. Electronic Submission:** Applications must be submitted electronically at [www.grants.gov](http://www.grants.gov). The application package can be downloaded at [www.grants.gov](http://www.grants.gov). Applicants can complete the application package off-line and submit the application by uploading it at [www.grants.gov](http://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](http://www.grants.gov). File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at [www.grants.gov](http://www.grants.gov).

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

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

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

If you do not receive a “validation” e-mail within two business days of application submission, please contact [www.grants.gov](http://www.grants.gov). For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide. [https://www.grants.gov/help/html/help/index.htm?callingApp=custom&t=Get Started%2FGet Started.htm](https://www.grants.gov/help/html/help/index.htm?callingApp=custom&t=Get Started%2FGet Started.htm)

**d. Technical Difficulties:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should contact Customer Service at [www.grants.gov](http://www.grants.gov). The [www.grants.gov](http://www.grants.gov) Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. 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@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, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review
A review panel will evaluate complete, eligible applications in accordance with the criteria below.
1. Approach
2. Evaluation and Performance Measurement
3. Applicant’s Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach  

<table>
<thead>
<tr>
<th>Category A (45 points maximum)</th>
<th>Maximum Points:45</th>
</tr>
</thead>
</table>
Collaborations (10) – The extent to which the applicant:

- Describes how it will collaborate with CDC funded programs as well as programs external to CDC in implementing the selected program strategies.
- Describes the role(s) key partners will play in implementing the selected strategies and achieving progress on the performance measures.
- Includes MOAs/MOUs/LOSs as described on pages 21-22.

Target Populations and Health Disparities (10) – The extent to which the applicant:

- Describes the specific priority population(s) in its jurisdiction and identifies criteria for selecting the priority population(s) based on disease and risk factor burden data and combined potential to impact large numbers of adults across the jurisdiction.
- Describes how it will reduce health disparities and improve social determinants of health among populations at greatest risk.

Workplan (25) - The extent to which the applicant describes a detailed one-year work plan that:

- Aligns with the program logic model.
- Provides an appropriate, clear, and concise description of the specific activities it will use to address the selected strategies and corresponding outcomes and performance measures (from the table in Section 2.b., CDC Evaluation and Performance Measurement Strategy).
- Includes key milestones and deliverables that will be achieved in Year 1.
- Demonstrates potential to impact large numbers of adults across the jurisdiction.
- Specifies the setting(s), and population(s) of focus for work under each strategy.
- Provides a general summary of activities for Years 2-5.

Category B (45 points maximum)

Collaborations (10) – The extent to which the applicant:

- Describes how it will collaborate with CDC funded programs as well as programs external to CDC in implementing the selected program strategies.
- Describes the role(s) key partners will play in implementing the selected strategies and achieving progress on the performance measures. Includes MOAs/MOUs/LOSs as described on pages 21-22.

Target Populations and Health Disparities (10) – The extent to which the applicant:
• Describes the specific priority population(s) in its jurisdiction and identifies criteria for selecting the priority population(s) based on disease and risk factor burden data and combined potential to impact large numbers of adults across the jurisdiction.
• Describes how it will reduce health disparities and improve social determinants of health among populations at greatest risk.

**Workplan (25)** - The extent to which the applicant describes a detailed one-year work plan that:

• Aligns with the program logic model.
• Provides an appropriate, clear and concise description of the specific activities it will use to address the selected strategies and corresponding outcomes and performance measures (from the table in Section 2.b., CDC Evaluation and Performance Measurement Strategy).
• Includes key milestones and deliverables that will be achieved in Year 1.
• Demonstrates potential to impact large numbers of adults across the jurisdiction.
• Specifies the setting(s), and population(s) of focus for work under each strategy.
• Provides a general summary of activities for Years 2-5.

**ii. Evaluation and Performance Measurement**

| Category A (25 points maximum) | Maximum Points:25 |

The extent to which the applicant:

• Describes key evaluation questions to be answered, in addition to the broad evaluation questions posed by CDC. (3)
• Describes an evaluation design that is appropriate for the proposed strategies and is rigorous enough to determine whether activities have contributed to health and other outcomes. (5)
• Describes data collection processes and data sources that are feasible and align with the evaluation design. (4)
• Indicates that a minimum of 10% of total funding is allocated to monitoring and evaluation. (3)
• Describes how evaluation findings will be used for continuous program and quality improvement. (3)
• Describes how the evaluation will highlight innovative activities and add to the evidence base for selected strategies. (5)
• Includes a preliminary Data Management Plan (DMP). (2)

**Category B (25 points maximum)**

The extent to which the applicant:

• Describes key evaluation questions to be answered, in addition to the broad evaluation
questions posed by CDC. (3)
• Describes an evaluation design that is appropriate for the proposed strategies and is rigorous enough to determine whether activities have contributed to health and other outcomes. (5)
• Describes data collection processes and data sources that are feasible and align with the evaluation design. (4)
• Indicates that a minimum of 10% of total funding is allocated to monitoring and evaluation. (3)
• Describes how evaluation findings will be used for continuous program and quality improvement. (3)
• Describes how the evaluation will highlight innovative activities and add to the evidence base for selected strategies. (5)
• Includes a preliminary Data Management Plan (DMP). (2)

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 30

**Category A (30 points maximum)**

The extent to which the applicant:

• Describes how it has addressed health equity within the jurisdiction (state, city, county, or group of cities/counties). (5)
• Describes how it has coordinated efforts with other relevant federally and privately funded programs within the jurisdiction in an effort to leverage resources and maximize reach and impact. (5)
• Demonstrates readiness to implement the evidence-based strategies in this NOFO by describing: (20)
  o Established partnerships with groups/organizations relevant to the strategies selected (e.g., health care organizations, Quality Innovation Networks/Quality Improvement Organizations, Primary Care Associations, state chapters of national medical associations, CDC-recognized organizations delivering the National DPP lifestyle change program, payers, employers, ADA-recognized and AADE-accredited diabetes self-management education and support programs, etc.).
  o Prior experience working and providing technical assistance on the strategies selected.
  o Proven ability to conduct program evaluation and monitor performance, including the ability to collect data at a population level and use data to demonstrate impact on priority populations.
  o Experience with planning and implementing programs at a jurisdiction-wide or systems level.
  o Sufficient leadership within the applicant’s organization for program planning and development, including the identification or reassignment and supervision of staff, contractors, and/or consultants sufficient in number and subject matter expertise to plan and implement activities to address the selected strategies.
  o The capacity of key staff, including the submission of their CVs/resumes and
relevant organizational charts as part of documentation of organizational capacity.

- How the applicant will access subject matter expertise (staff and/or contractual) relevant to the diabetes management and type 2 diabetes prevention strategies selected.
- For strategies A.1, A.7, and A.8, foundational experience working with health care systems to improve use of electronic health records and/or tools for clinical decision support.
- For strategy A.6, established relationships/experience with organizations that are actively involved in establishing or expanding use of telehealth.

**Category B (30 points maximum)**

The extent to which the applicant:

- Describes how it has addressed health equity within the jurisdiction (state, city, county, or group of cities/counties). (5)
- Describes how it has coordinated efforts with other relevant federally and privately funded programs within the jurisdiction in an effort to leverage resources and maximize reach and impact. (5)
- Demonstrates readiness to implement the evidence-based strategies in this NOFO by describing: (20)
  - Established partnerships with groups/organizations relevant to the strategies selected.
    - For health system interventions to improve the quality of health care delivery to populations with the highest cardiovascular disease disparities this may include Quality Innovation Networks/Quality Improvement Organizations, state Medicaid, Primary Care Associations, Rural Health Associations, Health Center Controlled Networks, state chapters of national medical or nursing associations.
    - For promoting community-clinical links this may include CHW associations, community pharmacists or pharmacy associations, community wellness organizations such as the YMCA, Departments of Housing and Urban/Community Development.
  - Prior experience working and providing technical assistance on the strategies selected.
  - Proven ability to conduct program evaluation and monitor performance, including the ability to collect data at a population level and use data to demonstrate impact on priority populations.
  - Experience with planning and implementing programs at a jurisdiction-wide or systems level.
  - Sufficient leadership within the applicant’s organization for program planning and development, including the identification or reassignment and supervision of staff, contractors, and/or consultants sufficient in number and subject matter expertise to plan and implement activities to address the selected strategies.
  - The capacity of key staff including the submission of their CVs/resumes and relevant organizational charts as part of documentation of organizational
capacity.
  - Access to health systems data, including clinical quality data.

### Budget

Though not scored, applicants must assure their proposed budgets align with the proposed work plan, allocate at least 10% of total funding to monitoring and evaluation, and adhere to CDC fiscal policy.

#### c. Phase III Review

Applicants will be funded in order by score and rank determined by the review panels for each category.

**Review of risk posed by applicants.**

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

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

CDC’s framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

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

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

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

2. Announcement and Anticipated Award Dates

Successful applicants can anticipate notice of funding by September 29, 2018 with a start date of September 30, 2018.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate. Brief descriptions of relevant provisions are available at [http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17](http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17).

- AR-7: Executive Order 12372 Review
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
• AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
• AR-14: Accounting System Requirements
• AR-24: Health Insurance Portability and Accountability Act Requirements
• AR-25: Data Management and Access
• AR-26: National Historic Preservation Act of 1966
• 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-34: Language Access for Persons with Limited English Proficiency

For more information on the CFR visit http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

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

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

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

<table>
<thead>
<tr>
<th>Report</th>
<th>When?</th>
<th>Required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)</td>
<td>6 months into award</td>
<td>Yes</td>
</tr>
<tr>
<td>Annual Performance Report (APR)</td>
<td>No later than 120 days before end of budget period. Serves as yearly continuation application.</td>
<td>Yes</td>
</tr>
<tr>
<td>Federal Financial Reporting Forms</td>
<td>90 days after the end of the budget period.</td>
<td>Yes</td>
</tr>
<tr>
<td>Final Performance and</td>
<td>90 days after end of project</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Payment Management System (PMS) Reporting Quarterly reports due January 30; Yes April 30; July 30; and October 30.

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

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

Carryover requests 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.

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

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System’s (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the period of performance. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)
Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2)
similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:


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

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

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

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

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

3) Terms: For purposes of this clause:
   “Commodity” means any material, article, supplies, goods, or equipment;
   “Foreign government” includes any foreign government entity;
   “Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.
5) Contents of Reports: The reports must contain:
   a. recipient name;
   b. contact name with phone, fax, and e-mail;
   c. agreement number(s) if reporting by agreement(s);
   d. reporting period;
   e. amount of foreign taxes assessed by each foreign government;
   f. amount of any foreign taxes reimbursed by each foreign government;
   g. amount of foreign taxes unreimbursed by each foreign government.

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For **programmatic technical assistance**, contact:

Lazette Lawton, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway NE
Mailstop F-75
Atlanta, GA 30341
Email: 1817Communications@cdc.gov

Grants Staff Contact

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

Patricia French, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Rd
Atlanta, GA 30341
Telephone: (770) 488-2849
Email: pff6@cdc.gov

For assistance with **submission difficulties related to** [www.grants.gov](http://www.grants.gov), contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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: ogstims@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
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Indirect Cost Rate, if applicable
- Bona Fide Agent status documentation, if applicable
For this NOFO, there is a 40 page limit, inclusive of the workplan.
Additional information on this NOFO can be found at www.cdc.gov/RFA-DP18-1817.

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additional_requirements/index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
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 NOFO 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 period of performance (i.e., extends the “life” of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal
programmatic collaboration or participation in carrying out the effort under the award.

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

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

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.

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

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

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

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

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

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

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

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

Healthy People 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_sproc/.

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 educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

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

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

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

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

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

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

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

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

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

**Public Health Accreditation Board (PHAB):** A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation [http://www.phaboard.org](http://www.phaboard.org).

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

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

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

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

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

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

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**NOFO-specific Glossary and Acronyms**