


**Centers for Disease Control**

National Center for Chronic Disease Prevention and Health Promotion

State Actions to Improve Oral Health Outcomes
CDC-RFA-DP18-1810
Application Due Date: 05/04/2018

State Actions to Improve Oral Health Outcomes
CDC-RFA-DP18-1810
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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-DP18-1810. 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:**

State Actions to Improve Oral Health Outcomes

**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-DP18-1810

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

93.366

**F. Dates:**

| | |
|---|---|
| **1. Due Date for Letter of Intent (LOI):** | **03/22/2018** |
| **2. Due Date for Applications:** | **05/04/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. |

A Letter of Intent (LOI) is encouraged but not required for this NOFO. The purpose of the LOI is to allow CDC program staff to estimate the number of and plan for the review process of submitted applications.

The LOI should include the following:

- Descriptive title of proposed project.
- Name, address, telephone number, and an email address of the Principal Investigator, Project Director, or both.
- Name, address, telephone number, and an email address of the primary contact for writing and submitting this application.
- Number and title of this NOFO.
- Whether the applicant will be applying for: a) Sealants, Community Water Fluoridation, and Oral Health Surveillance, or b) Sealants, Community Water Fluoridation, Oral Health Surveillance and Medical-Dental Integration.

The LOI must be emailed or postmarked by **03/22/2018 11:59pm, U.S. Eastern Standard Time**.

Send LOIs via email or U.S. express mail to:

Marcia Parker

Department of Health and Human Services

Centers for Disease Control and Prevention

4770 Buford Hwy, NE, MS F-80

Atlanta, Georgia 30341

Telephone: 770-488-6054

Email: 1810State@cdc.gov

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

Date for Pre-application Information Conference Call: **03/08/2018**

- **March 8, 2018 at 3:00 p.m. to 5:00 p.m. U.S. Eastern Standard Time.** This pre-application informational conference call can be accessed by calling **1-866-852-7877.** The leader for this call is **Mr. Casey Hannan** and the passcode is **49956528**.

**Technical Assistance Opportunities for Potential Applicants**:

Potential applicants may participate in a conference call for information about the Notice of Funding Opportunity (NOFO). The National Center for Chronic Disease Prevention and Health Promotion's Division of Oral Health will host this call. Listed above is the Pre-application Conference Call information.

**Frequently Asked Questions:**

Information about this initiative is available at https://www.cdc.gov/oralhealth/funding/nofo1810states.htm. This website will also provide answers to frequently asked questions and an email address for potential applicants to make inquiries and submit questions. Information about all CDC oral health programs, including recipients, is available at www.cdc.gov/oralhealth.

## G. Executive Summary:

**1. Summary Paragraph:**

The "State Actions to Improve Oral Health Outcomes" program is a five-year competitive renewal to continue CDC investment in and support for oral health promotion and disease prevention programs. The purpose is to assist states in decreasing dental caries, oral health disparities, and other co-morbid chronic diseases associated with poor oral health. Recipients under this program will accomplish these outcomes through implementing priority strategies such as school sealant programs (including promoting adherence to infection prevention guidelines), supporting and increasing community water fluoridation, conducting oral health surveillance, and optionally integrating oral health with other chronic disease programs (i.e., medical-dental integration). The proposed program will replace FOA 13-1307 [FY 2013-FY 2018]. It will also incorporate important programmatic strategies currently implemented in FOA 16-1609 [FY 2016-FY 2017], Models of Collaboration among Chronic Diseases and Oral

Health Programs, to support enhanced medical-dental integration and provide improved quality of care. Successful implementation of the NOFO strategies will result in decreases in dental caries, oral health disparities, and other co-morbid chronic diseases.

**a. Eligible Applicants:** Limited
**b. NOFO Type:** Cooperative Agreement
**c. Approximate Number of Awards:** 18
18 (18 awards for Sealants, CWF, and Oral Health Surveillance; 5 of these recipients will be awarded additional funding for Medical-Dental Integration).

**d. Total Period of Performance Funding:** $38,300,000

**e. Average One Year Award Amount:** $425,556
$370,000 for 13 recipients funded for Sealants, CWF, and Oral Health Surveillance; $570,000 for 5 recipients awarded additional funding for Medical-Dental Integration. (Overall average of $7,660,000/18 total recipients = $425,556). CDC recommends allocating 40% of budget for personnel costs and 60% for program implementation.

**f. Total Period of Performance Length:** 5
**g. Estimated Award Date:** 09/01/2018
**h. Cost Sharing and / or Matching Requirements:** N
Cost sharing or matching funds are not required for this program. Although there are no statutory match requirements for this NOFO, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Examples include complementary private foundation funding, other U.S. government funding sources, including programs supported by the Department of Health and Human Services and other agencies such as the Department of Agriculture, the Department of Education, the Environmental Protection Agency, or other funding sources. Applicants should coordinate with multiple sectors, such as public health, education, health care delivery (Federally Qualified Health Centers, Community Health Centers, and Faith-based Organizations), drinking water associations, and other community-level resources.

## Part II. Full Text

### A. Funding Opportunity Description

### Part II. Full Text

### 1. Background

#### a. Overview

Oral diseases, which span cavities to gum disease to oral cancer cause pain and disability for millions of Americans, costing taxpayers billions of dollars each year.[1] Cavities (also called tooth decay) are one of the most common chronic conditions in the United States. More than 40% of adults report having felt pain in their mouth in the last year. In 2015, the nation spent $117.5 billion on costs related to dental care. More than $6 billion in productivity is lost each year

because people miss work to get dental care. [2]

Oral health strategies, school sealant programs and community water fluoridation are proven to prevent cavities and save money. [3],[4] Recent surveillance reports show improvements in oral health; for example, data from the National Health and Nutrition Exam Survey (NHANES) from 1999–2004 to 2011– 2014 show overall prevalence of dental sealants among 6-11 year olds increased from 31.1% to 43.6%.[5] From 2004–2014, more than 30 million people gained access to fluoridated water. Over 211 million individuals (74.4% of those served by community water systems) now have access to optimally fluoridated water. [6]

Linkages exist between oral diseases and other chronic diseases like diabetes, cardiovascular disease, and obesity.[7],[8]This linkage also includes risk behaviors such as tobacco use and consuming foods and beverages with high levels of added sugar.[9] However, few public health programs across the United States integrate oral health and chronic disease programs. The Division of Oral Health's Models of Collaboration (also called "Medical-Dental Integration" strategy) provides a unique opportunity for oral health promotion, disease prevention, and chronic disease programs to work together to ensure care coordination that leads to improved chronic disease outcomes.


1. Seirawan H, Sundaresan S, Mulligan R. Oral health-related quality of life and perceived dental needs in the United States; Am Journal of Public Health Dentistry. 2011; (71):194-201
2. Centers for Disease Control and Prevention (CDC). 2015, October 8. Oral Health: Oral Health Basic. https://www.cdc.gov/oralhealth/basics/index.html, November 11, 2017
3. Centers for Disease Control and Prevention (2016, November 7) Community Water Fluoridation. https://www.cdc.gov/fluoridation/statistics/fsgrowth.htm, September 11, 2017
4. Griffin SO, Naavaal S, Scherrer CR, Patel M, Chattopadhyay S. Evaluation of school-based dental sealant programs: an updated Community Guide systematic economic review. Am J Prev Med. In press 2016.
5. Griffin SO, Wei L, Gooch B, Weno K, Espinoza L. Changes in dental sealant and untreated tooth decay prevalence and the estimated impact of increasing school-based sealant program coverage. MMWR. 2016; 65.
6. Centers for Disease Control and Prevention (2016, November 7) Community Water Fluoridation. https://www.cdc.gov/fluoridation/statistics/fsgrowth.htm, August 25, 2017
7. Sheiham, A., & Watt, R.G. (2000). The common risk factor approach: a rational basis for promoting oral health. Community dentistry and oral epidemiology, 28(6), 399-406
8. Preshaw, P. et al. (2016) Periodontitis and Diabetes: A Two-Way Relationship. Diabetologia. 55(1): 21-31. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3228943/
9. Sheiham, A., & Watt, R.G. (2000). The common risk factor approach: a rational basis for promoting oral health. Community dentistry and oral epidemiology, 28(6), 399-406


**b. Statutory Authorities**

The State Actions to Improve Oral Health Outcomes is authorized under the Public Health Act,

Title 42, Section 243, 247(b)(k)(2) and 247(b-14).

**c. Healthy People 2020**

NOFO strategies that address the HP 2020 objectives: Reduce the proportion of youth with dental caries (OH-1.1-3); Reduce the proportion of youth with untreated dental decay (OH-2.1-3); Increase the number of children with dental sealants on permanent molars (OH-12.2-3); Increase the proportion of the population on public water systems with fluoridated water (OH-1.3); Increase the number of state health departments with an oral health surveillance system (OH-16); Increase the proportion of persons with diabetes who have an annual dental examination (D-8); Increase tobacco screening in dental care settings (TU-9.3) and; Increase tobacco cessation counseling in dental care settings (TU-10.3).

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

Oral health is one of 12 Healthy People Leading Health Indicators for the Nation. This program supports strategies to increase and improve the quality of oral health outcomes, community-clinical linkages, and preventive services in the following national plans and guidelines:

The Guide to Community Preventive Services - http://www.thecommunityguide.org/

The National Partnership for Action to End Health Disparities - https://minorityhealth.hhs.gov/npa/

Health Resources and Services Administration - http://www.hrsa.gov/index.html

Centers for Medicare and Medicaid Services - http://www.cms.gov

National Prevention Strategy - http://www.surgeongeneral.gov/priorities/prevention/strategy/

A number of other efforts are underway in the United States to improve oral health. For example, the Centers for Medicare & Medicaid Services is working with state partners, the dental and medical provider communities, and other stakeholders to continue to assess and monitor quality of care, and improve access to dental care (http://www.cms.gov/). The Health Resources and Services Administration has made oral health a primary goal and is working on increasing and further developing the oral health workforce through training (http://www.hrsa.gov/index.html).

**e. Relevant Work**

This NOFO builds upon past programmatic efforts to build state oral health program capacity to promote oral health and implement oral health prevention programs as outlined in CDC-RFA-DP13-1307. In addition, this NOFO supports or enhances the integration of medical and dental services that result in improved quality of care as outlined in CDC-RFA-DP16-1609.

## 2. CDC Project Description

**a. Approach**

**Bold** indicates period of performance outcome.

**Division of Oral Health, Logic Model for DP18-1810 – State Actions to Improve Oral Health Outcomes**

<table>
<tr><th>INPUTS</th><th>STRATEGIES</th><th>SHORT-TERM OUTCOMES</th><th>INTERMEDIATE OUTCOMES</th><th>LONG-TERM OUTCOMES</th></tr>
<tr><td rowspan="11">CDC<br>• Funding<br>• Technical Assistance<br>• Training (e.g., community water fluoridation (CWF), evaluation)<br>• Guidelines, recommendations and evidence-base for oral health promotion<br>• Evaluation/performance measurement<br><br>States<br>• Staff<br>• Partners (including local, state, national, universities)<br>• Equipment<br>• Training<br>• Infrastructure and capacity<br>• Data collection and reporting<br>• Oral health surveillance<br><br>National and Federal Partners and Stakeholders (e.g., ADA, ASTDD, NACDD, EPA, HRSA, CMS, CDHP, Congress, etc.)<br>• Technical assistance<br>• Training<br>• Capacity building<br>• Guidelines and evidence-base for oral health promotion</td><td colspan="3">COMPONENT 1</td><td rowspan="5">• Decrease in dental caries<br>• Decrease in oral health disparities</td></tr>
<tr><td>School Sealant Programs</td><td></td><td></td></tr>
<tr><td>• Partnerships<br>• Communications<br>• Data reporting</td><td>Expand School Sealant Program enrollment</td><td>Increase the number of children ages 6-14 receiving sealants on one or more of their permanent molars through school sealant programs</td></tr>
<tr><td>Community Water Fluoridation</td><td></td><td></td></tr>
<tr><td>• Partnerships<br>• Communications<br>• Data reporting</td><td>Expand community water fluoridation within state</td><td>• Increase the percentage of adjusted water systems that maintain optimal fluoridation level<br>• Increase proportion of people served by community water systems who receive optimally fluoridated water</td></tr>
<tr><td>Oral Health Surveillance</td><td></td><td></td></tr>
<tr><td>• Oral health surveillance system development & maintenance<br>• Data collection<br>• Data reporting</td><td>• Develop, implement and maintain a surveillance plan<br>• Develop and maintain an oral health surveillance system<br>• Utilize actionable information for program and policy decisions</td><td>• Conduct oral health surveillance to monitor prevalence and inform program and policy decisions to improve oral health.<br>• Disseminate oral health surveillance data on oral disease, risk factors and use of preventive oral health services</td></tr>
<tr><td colspan="3">COMPONENT 2</td><td rowspan="3">• Decrease in other co-morbid conditions</td></tr>
<tr><td>Medical-Dental Integration</td><td></td><td></td></tr>
<tr><td>• Partnerships<br>• Communications<br>• Data reporting</td><td>Integrate oral health with other chronic disease programs</td><td>• Increased integration of oral health into primary care practice<br>• Increased integration of clinical support into dental practices</td></tr>
</table>

## i. Purpose

The purpose of this non-research NOFO is to assist States to decrease dental caries, oral health disparities, and other chronic diseases co-morbid with poor oral health. To accomplish this, recipients will implement school sealant programs (including promoting adherence to infection prevention guidelines), support and increase access to community water fluoridation, conduct oral health surveillance, and optionally integrate oral health with other chronic disease programs (medical-dental integration).

## ii. Outcomes

All applicants need to address the outcomes bolded in the logic model for each strategy in Component 1: School Sealant Programs, Community Water Fluoridation, and Oral Health Surveillance. In addition, applicants that apply for the optional fourth strategy under Component 2: Medical-Dental Integration will need to address the bolded outcome there. Besides the short and mid-term outcomes that are bolded, all applicants are expected to address the bolded long-term outcome related to dental caries prevalence.

**Component 1 Strategies:**

- For the required School Sealant Programs (SSP) strategy, the relevant outcome in the

logic model is expand school sealant program enrollment.

- For the required Community Water Fluoridation (CWF) strategy, the relevant outcome in the logic model is increase proportion of people served by community water systems who receive optimally fluoridated water.

- For the required Oral Health Surveillance (OHS) strategy, the relevant outcome in the logic model is disseminate oral health surveillance data on oral disease, risk factors, and use of preventive oral health services.

**Component 2 Strategies:**

- For the optional Medical-Dental Integration strategy, the relevant outcome in the logic model is integrate oral health with other chronic disease programs.

School sealant programs and community water fluoridation result in measurable population-level health impact and economic savings. Conducting oral health surveillance will ensure programs are able to document burden, identify groups or geographic areas affected disproportionately by poor oral health outcomes, and monitor trends. Through medical-dental integration of oral health and chronic disease programs, staff will identify effective public health strategies to address mutually beneficial outcomes.

The School Sealant Program and Community Water Fluoridation performance measures in this NOFO directly support reaching and exceeding corresponding national oral health objectives (expanding school sealant programs and reaching at least 50% of high risk schools, and reaching or exceeding 79.6% of the population on public water systems having access to optimally fluoridated water) Healthy People 2020. The Oral Health Surveillance performance measure is to develop or maintain an oral health reporting system that enables oral health promotion and disease prevention programs to monitor effectively the burden of disease and report trends. The Medical-Dental Integration performance measure outcome is to establish and ensure care coordination to improve co-morbid outcomes of oral health and chronic disease programs.

**SCHOOL SEALANT PROGRAM:**

Recipients will promote, coordinate, implement, and evaluate dental sealant programs within elementary and middle schools in which at least 50% of students qualify for the federal or state free and reduced meal program. In addition, recipients will promote the adherence to the CDC's infection prevention guidelines in school sealant programs, including the Guidelines for Infection Control in Dental Health-Care Settings – 2003, and the Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care.

**SCHOOL SEALANT PROGRAM PERFORMANCE MEASURES FOR RECIPIENTS:**

- ***Performance Measure:*** Number of eligible schools* with dental sealant programs within each CDC-funded state.

- ***Target:*** A minimum of a 5% increase in the number of eligible schools* with dental sealant programs within each CDC-funded state.

**Data sources: Annual State Synopsis (funded by National Partner Cooperative Agreement); CDC Annual State Progress Report; National Center for Education Statistics (NCES)(http://nces.ed.gov/)**and CDC SEALS application (administered by DOH) or approved sealant data collection system.**

*The term eligible schools is defined as schools with 50% or more of students eligible for free and reduced meals program (FARMs).

**CDC will provide recipients with guidance on how to collect NCES state-specific data within the first 45 days of award.

**COMMUNITY WATER FLUORIDATION:**

Recipients will monitor and report water fluoridation activities including documentation of public water systems that adjust fluoride and proportion of people served. Recipients will provide education on the benefits, safety, and effectiveness of maintaining recommended fluoride levels for community water fluoridation. They will also maintain an awareness of policy changes and actions that support and promote quality control and management of fluoridated water systems.

**COMMUNITY WATER FLUORIDATION PERFORMANCE MEASURES FOR RECIPIENTS:**

- ***Performance Measure:*** Number of population served by optimally fluoridated community water systems.

- ***Target:*** Increase proportion of population served by community water systems who receive optimally fluoridated water.

**Data sources: CDC Annual Progress Report; Annual State Synopsis (funded by National Partner Cooperative Agreement); and CDC Water Fluoridation Reporting System (WFRS)**

**ORAL HEALTH SURVEILLANCE:**

Recipients will develop and maintain an oral health surveillance system. In addition, recipients will monitor the burden of oral diseases and access to preventive services (for example, dental sealants and community water fluoridation) and disseminate findings to inform program and policy decisions.

**ORAL HEALTH SURVEILLANCE PERFORMANCE MEASURES FOR RECIPIENTS:**

- ***Performance Measure:*** Prevalence of dental caries experience, untreated decay and dental sealants among 3rd grade children.*

- ***Target:*** A minimum of 5% reduction in dental caries experience and untreated decay among 3rd grade children. A minimum of 5% increase in dental sealants among 3rd grade children.

*Specific performance measures are defined under the Minimum Reportable Elements for Data Collection Activities of the Strategies and Activities.

**Data sources: CDC Annual Progress Report and past and current Basic Screening Survey (BSS)**

**MEDICAL-DENTAL INTEGRATION:**

A small number of recipients will receive additional funds for medical-dental integration. These recipients will work closely with their chronic disease program partners, where appropriate, to implement a bi-directional referral system that results in a project that addresses oral diseases or conditions of those populations affected by or at risk of one of the following: obesity, diabetes, cardiovascular disease, tobacco use or consumption of sugar-sweetened beverages. Expected outcomes include the integration of oral health and chronic disease program strategies that will lead to improvement on mutually agreed upon health outcomes. Recipients will need to work at the program, clinical practice, and health systems levels to

increase communication, coordination, and collaboration between the oral health and chronic disease programs to achieve expected outcomes.

**MEDICAL-DENTAL INTEGRATION PERFORMANCE MEASURES FOR RECIPIENTS:**

- ***Performance Measure:*** Percentage of adults screened for the chronic disease or risk factor selected.

- ***Target:*** A minimum of 5% increase in the percentage of adults screened for the chronic disease or risk factor selected.

**Data source: CDC Annual Progress Report**

**iii. Strategies and Activities**

**SCHOOL SEALANT PROGRAM STRATEGIES AND ACTIVITIES:**

**1: Partnerships and Collaborations-develop, coordinate, and implement diverse partnerships with a focus on the target population. Collaborate and integrate with disease prevention programs:**

- Develop, coordinate, implement, and evaluate jurisdiction-wide school sealant programs.
- Provide training and technical assistance to local sealant programs, partners, and providers on topics such as evidenced-based strategies and data collection methods, and promote adherence through training on CDC's infection prevention and control guidelines in dental settings.
- Foster and sustain relationships with public and private organizations whose missions align with improving child health or oral health outcomes, including developing partnerships with community, non-traditional, and national partners that may assist with reaching priority populations. Examples include academia, community-based organizations, faith-based organizations, local dental associations, Medicaid, Managed Care Organizations, and Federally Qualified Health Centers.
- Convene a sealant work group of key partners to develop strategies for improving sealant program operations, enhancing quality control efforts, expanding program reach, and establishing sustainability of school sealant programs. The work group is required to develop a sustainability plan for its school sealant program during the first project year that outlines strategies for leveraging other resource opportunities to reduce reliance on federal funds.

**2: Communication and Policy-implement communications that promote the reach and**

**impact of school sealant programs:**

- Develop a communication plan within the first project year to guide efforts for promoting the benefits and effectiveness of school sealant programs and for promoting increased participation by schools or children. The plan should identify the target audiences (parents or caregivers, medical and dental providers, school personnel, and decision-makers), key messages for each, and proposed communication channels. This plan should also identify a dissemination timeline and each partner's role.
- Over the five-year NOFO project period, the recipient is required to develop in plain language at least three publicly available documents for dissemination that describe the target audience and unmet need; the program's purpose, reach, and impact; and improvement efforts. These documents may be fact sheets, success stories, data briefings or burden reports.

**3: Data Collection and Reporting-collect and report sealant program data to track program efficiency and reach:**

- Monitor and track progress toward reaching or exceeding the Healthy People 2020 target (HP OH 12.2).
- Annually complete and submit requested sealant program information in State Synopsis questionnaire (survey administered by National Partner Cooperative Agreement Recipient).
- Collect, analyze, and report school sealant programs' cost of resources, quality assurance (sealant retention rate) and program impact using CDC's SEALS web application or equivalent instrument. ***
- Complete a dental sealant needs assessment to describe priority populations and assess the jurisdiction's facilitators and barriers in advancing expansion of school sealant programs. The needs assessment should identify the target population and help to develop program priorities and plans. Recipients must submit the needs assessment within the first year of funding.

******Recipients must obtain CDC/DOH approval for use of an "equivalent instrument" within 90 days of the funding start date.***

**<u>Below is additional guidance about the sealant program, data collection and reporting:</u>**

- *CDC/DOH will provide recipients with the Minimum Reportable Data Elements for data collection activities within 45 days of the award.*
- *CDC/DOH allows recipients to pay for and collect data from non-state coordinated sealant programs.*
- *CDC/DOH will provide specific guidance on the data collection for sealant needs assessment for school sealant programs within 45 days of the award.*
- *Recipients may use CDC funding to purchase portable dental sealant delivery units for school sealant programs. If funding is used for portable sealant equipment, the recipient*

*must report how the equipment is being used and maintained.*

**COMMUNITY WATER FLUORIDATION STRATEGIES AND ACTIVITIES:**

**1: Partnerships and Collaborations-promote and provide support for quality control and management of fluoridated water systems within the recipient's jurisdiction:**

- Foster and sustain partnerships with community leaders, water treatment professionals, coalitions and others whose mission aligns with promoting and increasing community water fluoridation.
- Encourage water treatment personnel to take the CDC Water Fluoridation Principles and Practice training course online or in-person.
- Ensure water treatment personnel understand and implement current Engineering and Administrative Recommendations for Water Fluoridation [1] for maintaining optimal fluoridation levels.
- Within the first two years of the award, conduct an assessment to identify and document community water systems with aging fluoridation equipment and document the expected equipment lifespan and capital replacement costs, describing the possible funding sources and replacement timeline.
- Fund or leverage funds, where appropriate, through mini-grants to provide new or replacement fluoridation equipment to community water systems.*

***Applicants for equipment funds must provide a justification that includes specific plans for equipment maintenance, training on the use of the equipment, and number of persons served by this new equipment.***

**2: Communication and Policy-educate public, water treatment professionals, and decision makers on benefits of community water fluoridation:**

- Educate water treatment personnel on the importance of and rationale for recommended fluoridation levels.
- Use key informant and opinion leader interviews or other data sources to determine levels of knowledge or public opinion on the benefits of community water fluoridation.
- Develop and implement a communication plan that identifies goals, objectives, and strategies to increase decision maker and public knowledge of the benefits of community water fluoridation. The plan should include strategies to:
    - Educate key decision makers on the scientific evidence of the effectiveness and safety of this intervention (decision makers may include local and public officials, drinking water program managers, water treatment professionals, leaders and staff of other chronic disease programs, members of coalitions, etc.).
    - Educate the general public on the tooth decay-preventing benefits and safety of

community water fluoridation through venues such as dental and public health professional networks; parent, student, and teacher organizations; local town hall or board members; letters to the editor or Op-eds for local newspapers, and other media outlets or social media sites.

**3: Data Collection and Reporting-identify, promote, and implement policy changes to improve and increase the amount and quality of fluoridated water in the jurisdiction:**

- Collect, analyze, and report on the proportion of people served by optimally fluoridated community water systems.
- Ensure that information on Public Water Systems (PWS) in the CDC Water Fluoridation Reporting System (WFRS) is current and accurate, and that all discrepancy reports provided by CDC on WFRS are addressed on a timely basis.
- Track policy changes in the recipient's jurisdiction that affect community water fluoridation; analyze the anticipated impact of these policy changes; and report them in the CDC Annual Progress Report.
- Summarize and disseminate water fluoridation data. Report data annually to CDC, including any reporting discrepancies.

**ORAL HEALTH SURVEILLANCE STRATEGIES AND ACTIVITIES:**

- Identify and leverage opportunities and resources to develop or maintain surveillance capacity. Opportunities might include (but are not limited to) collaborating with other programs to address oral health related priority issues or cost sharing to support qualified staff (such as an epidemiologist or evaluator) with other programs.
- Develop and maintain an oral health surveillance system that includes all of the following elements: surveillance plan, surveillance indicators, and timely data dissemination to monitor burden of oral disease and inform program and policy decisions.
    - Develop or update a surveillance plan for the project period and submit it to CDC in the first year annual progress report. The surveillance plan must include the following components: surveillance plan goals and objectives, logic model, identification of needs and priorities evidenced by current oral health status and trends in population(s). Include prioritized indicators and their definitions; target population(s); data sources, data collection and analysis methods and frequency; strategy to ensure data security; including privacy and data confidentiality, storage, and release policies by Health Insurance Portability and Accountability Act of 1996 (HIPPA) Privacy and Security Rules; plan for data dissemination, use and evaluation; and list of resources required, including personnel and budget.
    - Collect, analyze, interpret, and disseminate data from core set of surveillance indicators for inclusion in a state-based oral health surveillance system recommended by the Council of State and Territorial Epidemiologist (CSTE) http://www.cste.org/resource/resmgr/Chronic/StateBasedOralHealthSurveill.pdf?hhSearchTerms=%22oral+and+health+and+surveillance+and+pdf%22.

- The **table below** lists the required core set of surveillance indicators, data sources, and minimum data collection frequency. Details about these indicators' specific measures, revision of indicators, and data access are in the 2015 CSTE Position Statement on the revision to the National Oral Health Surveillance System (NOHSS) Indicators http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2015PS/2015PSFinal/15-CD-01-ALL.pdf.

Note that the indicators bolded below ALSO serve as performance measures recipients will report to show progress on the bolded outcomes in the logic model. Details on these messages are below in the section "CDC Evaluation and Performance Measurement Strategy."

| CORE SET OF SURVEILLANCE INDICATORS | DATA SOURCES | FREQUENCY OF DATA COLLECTIONS |
|---|---|---|
| **Prevalence of caries experience, untreated tooth decay, and dental sealants among third-grade students** | Third-Grade Basic Screening Survey (BSS) | Every 3-5 years |
| Permanent tooth loss among adults | Behavioral Risk Factor Surveillance System (BRFSS) | Every two years |
| Oral and pharyngeal cancer incidence mortality | Cancer Registries; National Program of Cancer Registries (NPCR); Surveillance Epidemiology; and National Cancer Institute (NCI)'s End Results (SEER); and Vital Statistics | Annually |
| Percent of Medicaid and CHIP enrolled children who received dental services (any dental services, preventive services, or dental sealants) in the past year | Centers for Medicare & Medicaid Services (CMS)'s CMS-416 Form | Annually |

| | | |
|---|---|---|
| Percent of children who had a dental visit or preventive dental visit in the past year | National Survey of Children's Health (NSCH) | Every 2-4 years |
| Percent of adults who had a dental visit in the past year | BRFSS | Every two years |
| Percent of adults with a selected chronic disease(s)or risk factor(s) who had a dental visit in the past year | BRFSS adults with diabetes with a dental visit is a CDI Chronic Disease Indicator and posted on Chronic Disease data every 2 years. Adults with heart disease with a dental visit calculated from on-line BRFSS data. | Every two years |
| **Fluoridation status of community water systems** | Water Fluoridation Reporting System (WFRS) | Every two years |
| Data on state oral health programs, workforce and infrastructure | State Synopsis | Annually |

- Collect, analyze, interpret, and disseminate data on at least one additional indicator twice during the 5 year period. It can be an indicator for the National Oral Health Surveillance System (NOHSS) (http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2015PS/2015PSFinal/15-CD-01-ALL.pdf) ;such as an indicator from BSS among older adults, or a new indicator based on state-added questions to BRFSS. A new indicator collected through primary data collection rather than from existing data sources should include plans for sampling methodology; examiners, consents and approvals (including Office of Management and Budget or Institutional Review Board approval), data entry methods, quality assurance checks; and a Data Management Plan. Expand oral health surveillance beyond the core set of surveillance indicators to include one additional indicator consistent with the recipient's priorities and resources.
- Disseminate oral health surveillance data to inform public health programs and policy decisions. Evidence of data dissemination methods must include a burden document conducted once during the 5 year period. In addition, at least one of the

core set of surveillance indicators and one additional indicator must be disseminated annually through publicly accessible media such as an oral health report, fact sheet, data brief, infographics, web-based content, or peer-reviewed publications.

***Minimum reportable elements for data collection activities:**

Submit surveillance plan in the first year through CDC annual progress report. Former CDC/DOH recipients who have a 5 year oral health surveillance plan and who receive these NOFO funds must update their oral health surveillance plan if it is greater than 5 yeas old.

**Complete at least a Third Grade Basic Screening Survey during the funding period and submit data for three indicators through the National Partner Cooperative Agreement Recipient(s). The data must meet the criteria outlined by the Association of State and Territorial Dental Directors (ASTDD)'s Children BSS Manual for submission to the National Oral Health Surveillance System (NOHSS).**

**The three BSS Indicators:**

% of 3rd grade students with caries experience

% of 3rd grade students with untreated tooth decay

% of 3rd grade students with sealants

**MEDICAL-DENTAL INTEGRATION STRATEGIES AND ACTIVITIES:**

**1: Partnerships and Collaborations–establish strategic partnerships with medical and dental programs and practices that serve the target population. Collaborate and integrate with disease prevention programs:**

- Develop and maintain an advisory panel of key chronic disease and oral health personnel to provide oversight throughout the five-year project period. Panel members should possess program, administrative, evaluation and clinical practice expertise, and must actively participate in advisory panel functions.
- Convene a work group to develop a plan of action to improve medical-dental integration operations, including expanding program reach and establishing a sustainability effort. The work group should submit the plan of action within the first 90 days of receiving the award.
- Develop and implement, where appropriate, a bidirectional referral system between oral health and chronic disease programs to ensure continuity of care. Example: expand efforts to promote the use of the Quitline and cessation services among populations with high tobacco use rates; or increase the number of dental

providers who screen, counsel and refer patients for hypertension and diabetes.
- Identify oral health program staff and partners to oversee and implement work plan activities that will result in program, clinical, or systems-level changes.
- Assess the training needs of involved personnel and partners; identify effective methods to provide technical assistance.
- Engage Federally Qualified Health Centers, community health centers, health center programs, and medical professionals to provide clinical consultation on the importance of maintaining good oral health while they manage selected chronic disease.

**2: Communication and Policy–implement communication activities that encourage system changes that support oral health and medical integration:**

- Develop a communication plan within the first year to address the importance and benefits of coordinated approaches for oral health and other chronic diseases. Identify target audiences and key messages to convey. The plan should identify the target audiences, key plain language messages for each, and proposed communication channels. This plan should also identify a dissemination timeline and each partner's role.
- Develop a quality improvement process and plan within the first year to monitor program implementation, improve program performance, and identify how the program will achieve stated outcomes.
- Develop a sustainability plan within the first year to ensure long-term viability of collaborative efforts. The plan should also outline strategies for leveraging other resource opportunities to reduce reliance on federal funds.

**3: Data Collection and Reporting–collect and report medical and dental integration project data to track efficiency and reach:**

- Provide baseline data on the selected chronic disease and identified target population(s).
- Report on progress towards identified project outcomes to chronic disease and oral health partners.
- Report methods to establish or enhance program infrastructure and capacity to increase oral health and chronic disease screening and referral rates.

[1] Engineering and Administrative Recommendations for Water Fluoridation, 1995. MMWR, September 29, 1995;44(RR–13):1–40

**1. Collaborations**

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

To ensure program success and achieve NOFO outcomes, recipients must identify and leverage opportunities that enhance their work with other programs addressing chronic diseases or underlying risk factors within the relevant programs and organizations. Opportunities include cost sharing to support a shared position (for example, chronic disease epidemiologist, health

communication specialist, program evaluator, or policy analyst) to collaborate on activities across units or departments within the recipient organization. Other options include, but are not limited to, joint planning and leadership activities, joint funding of aligned program strategies, establishing or maintaining coalition alliances, joint health education efforts, communication activities, data acquisition, analysis and communication, and combined development and implementation of environmental, policy, systems, or community interventions and other cost-sharing activities that align program strategies and performance measures. Chronic diseases of mutual importance include cancer, diabetes, cardiovascular disease, and obesity. Risk factors include tobacco use or consumption of sugar-sweetened beverages.

Letters of agreement are required for collaborations between the recipient and the other CDC-funded state chronic disease program with which they are collaborating. Recipients must file letters of agreement as appropriate, name the file "Letter_of_Agreement", and upload it as PDF file at www.grants.gov. Memorandum of Understanding (MOUs) or Memorandum of Agreement (MOAs) are required for collaborations between the recipient and other CDC-funded non-state organizations with which they are collaborating. Recipients must file the MOU or MOA as appropriate, name the file, and upload it as a PDF file at www.grants.gov.

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

Recipients are required to establish, enhance, or maintain collaborative relationships with external organizations that have a critical role in achieving the NOFO outcomes. Partners and agencies identified should serve the priority population or communities of interest.

Collaborative relationships may include:

- Stakeholder groups (coalitions and strategic partnerships) that have a common mission of advancing oral health in the jurisdiction.
- Representatives from Departments of Education or School Board Associations; parent, teacher, student organizations; school nurses, and health coordinators.
- Representatives from water departments or associations.
- Persons or groups representing targeted populations.
- State administrators managing Medicaid/Medicare programs and other relevant federally funded programs.
- Health Resources and Services Administration or other applicable federally-funded programs, including programs receiving Title III, V and VII funding.
- Representatives from the Dental Association, Primary Care Associations, Primary Care Office, Regional Extension Centers, managed care organizations, Indian Health Service clinics, American Indian or Alaska Native tribal governments or tribally designated organizations.
- Representatives from Federally Qualified Health Centers, Community Health Centers, safety-net clinics and School-based Health Centers (SBHCs).
- Representatives from privately funded oral health programs, civic and business associations, State Aging Network, and the AARP.

- Representatives from dental provider and insurer organizations.
- Representative opinion leaders, including decision-makers.

Recipients are required to submit letters of support from collaborating organizations. Letters of support must be dated within 30 days of the application and should describe the organizations' roles and how they will help the applicant achieve the goals of the NOFO. If awarded, MOUs or MOAs with these partner organizations must be submitted within 90 days of receiving the award.

**2. Target Populations**

The target audience for each recipient is the residents of the jurisdiction they serve. More specific target populations are identified for each of the topical areas below:

**Sealant Program**

The School Sealant Program targets schools with large proportions of children at high risk for cavities through school free and reduced meal programs. Eligible schools include public elementary or middle schools located in urban areas in which at least 50% of students qualify for the federal or state free and reduced meal program. The definition for the number of eligible schools with a sealant program (page 8 of NOFO and second bulleted item on activity 3 on page11) includes all elementary and middle schools (grades 1 through 8) where 50% or more of students are on the Free and Reduced Meal Program with a sealant program. Applicants must know or have a plan to identify where the gaps exist in school sealant programs in their respective jurisdictions.

**Community Water Fluoridation Program**

The Community Water Fluoridation program targets populations and jurisdictions served by community water systems. Target populations might include vulnerable and underserved populations that have inadequate access to this effective oral health preventive intervention. Identifying where the gaps exist in community water fluoridation is important to expanding reach.

**Medical-Dental Integration Program**

The Medical-Dental Integration program targets men and women at risk for oral diseases and chronic diseases such as diabetes, cardiovascular disease, and obesity or risk factors such as tobacco use and consumption of sugar-sweetened beverages. Recipients should strive to improve the health status of identified groups and seek to reduce gaps in health outcomes or risk behaviors by targeting efforts on specific population groups disproportionately affected by the selected chronic disease or risk factor. Recipients must select and focus on one of the chronic disease areas mentioned above.

**a. Health Disparities**

While oral diseases affect all segments of society, certain populations experience a disproportionate burden and risk or lack adequate access to prevention and treatment services. Recipients should seek to achieve health equity by targeting populations disproportionately affected by oral diseases, using relevant data to identify populations and select culturally appropriate interventions for implementation.

Disproportionately burdened populations may be defined by sex, race, ethnicity, disability, sexual orientation, gender identity, geographic location, or socioeconomic status. Among populations

that will benefit from this funding are residents of urban and rural areas; culturally isolated persons; medically underserved persons: minorities defined by race, religion, ethnicity, or culture; lesbian, gay, bisexual, or transgender (LGBT) persons, non-English speaking persons, or persons living with disabilities.

**iv. Funding Strategy**

N/A

**b. Evaluation and Performance Measurement**

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

Recipients are required to report on CDC performance measures as specified in this NOFO, develop and implement an evaluation plan that addresses recipient efforts to implement strategies, make progress on the relevant outcomes from the logic model, and participate in national evaluation efforts. CDC will work with recipients to operationalize the required outcomes and performance measures (see **Table 1. Evaluation Questions and Performance Measures**) and assist with the identification of sound data collection approaches and the availability of existing data collection instruments. CDC will manage and synthesize the required outcome-performance measure data submitted by recipients.

**Table 1. Evaluation Questions and Performance Measures**

| Program Element | Relevant Outcome and Performance Measure |
|---|---|
| Strategy 1: School Sealant Programs | Expand School Sealant Program enrollment<br><br>• ***Performance Measure*:** Number of eligible schools* with dental sealant programs within each CDC-funded jurisdiction.<br><br>***The term eligible schools is defined as schools with 50% or more of students eligible for free and reduced meals program (FARMs)*.<br><br>**Data sources: CDC Annual Progress Report; National Center for Education Statistics (NCES)(http://nces.ed.gov/)**; and Annual State Synopsis (funded by National Partner Cooperative Agreement)** |
| Strategy 2: Community Water | Expand community water fluoridation within the jurisdiction. |

| | |
|---|---|
| Fluoridation | <br>• ***Performance Measure*****:** Number of people served by optimally fluoridated community water systems.<br><br>**Data sources: CDC Annual Progress Report; Annual State Synopsis (funded by National Partner Cooperative Agreement); and CDC WFRS** |
| Strategy 3: Oral Health Surveillance | Disseminate oral health surveillance data on oral disease, risk factors, and use of preventive oral health services.<br><br>• ***Performance Measure*****:** Number of funded states that create and disseminate data products to program and policy decision makers.<br><br>**Data source: CDC Annual Progress Report**<br>Existence of an oral health surveillance plan that meets standards for quality surveillance plan<br><br>• ***Performance Measure*****:** Number of states that develop or update a state oral health surveillance plan in the first year of the project period.<br><br>**Data source: CDC Annual Progress Report**<br>Existence of an oral health surveillance system that meets standards for a quality surveillance system<br><br>• ***Performance Measure*****:** Number of funded states that have a oral health surveillance system.<br><br>**Data source: CDC Annual Progress Report** |

| | |
|---|---|
| Strategy 4: Medical-Dental Integration | Integrate oral health with other chronic disease programs<br>-<br>• ***Performance Measure*:** Adults screened for the chronic disease or risk factor selected.<br><br>**Data Source: CDC Annual Progress Report** |
| Long Term Outcomes | **Component 1**:<br>• Performance Measure: Prevalence of caries experience, untreated tooth decay, and dental sealants among third-grade students in the past 5 years.<br><br>**Data Source: Third- Grade Basic Screening Survey (BSS)**<br><br>• Alternative Performance Measure for recipients whose latest Third-Grade BSS is more than 5 years old ago: Prevalence of caries experience, untreated tooth decay and dental sealants among third-grade students from at least one Third-Grade BSS conducted during the project period compared to prior Third-Grade BSS.<br><br>**Data Source: Third-Grade BSS**<br><br>• Alternative Performance Measure for recipients with no prior Third-Grade BSS: Conduct at least one Third-Grade BSS and report data during the project period.<br><br>**Data Source: Third-Grade BSS**<br><br>**Component 2**:<br>• Performance Measure: Prevalence of other co-morbid conditions.<br><br>**Data Source: State chronic disease surveillance reports** |

CDC will use overall evaluation findings during the 5-year project period to establish key recommendations for partners on program impact, sustainability, and continued program improvement upon completion of the 5-year project period. CDC will disseminate evaluation findings using a variety of mechanisms including developing annual, aggregate performance measurement reports and producing a 5-year evaluation report at the end of the project period that will highlight key outcome and performance measure data. Evaluation findings may also be presented at national conferences, grantee workshops, webinars, and on the Division of Oral Health website.

**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.

As part of the first year project activities and with support from CDC, recipients must provide an initial evaluation plan related to implementation of the strategies in Component 1 and, if relevant, the strategy in Component 2.

**Requirements:**

The initial evaluation plan should be no more than 25 pages. Recipients must:

- Develop and submit to CDC for approval an overarching 5-year evaluation plan and specific annual plans for each program year.
- Report evaluation findings annually to CDC.
- Review and use annual evaluation findings to make revisions and improvements to the program suggested by the findings.
- Report cumulative evaluation findings for the 5-year project period in the Final Performance Report.

The elements of the plan should include at a minimum:

- A state-specific logic model, based on the general logic model presented in this NOFO, which details how each strategy will be implemented and lead to progress on outcomes in the general logic model, especially the relevant (bolded) outcome for each strategy.
- Assurance that the recipient can collect the performance measures related to their strategies and to the overall long-term outcome.
- A plan for conducting process evaluations to help ensure activities are successfully implemented, quality of services and fidelity to program components. These process evaluation data will not be reported to CDC, but will inform the work plan content.
- Process for engaging key stakeholders throughout the evaluation process so as to enhance use of findings.

Recipients are encouraged to work with professional evaluators (internal or external) to meet the evaluation requirements of the NOFO. Recipients should allocated 10% of their total funding award to evaluation and performance monitoring. Recipients are required to submit a final, detailed evaluation and performance management plan by ***March 31, 2019.***

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

1. Ability to identify program management and staff with the knowledge skills and abilities to ensure program success. Applicant should submit an Organizational Chart and Curriculum Vitae (CVs) showing the core staff assigned and their assigned duties. Core staff include Dental Director or Program Manager, Epidemiologist, Communication Specialist, Sealant Coordinator, Fluoridation Specialist, and Program Evaluator. Relevant experiences include program management, planning and conducting program evaluation, evaluation studies and design, developing data collection instruments, collecting data, conducting quantitative and qualitative analysis, and creating dissemination products.
2. Ability to demonstrate internal capacity to conduct program evaluation with program staff, or with external evaluation consultants.
3. Ability to establish and maintain strong and diverse working relationships with partners and stakeholders, such as coalitions, Department of Education, Medicaid program, policy makers, health center programs, academic institutions, drinking water agencies, dental association, and community-based organizations.
4. Ability to demonstrate the impact of working with these partners and stakeholders.
5. Ability to plan and implement jurisdiction-wide strategies and activities, and to monitor

their performance.

6. Ability to manage programs and resources ensuring the administrative, financial, and staff support necessary to sustain activities and to build opportunities, specifically the ability of the organization to distribute funding in a timely manner.
7. Ability to hire or contract personnel with applicable public health skills needed to implement the program.
8. Ability to conduct activities or services related to communications (public relations, media relations, social media), surveillance, epidemiology and utilization of health data, health care systems interventions, fiscal and resources management, professional development, strategic planning, and coalition and partnership development.
9. Ability to perform issue framing, policy analysis, policy formation, message tailoring and media advocacy.
10. Ability to plan and implement a program evaluation for the purpose of documenting outcomes and facilitating program improvement.
11. Ability to effectively identify, gather, analyze, interpret, and use oral health data.
12. Ability to lead strategically through creation of a common agenda or strategic vision, serve as a catalyst for change and demonstrate program accomplishments such as leveraging resources, both monetary and human capital.
13. Ability to build relationships between oral health promotion and disease prevention and chronic disease programs within the recipient organization or integrate medical and dental programs.

**d. Work Plan**

A work plan is a program management tool that provides program direction and guidance. It allows the project officer to monitor implementation of activities on progress on project period outcomes.

Applicants must prepare and submit a detailed work plan for the first year of the award and a high-level plan for subsequent years. The work plan must be submitted for each component. The components in the work plan should clearly delineate how the recipient plans to carry out achieving the strategies and activities, outcomes, and evaluation performance measures presented in the logic model and narrative sections of this NOFO. If funded, CDC will provide feedback and technical assistance to recipient to finalize the work plan post-award.

Applicants are encouraged to use the work plan template at https://www.cdc.gov/oralhealth/funding/nofo1810states.htm under **required or recommended NOFO templates**. The work plan must not exceed 25 pages and should be organized according to the strategies being advanced and the activities selected. The work plan at a minimum should:

- Describe strategies and activities to be conducted to meet each project period outcome.
- Provide specific process measure for the strategies and activities.
- For each outcome, convert the outcome into Specific, Measurable, Achievable, Relevant, Time-phased (S.M.A.R.T.) objectives for the first 12-month budget period.
- Describe possible barriers to or facilitators for reaching each objective.
- Provide a timeline that identifies key activities and assigns approximate dates for inception and completion.

- Describe the multi-sector collaboration that will formed to assist in carrying out the proposed activities.
- Describe staff and administrative roles and functions to support implementation of the award, including evaluation functions

**e. CDC Monitoring and Accountability Approach**

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

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

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

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

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

CDC will work to create an environment that enhances program performance and results, and ensures mutual success of recipients and CDC in achieving NOFO outcomes. Each recipient will have a Project Officer who will provide routine and ongoing communication with the recipient and serve as the primary source for technical assistance, consultation, and support.

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

i. Technical Assistance: Provide programmatic, evaluation, epidemiologic, and technical assistance for recipients and their stakeholders and partners through programmatic and one-on-one technical consultation, national training, workshops, Web Conferences, SEALS, and Water Fluoridation Reporting System (WFRS) training, and other forms of guidance. CDC will also facilitate technical assistance between national partners and recipients as needed.

ii. Information Sharing between Recipients: The Program will share information, best practices, lessons learned, and evaluation results among recipients through program list-serv, conferences, guidance, material development, webinars, digital media, participation in appropriate meetings

and committees, conference calls and working groups, including “communities of practice."

iii. Additional Support: CDC will develop technical assistance resources for recipients through cooperative agreements with national organizations.

## B. Award Information

**1. Funding Instrument Type:** Cooperative Agreement

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

**2. Award Mechanism:** U58

Chronic Disease Control Cooperative Agreement

**3. Fiscal Year:** 2018

**4. Approximate Total Fiscal Year Funding:** $7,660,000

**5. Approximate Period of Performance Funding:** $38,300,000

This amount is subject to the availability of funds.

Estimated Total Funding: $38,300,000

**6. Approximate Period of Performance Length:** 5 year(s)

**7. Expected Number of Awards:** 18

18 (18 awards for Sealants, CWF, and Oral Health Surveillance; 5 of these recipients will be awarded additional funding for Medical-Dental Integration).

**8. Approximate Average Award:** $425,556 Per Budget Period

$370,000 for 13 recipients funded for Sealants, CWF, and Oral Health Surveillance; $570,000 for 5 recipients awarded additional funding for Medical-Dental Integration. (Overall average of $7,660,000/18 total recipients = $425,556). CDC recommends allocating 40% of budget for personnel costs and 60% for program implementation.

**9. Award Ceiling:** $625,000 Per Budget Period

This amount is subject to the availability of funds.

**10. Award Floor:** $275,000 Per Budget Period

**11. Estimated Award Date:** 09/01/2018

**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

Eligibility Category: State governments

Additional Eligibility Category:

Government Organizations:

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

### 2. Additional Information on Eligibility

Congressional authorizing legislation (247b-14. Oral health promotion and disease prevention) directs CDC to enter into cooperative agreements with State, territorial, and Indian Tribes or tribal organizations.

### 3. Justification for Less than Maximum Competition

Not applicable

### 4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

Examples include complementary private foundation funding, other U.S. government funding sources, including programs supported by the Department of Health and Human Services and

other agencies such as the Department of Agriculture, the Department of Education, the Environmental Protection Agency, or other funding sources. Applicants should coordinate with multiple sectors, such as public health, education, health care delivery (Federally Qualified Health Centers, Community Health Centers, and Faith-based Organizations), drinking water associations, and other community-level resources.

### 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.

| Step | System | Requirements | Duration | Follow Up |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| 1 | Data Universal Number System (DUNS) | 1. Click on http:// fedgov.dnb.com/ webform<br>2. Select Begin DUNS search/request process<br>3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit #<br>4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number | 1-2 Business Days | To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711 |
| 2 | System for Award Management (SAM) formerly Central Contractor Registration (CCR) | 1. Retrieve organizations DUNS number<br>2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov) | 3-5 Business Days but up to 2 weeks and must be renewed once a year | For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220 |
| 3 | Grants.gov | 1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR)<br>2. Once the account is set up the E-BIZ POC will be notified via email<br>3. Log into grants.gov using the password the E-BIZ POC received and create new password<br>4. This authorizes the AOR to submit applications on behalf of the organization | Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov) | Register early! Log into grants.gov and check AOR status until it shows you have been approved |

## 2. Request Application Package

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

## 3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC 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: **03/22/2018**

### b. Application Deadline

Due Date for Applications: **05/04/2018** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

A Letter of Intent (LOI) is encouraged but not required for this NOFO. The purpose of the LOI is to allow CDC program staff to estimate the number of and plan for the review process of submitted applications.

The LOI should include the following:

- Descriptive title of proposed project.
- Name, address, telephone number, and an email address of the Principal Investigator, Project Director, or both.
- Name, address, telephone number, and an email address of the primary contact for writing and submitting this application.
- Number and title of this NOFO.
- Whether the applicant will be applying for: a) Sealants, Community Water Fluoridation, and Oral Health Surveillance, or b) Sealants, Community Water Fluoridation, Oral Health Surveillance and Medical-Dental Integration.

The LOI must be emailed or postmarked by **03/22/2018 11:59pm, U.S. Eastern Standard Time**.

Send LOIs via email or U.S. express mail to:

Marcia Parker

Department of Health and Human Services

Centers for Disease Control and Prevention

4770 Buford Hwy, NE, MS F-80

Atlanta, Georgia 30341

Telephone: 770-488-6054

Email: 1810State@cdc.gov

Date for Information Conference Call

Date for Pre-application Information Conference Call: **03/08/2018**

- **March 8, 2018 at 3:00 p.m. to 5:00 p.m. U.S. Eastern Standard Time.** This pre-application informational conference call can be accessed by calling **1-866-852-7877.** The leader for this call is **Mr. Casey Hannan** and the passcode is **49956528**.

**Technical Assistance Opportunities for Potential Applicants**:

Potential applicants may participate in a conference call for information about the Notice of Funding Opportunity (NOFO). The National Center for Chronic Disease Prevention and Health Promotion's Division of Oral Health will host this call. Listed above is the Pre-application Conference Call information.

**Frequently Asked Questions:**

Information about this initiative is available at https://www.cdc.gov/oralhealth/funding/nofo1810states.htm. This website will also provide answers to frequently asked questions and an email address for potential applicants to make inquiries and submit questions. Information about all CDC oral health programs, including recipients, is available at www.cdc.gov/oralhealth.

## 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.
Applicants may follow either of the following processes:

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

## 7. Letter of Intent

A Letter of Intent (LOI) is encouraged but not required for this NOFO, and must include:

The LOI should include the following:

- Descriptive title of proposed project.
- Name, address, telephone number, and an email address of the Principal Investigator, Project Director, or both.
- Name, address, telephone number, and an email address of the primary contact for writing and submitting this application.
- Number and title of this NOFO.
- Whether the applicant will be applying for: a) Sealants, Community Water Fluoridation, and Oral Health Surveillance, or b) Sealants, Community Water Fluoridation, Oral Health Surveillance and Medical-Dental Integration.

Send LOI via email and U.S. express mail to:

Marcia Parker

Department of Health and Human Services

Centers for Disease Control and Prevention

Address: 4770 Buford Hwy, NE, MS F-80

Atlanta, Georgia 30341

Telephone number: 770-488-6054

Email: 1810State@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.

### a. Background

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

### b. Approach

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

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

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

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

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

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

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by

the Office of Management and Budget. For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

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

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

### 11. Work Plan

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

### 12. Budget Narrative

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

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies

- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern 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.

Recipients are required to project costs to send two staff to two grantee meetings in Atlanta, Georgia between November 2018 and February 2023. Two Oral Health program staff are required to attend the National Oral Health Conference annually. In addition, CDC/DOH will host two Program Directors meetings during the project period. CDC/DOH will announce these meeting dates six months in advance and attendance will be required for at both meetings for Dental Directors and Program Managers. CDC recommends allocating 40% of budget for personnel costs and 60% for program implementation.

For guidance on completing a detailed budget, visit: http://www.cdc.gov/grants/interestedinapplying/applicationresources.html**.**

**12a. Tobacco and Nutrition Policies**

Recipients are encouraged to implement tobacco and nutrition policies.

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

The CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all recipients to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. This builds upon the current federal commitment to reduce exposure to secondhand smoke, which includes The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

**Tobacco Policies:**

Expand implementation of tobacco prevention and control interventions (i.e., institutionalize tobacco use screenings; promote referral of patients to the state Quitline and cessation interventions).

Tobacco-free indoors: no use of any tobacco products (including smokeless tobacco) or electronic cigarettes in any indoor facilities under the control of the recipient.

1. Tobacco-free indoors and in adjacent outdoor areas – no use of any tobacco products or electronic cigarettes in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the recipient.
2. Tobacco-free campus – no use of any tobacco products or electronic cigarettes in any indoor facilities and anywhere on grounds or in outdoor space under the control of the recipient.

The following tobacco resources include:

https://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm

https://www.thecommunityguide.org/topic/tobacco

**Nutrition Policies**:

1. Healthy food service guidelines should at a minimum align with Health and Human Services and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations for cafeterias, snack bars, and vending machines in any facility under the control of the recipient and in accordance with contractual obligations for these services (http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf)

The following are resources for healthy eating include http://www.cdc.gov/obesity/strategies/food-serv-guide.html

## 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.

## 16. Copyright Interests Provisions

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

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

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

## 17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- 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).

- As authorized by 42 USC § 247b-14, funds may be used to purchase fluoridation equipment.

## 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

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

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 on the deadline date.

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

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

**d. Technical Difficulties:** If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@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.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach Maximum Points:45

Evaluate the extent to which the applicant:

- Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model.
- Identifies and describes specific target populations and shows how the needs of this population will be included in planning and interventions.
- Describes an overall strategy and activities consistent with the CDC Project Description and logic model.
- Describes strategies and activities that are specific, measurable, achievable, relevant and time-bound (SMART); ambitious and appropriate to achieving the outcomes of the project and evidence-based (to the degree applicable).
- Shows that the proposed use of funds is an efficient and effective way to implement those strategies and activities and to attain the project period outcomes.
- Presents a work plan that both aligns with the strategies and activities, outcomes, and performance measures detailed in the approach and is consistent with the content.
- Identifies and describes specific communication strategies that align with the program

activities.

- Describes plans for collecting, analyzing, utilizing, and disseminating data consistent with the CDC Project Description and logic model.
- Describes how chosen strategies and activities will improve health status for the target population and reduce gaps in health disparities.
- Describes how oral health data will be used to inform implementation efforts.
- Describes efforts to facilitate collaboration with organizations funded and not funded by CDC for the purposes of maximizing resources, increasing public health impact, and ensuring sustainability of efforts.
- Presents letters of support, MOUs, and MOAs stating the organization's role in helping applicant to achieve the NOFO activities and outcomes. Letters must be dated within 30 days of the receipt of the application.

ii. Evaluation and Performance Measurement Maximum Points:25

Evaluate to the extent to which the applicant:

- Describes how the program will allocate resources for evaluation, including a designated person with skills and experience in evaluation to manage evaluation activities.
- Describes how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Shows or affirms the ability to collect data on outcome performance measures specified by CDC in the project description and presented by the applicant in their approach.
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- Describes how performance measurement and evaluation findings, collection, reporting and use demonstrate the outcomes of the NOFO and enable continuous program quality improvement.
- Describes evaluation studies to be undertaken in sufficient detail to identify the key evaluation questions, data sources, and analysis method.
- Describes efforts to evaluate partnerships, program interventions, and jurisdiction-wide oral health implementation using the CDC Evaluation Framework.

iii. Applicant's Organizational Capacity to Implement the Approach Maximum Points:30

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

- Demonstrates a staffing plan that can access staff with necessary public health skills. The plans must show how staff will be hired or by what mechanism they will be shared with another program. The plan must declare what percentage of time shared staff will work for each program and explain how the Program will maintain accountable results for shared employees.
- Provides an organizational chart and CVs for key positions.
- Demonstrates relevant experience and capacity (management, administrative, and

technical) to implement the activities (such as implementing sealant programs and community water fluoridation) and achieve the project outcomes.
- Shows previous experience with implementing and evaluating programs with evidence-based strategies that have shown a positive impact on a health outcome.
- Demonstrates ability to establish and maintain strong and diverse working relationships with partners and stakeholders such as coalitions, Department of Education, Medicaid program, policy makers, health center programs, academic institutions, drinking water agencies, dental associations, and community-based organization.
- Demonstrates experience with identifying policy and environmental systems changes that improve a health behavior and executes strategies to affect these changes within the restrictions on lobbying with governmental funding.
- Demonstrates experience and capacity to implement the evaluation plan.
- Demonstrates capacity to identify baseline data, collect oral health surveillance data, and track outcomes.
- Demonstrates ability to collect, analyze, interpret, and disseminate data to promote public health science.
- Describes if and how the applicant strategically led a decision-making process.

Budget

Evaluate the extent to which the applicant:

- Does the submitted budget align with staffing and proposed project and work plan?
- Is there an itemized budget narrative?
- Does the recipient allocate no more than 40% of the total budget for program staffing and at least 60% of the total budget for program implementation?

**c. Phase III Review**

For Component 1, reviewed applications will be funded in order by score and rank determined by the review panel. CDC may fund out of rank order to achieve geographic diversity, including representation across the 10 HHS regions.

For Component 2, reviewed applications will be funded in order by score and rank determined by the review panel, unless doing so limits representation and inclusion of each of the chronic disease area identified in the "Target Population" section of this NOFO. The target populations are those affected by or at risk of one of the following: 1) obesity, 2) diabetes, 3) cardiovascular disease, 4) tobacco use, or 5) consumption of sugar-sweetened beverages. In this case, the priority will go to achieving the desired representation.

CDC will provide justification for any decision to fund out of rank order.

**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

Anticipated announcement date: 02/28/2018

Anticipated award date: 09/01/2018

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

Recipients must comply with the administrative and public policy requirements outlined in 45 Code of Federal Regulations (CFR) Park 75 and the HHS Grants Policy Statement, as appropriate. To view a brief description of relevant provisions visit CDC website at: http://www.cdcgov/grants/additionalrequirements/index.html#ui-id-17. The HHS Grants Policy Statement is available at: http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf

The following administrative requirements (ARs) apply to this project:

- AR-7: Executive Order 12372
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21 Small, Minority, and Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Data Management and Access
- AR-26 National Historic Preservation Act of 1966
- AR-29: Compliance 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-32: Enacted General Provision
- AR-33: Plain Writing Action of 2010
- AR-34: Language Access for Person 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.

| Report | When? | Required? |
|---|---|---|
| Recipient Evaluation and Performance Measurement Plan | 6 months into the award. | Yes |
| Annual Performance Report | 90 days after end of the budget period. | Yes |
| Data Performance Report (APR) | 90 days after end of the budget period. | No |
| Federal Financial Reporting Forms | 90 days after end of calendar quarter in which budget period ends. | Yes |
| Final Financial Reporting | 90 days after end of the project | Yes |

| | | |
|---|---|---|
| Report | period. | |
| Payment Management Systems (PMS) Reporting | Quarterly reports due<br>October 30, 2019; January 30, 2019; April 30, 2019; July 30, 2019; January 30, 2020 | Yes |

**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 than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

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

The carryover request must:

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

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

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

**d. Federal Financial Reporting (FFR) (required)**
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period. 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:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

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

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

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

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

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

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

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

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:

Marcia Parker, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway, NE MS F-80

Atlanta, Georgia 30341

Telephone: (770) 488-6054
Email: 1810State@cdc.gov

### Grants Staff Contact

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

LaShanda Washington , Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Road, MS

Atlanta, Georgia 30341

Telephone: (770) 488-2766

Email: lnwashington@cdc.gov

Karen Clackum, Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

2920 Brandywine Road, MS

Atlanta, Georgia 30341

Telephone: 770-488-2680

Email: kclackum@cdc.gov|

Telephone: (770) 488-2000
Email: ogstims@cdc.gov

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

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: 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
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

## I. Glossary

**Activities:** The actual events or actions that take place as a part of the program.
**Administrative and National Policy Requirements, Additional Requirements (ARs):** Administrative requirements found in 45 CFR Part 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.gov:** A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
**Grants Management Officer (GMO):** The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
**Grants Management Specialist (GMS):** A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
**Health Disparities:** Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
**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_spoc/.

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

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

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

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

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

**Nonprofit Organization:** Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher 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.
**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 to verify identity and pre-fill organizational information on grant applications.
**Technical Assistance:** Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
**Work Plan:** The summary of period of performance outcomes, strategies and activities,

personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

## NOFO-specific Glossary and Acronyms

List of Abbreviations:

- ASTDD – Association of State and Territorial Dental Directors
- BRFSS – Behavioral Risk Factor Surveillance System
- BSS – Basic Screening Survey
- CD – Chronic Disease
- CDC – Centers for Disease Control and Prevention
- CDI– Chronic Disease Indicators
- CHIP – Children's Health Insurance Program
- CMS – Centers for Medicare & Medicaid Services
- CSTE – Council of State and Territorial Epidemiologists
- DOH – Division of Oral Health
- FQHC – Federally Qualified Health Center
- HP2020-OH – Healthy People 2020 Oral Health
- HRSA – Health Resources and Services Administration
- HRSA UDS ANNUAL – Uniform Data System Annual Report
- MCH – Maternal and Child Health
- NOHSS – National Oral Health Surveillance System
- SBHC – School-based Health Centers
- SEALS – Sealant Efficiency Assessment for Locals and State health departments
- SMART– Specific, Measurable, Achievable, Relevant, and Time-bound
- WFRS – Water Fluoridation Reporting System