

Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion

State Physical Activity and Nutrition Program
CDC-RFA-DP18-1807
Application Due Date: 06/14/2018

State Physical Activity and Nutrition Program
CDC-RFA-DP18-1807
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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-DP18-1807. 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 Physical Activity and Nutrition Program

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)).

New - Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP18-1807

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

93.439

F. Dates:

1. Due Date for Letter of Intent (LOI):	**05/14/2018**
2. Due Date for Applications:	**06/14/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

April 25, 2018

3:00 PM - 4:30 PM (eastern daylight time)

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G. Executive Summary:

1. Summary Paragraph:

CDC announces the availability of fiscal year 2018 funds to implement CDC-RFA-DP18-1807: State Physical Activity and Nutrition (SPAN) Program. Poor nutrition and low levels of physical activity affect overall health and are significant risk factors for obesity and other chronic diseases. Obesity affects 78.6 million (35%) American adults and 12.7 million (17%) American children, and costs the nation approximately $147 billion in annual health care expenditures. The burden of obesity and other chronic diseases negatively affects our nation's businesses, economy, and military readiness. The NOFO supports state investments to improve nutrition and to increase safe and accessible physical activity that benefits the whole state and can be shared with local governmental entities. This five year program provides recipients the support and flexibility to work on governmental public health systems in the state in which they are located, including at the local levels, to readily implement evidence-based strategies and to leverage resources from multiple stakeholders and sectors (e.g., agriculture, transportation, education, business, commerce, housing) to improve the nutrition and physical activity status of Americans. No more than one applicant from a state will receive funding.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	15
d. Total Period of Performance Funding:	$70,000,000
e. Average One Year Award Amount:	$900,000
f. Total Period of Performance Length:	5
g. Estimated Award Date:	09/29/2018
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

The nation's public health system is responsible for improving the health of Americans. There are wide variations in chronic disease rates and other health factors in states across the country, and within each state. Poor nutrition and low levels of physical activity are significant risk factors for obesity and other chronic diseases such as type 2 diabetes, heart disease, stroke, hypertension, certain cancers, and depression. These diseases are too common, very costly, and more likely to affect certain population groups at higher rates such as those of lower socioeconomic status. Physical activity and adequate nutrition early in life supports healthy growth and brain development, and protects against life-threatening and chronic diseases. However, a large percentage of Americans are not meeting recommended national guidelines for nutrition and physical activity.

For example,

- While 83% of mothers start to breastfeed, 60% of women stop breastfeeding earlier than they wanted, indicating that a large number of mothers need support to help them meet breastfeeding goals. In addition, fewer black infants (68.0%) are ever breastfed compared to white infants (85.7%) and Hispanic infants (84.8%)
- American adults continue to consume too few fruits and vegetables. Only 12.2% meet fruit intake recommendations and only 9.3% meet vegetable intake recommendations.
- Approximately one in five American adults meet physical activity guidelines for aerobic and strengthening activity. Over $117 billion a year in health care costs are associated with inadequate physical activity.

This five-year State Physical Activity and Nutrition Program (SPAN) supports state investments to improve nutrition and increase physical activity that benefits the whole state. This program provides recipients support and flexibility to work on governmental public health systems at the state and local levels to implement evidence-based strategies and to leverage resources from multiple stakeholders and sectors (e.g., agriculture, transportation, education, business, commerce, and housing). Recipients will conduct their work within the state in which they are located.

The approach for this NOFO incorporates strategies to improve nutrition and physical activity as found in a variety of publications and expert recommendations. These include the Dietary Guidelines for Americans (2015), The Surgeon General's Call to Action to Support Breastfeeding (2015), Community Preventive Services Task Force Recommendation for Built Environment Interventions to Increase Physical Activity (2017), and The Surgeon General's Call to Action to Promote Walking and Walkable Communities (2015). This work builds on previous investments in state health departments and the accomplishments and program outcomes achieved through their efforts under State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health program (CDC-RFA-DP13-1305) and State Nutrition, Physical Activity, and Obesity Program (CDC-RFA-DP08-805) in implementing improvements in practices to support good nutrition and physical activity.

b. Statutory Authorities

This program is authorized under sections 301 and 317(k)(2) of the Public Health Service Act [42 USC 241(a) and 247(b)(k)(2), as amended].

c. Healthy People 2020

This NOFO supports the following Healthy People 2020 topic areas found at http://www.healthypeople.gov:

- Physical activity https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity
- Nutrition and weight status https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status
- Social determinants of health https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
- Maternal, infant and child health https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health ;
- Educational and community based programs https://www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs

d. Other National Public Health Priorities and Strategies

- Health and Human Services (HHS) Action Plan to Reduce Racial and Ethnic Disparities: https://minorityhealth.hhs.gov/assets/pdf/hhs/HHS_Plan_complete.pdf
- Caring for our Children Standards: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs http://cfoc.nrckids.org/
- The 2008 Physical Activity Guidelines for Americans https://health.gov/paguidelines/guidelines/

e. Relevant Work

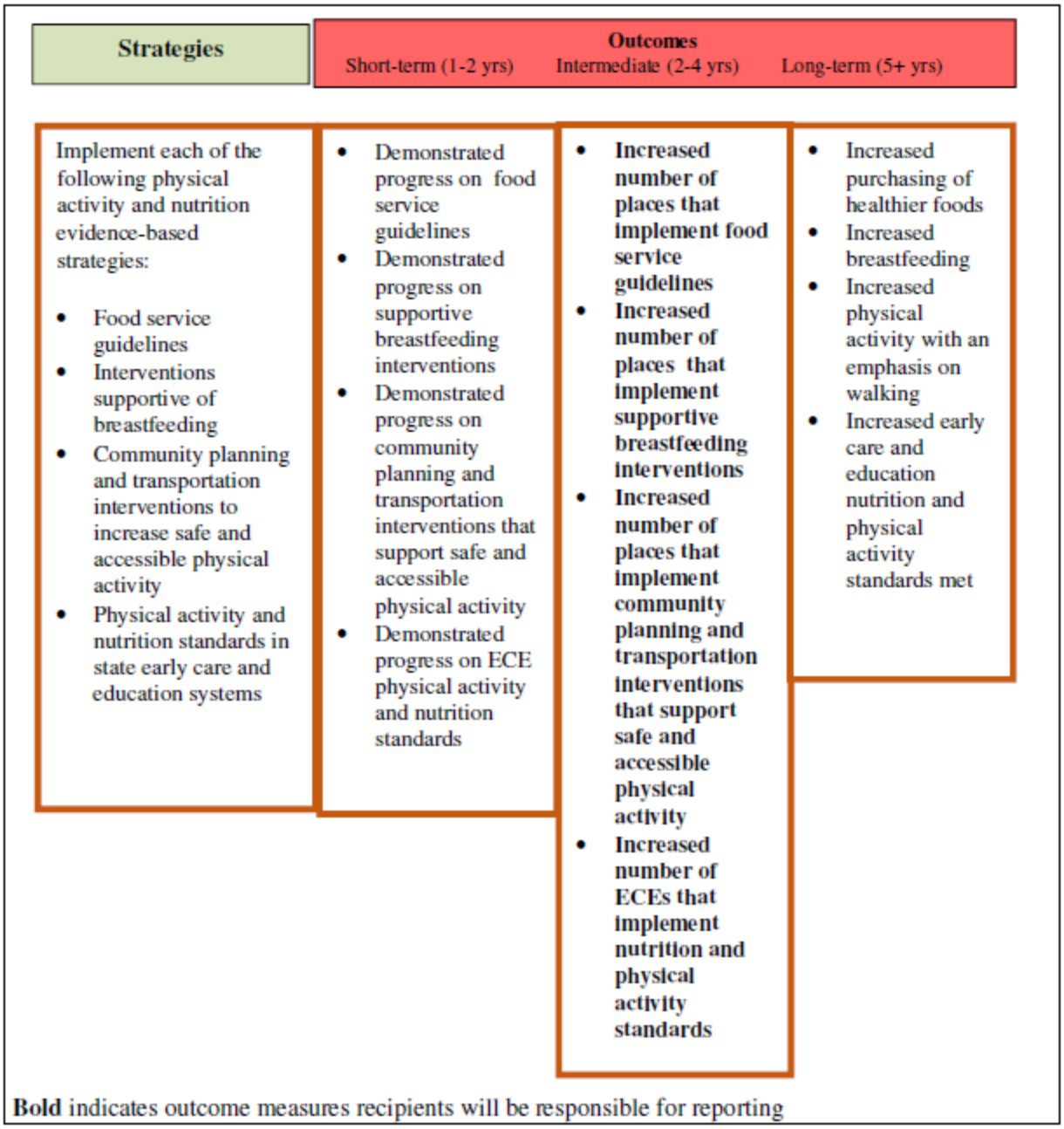
This NOFO is relevant to past and current CDC programs including the State Nutrition, Physical Activity, and Obesity Program (CDC-RFA-DP08-805), State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health program (CDC-RFA-DP13-1305), Programs to Reduce Obesity in High Obesity Areas (CDC-RFA-DP14-1416), Programs to Reduce Obesity in High Obesity Areas to Boost Prevention (CDC-RFA-DP16-1613), Improving Student Health and Academic Achievement through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools (CDC-RFA-DP18-1801), and Building Capacity of the Public Health System to Improve Population Health through National, Nonprofit Organizations (CDC-RFA-OT13-1302).

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

State Physical Activity and Nutrition Program High Level Logic Model



i. Purpose

This NOFO supports recipients to implement statewide and local level nutrition and physical activity interventions that support healthy nutrition, safe and accessible physical activity, and breastfeeding within states and/or the District of Columbia.

ii. Outcomes

Intermediate outcomes:

- Increased number of places that implement food service guidelines
- Increased number of places that implement supportive breastfeeding interventions
- Increased number of places that implement community planning and transportation interventions that support safe and accessible physical activity
- Increased number of ECEs that implement nutrition and physical activity standards

These outcomes will drive progress on the long-term outcomes, which are evaluated by CDC.

iii. Strategies and Activities

The applicant must propose work in all of the following five strategies:

Nutrition Specific Strategies

1. Implement food service guidelines (FSG) in worksites (e.g., hospitals, universities/colleges, private workplaces, and state, local and tribal government facilities) and in community settings (e.g., parks, stadiums, buildings/areas where community organizations meet), in multiple venues (e.g., cafeterias, cafés, grills, snack bars, concession stands, vending machines) to increase the availability of healthy foods.
2. Implement interventions supportive of breastfeeding that address one or more of the following:
    - Maternity care practices in birthing facilities
    - Continuity of care/ community support
    - Workplace compliance with the federal lactation accommodation law
3. Implement and integrate nutrition standards into statewide early care and education (ECE) systems such as quality rating improvement systems, state professional development systems, licensing, statewide technical assistance networks, state subsidy programs, statewide recognition programs, and others outlined in the CDC ECE opportunities framework- https://www.cdc.gov/obesity/downloads/spectrum-of-opportunities-obesity-prevention.pdf.

Physical Activity Specific Strategies

1. Collaborate with partners to connect sidewalks, paths, bicycle routes, public transit with homes, early care and education, schools, worksites, parks, or recreation centers through implementing master plans and land use interventions:
    - Establish new or improved pedestrian, bicycle, or transit transportation systems (i.e., activity-friendly routes) that are combined with new or improved land use or environmental design (i.e., connecting everyday destinations).
2. Implement and integrate physical activity standards into statewide early care and education (ECE) systems such as quality rating improvement systems, state professional development systems, licensing, statewide technical assistance networks, state subsidy programs, statewide recognition programs, and others outlined in the CDC ECE opportunities framework- https://www.cdc.gov/obesity/downloads/spectrum-of-opportunit

ies-obesity-prevention.pdf.

Awards made to recipients must be able to be shared with state and local governmental entities as sub-recipients, so applicants must have experience successfully implementing physical activity and nutrition efforts at the state and local levels. Recipients must work on all five of the strategies, however they will have the flexibility to select the interventions that support strategy implementation to improve nutrition and increase physical activity, as well as to define their geographic area(s). It is expected that the recipient will already have in place or will adopt state level actions necessary to support local level implementation of the five strategies.

Recipients are encouraged to use a community-based participatory approach that builds on existing community assets and existing coalitions, allowing for the flexibility necessary to tailor interventions that meet the unique needs of target populations. Recipients must include communication activities that will support each of the program strategies. Once the strategies are implemented in the initial geographic areas identified by the recipient, additional geographic areas may be addressed in subsequent years.

In consultation with CDC, recipients may take up to six months to finalize their work plan. It is expected that recipients will leverage the resources of their partners to complete the work of the NOFO, particularly those strategies that may by necessity include both allowable (e.g. planning and design) and unallowable (e.g. construction of sidewalks, construction of running trails) costs.

1. Collaborations

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

Recipients are required to collaborate and coordinate with other existing or future CDC-funded programs in selected geographic areas within the state to complement the work of those CDC-funded programs. State and/or local-level CDC funded programs for chronic disease include, yet are not limited to, those found at the following web links:

- High Obesity Program: https://www.cdc.gov/nccdphp/dnpao/state-local-programs/high-obesity-program.html;
- Racial and Ethnic Approaches to Community Health: https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/index.htm
- Sodium Reduction in Communities Program; WISEWOMAN: http://www.cdc.gov/dhdsp/grantee_information.htm
- Scaling the National Diabetes Prevention Program in Underserved Areas; National Diabetes Prevention Program: https://www.cdc.gov/diabetes/programs/index.html
- National Comprehensive Cancer Control Program: https://www.cdc.gov/cancer/ncccp/about.htm
- Early Childcare and Education Obesity Prevention Program: https://healthykidshealthyfuture.org/about-ecelc
- CDC Disability and Health Program: Improving the Health of People with Mobility Limitations and Intellectual Disabilities through State-based Public Health Programs (known as State Disability and Health Programs): https://www.cdc.gov/ncbddd/disabilityandhealth/programs.html

b. With organizations not funded by CDC:

Collaborations with a variety of public and private partners from multiple sectors are required to maximize resources, reach, and impact. These can include the business community (e.g., chamber of commerce), non-governmental organizations (e.g., YMCA, American Academy of Pediatrics, faith-based), universities and colleges (e.g., land grant institution, prevention research center), non-profit agencies or systems (e.g., farmers market association, healthcare system), other state (e.g., department of transportation, aging service, early care and learning) or local government agencies (e.g., local education agency, extension service, metropolitan planning organization), local health and wellness coalition organizations (e.g., food council, active living coalition), tribes or tribal organizations (e.g., intertribal council), and professional organizations (e.g., state or regional planning association). State level federally funded programs not funded by CDC (e.g., those funded by Administration for Children and Families, Department of Defense, Department of Transportation, Department of Agriculture, Department of Labor, Health Resources and Services Administration) should be included as key partners when applicable.

Applicants are strongly encouraged to submit with their application a memorandum of understanding (MOU), memorandum of agreement (MOA), and/or tribal resolutions for key collaborations. They should describe the scope of work and contributions from each key partner for work to be conducted. Applicants must at the very least submit letters of support for key collaborations. Letters of support will clearly describe the partner level of participation and their anticipated contribution to overall program strategies and activities. Applicants must name these files "Letterofsupport/MOU/MOA/TribalRes_PartnerName_SPAN_name of applicant" and upload them as PDF files on www.grants.gov.

2. Target Populations

Applicants must describe criteria used for selection of the target population and geographic areas of focus. These criteria must be based on statewide disease and risk factor burden data from the state the applicant is located, as well as the potential to reach and effect impactful outcomes for the greatest proportion of the target population.

a. Health Disparities

All applicants should describe how the strategies they implement would address disparities in their target populations related to poor nutrition or physical inactivity. Disparities by race, ethnicity, geography, mobility limitations and/or intellectual/developmental disability, primary language, health literacy, and other relevant dimensions (e.g., income) can be considered.

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will work collaboratively with recipients to conduct evaluations that determine the impact of CDC funding on nutrition and physical activity outcomes. CDC will be responsible for tracking the short-term outcomes and evaluating the long-term outcomes identified in the logic model.

CDC will work collaboratively with recipients to develop an evaluation framework to guide evaluation for the SPAN program. This will include monitoring strategy implementation, conducting evaluations on the effectiveness of the selected interventions at achieving expected outcomes, and collecting data to determine factors (context and mechanisms) that may influence outcomes for target populations and specific settings. CDC and recipients will use the evaluation and performance measurement data to determine if program interventions are scalable and effective at reaching target populations.

Key evaluation questions include:

- How have the community and ECE environments changed since the implementation of strategies to promote healthy eating and breastfeeding?
- How have the community and ECE environments changed since the implementation of strategies to support safe and accessible physical activity?
- To what extent have healthy eating, breastfeeding, and physical activity increased in specific settings and for specific populations?

The performance measures serve as an integral source of data for CDC's evaluation efforts. The applicant must demonstrate the ability to monitor program performance by establishing a performance measurement strategy. This strategy should describe the process for collecting and reporting data for the required intermediate outcomes:

- Increased number of places that implement food service guidelines
- Increased number of places that implement supportive breastfeeding interventions
- Increased number of places that implement community planning and transportation interventions that support safe and accessible physical activity
- Increased number of ECEs that implement nutrition and physical activity standards

The table below depicts the complete list of performance measures that recipients will be required to report for SPAN. CDC will work collaboratively with recipients during the first six months to finalize performance measures.

Strategy	**Intermediate Measure**
	Awardee to provide data
Nutrition	
Implement food service guidelines (FSG) in worksites and community settings to increase the availability of healthy foods.	Number and type of setting(s) with implemented food service guidelines
Implement interventions supportive of breastfeeding that address one or more of the following: • Maternity care practices in birthing facilities	• Number of birthing facilities with maternity care practices, and/or • Number of community sites that support continuity of care/breastfeeding, and/or

• Continuity of care/community support • Workplace compliance with the federal lactation accommodation law	• Number of targeted worksites in compliance with federal lactation accommodation laws
Implement and integrate nutrition standards into statewide early care and education (ECE) systems: quality rating improvement system, state professional development system, licensing, statewide technical assistance networks, state subsidy program, statewide recognition programs, and others outlined in the CDC ECE opportunities framework - https://www.cdc.gov/obesity/downloads/spectrum-of-opportunities-obesity-prevention.pdf.	Number of early care and education state systems with embedded nutrition standards (improved licensing, quality rating, professional development via state indicator report)
Physical Activity	
1. Collaborate with partners to connect sidewalks, paths, bicycle routes, public transit with homes, early care and education, schools, worksites, parks, or recreation centers through implementing master plans and land use interventions: o Establish new or improved pedestrian, bicycle, or transit transportation systems (i.e., activity-friendly routes) that are combined with new or improved land use or environmental design (i.e., connecting everyday destinations).	Number of places where new or improved systems to promote physical activity were implemented
Implement and integrate physical activity standards into statewide early care and education (ECE) system: quality rating improvement system, state professional development system, licensing, statewide technical assistance networks, state subsidy program, statewide recognition programs, and others outlined in the CDC ECE opportunities framework- https://www.cdc.gov/obesity/downloads/spectrum-of-opportunities-obesity-prevention.pdf.	Number of early care and education state-systems with embedded physical activity standards (improved licensing, quality rating, professional development via state indicator report)

CDC will share performance measure results through recipient and partner distribution lists and the DNPAO web site. CDC will use the distribution lists, recipient workshops, webinars, and national conferences to share preliminary findings and updates on CDC evaluation activities.

Final evaluation results will be disseminated through the DNPAO web site, journal articles, and presentations at national conferences.

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.

CDC will work with recipients to finalize the plan. In developing the plan, applicants are encouraged to use CDC's Framework for Program Evaluation in Public Health. MMWR 1999;48(No. RR-11)) (www.cdc.gov/eval).

c. Organizational Capacity of Recipients to Implement the Approach
Upon receipt of award recipients must be able to readily implement this program in the state in which they operate and are located. To ensure that recipients are able to execute CDC state based program requirements and meet period of performance outcomes, applicants must demonstrate relevant experience to implement the activities and achieve the project outcomes, experience and

capacity to implement the evaluation plan, and a staffing plan and project management structure sufficient to achieve the project outcomes and which clearly define staff roles.

Applicants must demonstrate established experience and organizational capacity in order to meet implementation readiness requirements for this NOFO, which includes the following:

- Public health nutrition and physical activity leadership and management to plan and supervise the project and improve outcomes (At a minimum, this should include a principal investigator and program manager).
- Subject matter/content expertise in public health/governmental nutrition and physical activity is required to implement strategies and activities (At a minimum, this must include a physical activity coordinator and a nutrition coordinator).
- Budget management and administration to establish financial procedures and track, monitor, and report expenditures (At a minimum this should include a fiscal manager).
- Contract management to manage the required procurement efforts, including the ability to write, award, and monitor contracts.
- Data management to design collection and evaluation strategies to produce useful statewide data that demonstrates impact, program improvement, and sustainability.
- Communication support to develop and disseminate program messages and successes related to the communication activities that directly support the NOFO strategies.
- Partnership development and coordination to leverage resources and maximize the reach and impact of nutrition and physical activity activities within the state and/or DC.
- Evaluation and performance monitoring to implement the evaluation plan and maintain programmatic quality, consistency, and fidelity.
- Experience implementing all SPAN NOFO strategies, including how the proposed work plan will build upon prior work directly related to each SPAN strategy.

d. Work Plan

At a minimum, the work plan must include

- Activities and time lines to support achievement of outcomes that align with the NOFO logic model.
- Measures for the relevant outcomes. These should align with the performance measures listed in the evaluation and performance measurement section
- Milestones for accomplishing tasks encompassed by the key activities related to each outcome
- Staff, partners, contractors and administrative roles and functions to support implementation of the award.

Applicants must submit a detailed work plan for Year 1 of the award and provide a general summary of work plan activities for Years 2-5 in narrative form. The work plan should describe how the applicant plans to implement all of the required activities to achieve NOFO outcomes. For Year 1, applicants are required to include all of the elements listed within the sample work plan template, provided below. CDC will provide feedback and technical assistance to recipients to finalize the work plan activities post-award. Applicants must name this file "Work

Plan_SPAN_name of applicant" and upload it as a PDF file on www.grants.gov.

This work plan should include activities such as engaging communities and existing partnerships or coalitions, conducting needs assessments in targeted communities, tailoring interventions for target populations, and embedding specific communication activities that directly support the NOFO strategies (including identifying their intended audiences).

Short Term Outcome:		**Intermediate Outcome:**		
Strategy		**Milestone(s) for Completion of Activity**	**Responsible Position /Party**	**Completion Date**
Activity				

Applicants are not required to use the template but are required to include all of the elements listed in the template.

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.

Recipients will participate in monthly conference calls to track progress, barriers, unexpected events, activities, successes, and other relevant information that describe the implementation of the strategies and accomplishment of outcomes.

A required recipient training will be scheduled during the first budget year and may be scheduled during subsequent years of the funding cycle. All applicants should budget up to five staff to participate for up to five days in Atlanta (tentative training site).

Recipients should also be available to participate in peer sharing opportunities, evaluation specific technical assistance calls and webinars, site and/or reverse site visits, and calls and email communication with CDC staff, as needed.

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

CDC will have substantial involvement beyond site visits and regular performance and financial monitoring during the period of performance. CDC activities are intended to ensure the success of the project and will include the following:

- Provide ongoing technical assistance
- Provide SPAN implementation guidance to recipients on identifying and implementing strategies and activities
- Facilitate collaborative opportunities with other CDC funded NOFO national and state partners
- Promote information sharing between recipients:
    - Facilitate routine conference calls, webinars, and other informational exchange
    - Develop mechanism for documenting and sharing lessons learned
- Convene recipient trainings

Additionally, CDC will:

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

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

3. Fiscal Year: 2018

4. Approximate Total Fiscal Year Funding: $14,000,000

5. Approximate Period of Performance Funding: $70,000,000

This amount is subject to the availability of funds.

Estimated Total Funding: $70,000,000

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

7. Expected Number of Awards: 15

8. Approximate Average Award: $900,000 Per Budget Period

9. Award Ceiling: $1,300,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $600,000 Per Budget Period

11. Estimated Award Date: 09/29/2018

12. Budget Period Length: 12 month(s)

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

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:	State governments County governments City or township governments Special district governments Independent school districts Public and State controlled institutions of higher education Native American tribal governments (Federally recognized) Public housing authorities/Indian housing authorities Native American tribal organizations (other than Federally recognized tribal governments) Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education Private institutions of higher education Small businesses Others (see text field entitled "Additional Information on Eligibility" for clarification)
Additional Eligibility Category:	
Government Organizations:	
	State governments or their bona fide agents (includes the District of Columbia) Local governments or their bona fide agents Territorial governments or their bona fide agents in 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. State controlled institutions of higher education

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

Applicants must be physically located and operate in the state for which work is proposed, and in the application must specifically identify the state in which they will work. Applicants with locations in multiple states must select one state, the state in which that applicant is located, per application. Applicants proposing to work in states other than where the applicant is physically located and operates will be considered non-responsive and will not receive further review.

Applicants will provide in the Project Abstract Summary a statement that identifies the state in which the applicant will do the proposed work.

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov	Same day but can take 8	Register early! Log into

		using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	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)	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: **05/14/2018**

b. Application Deadline

Due Date for Applications: **06/14/2018** , 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.

Date for Information Conference Call
April 25, 2018
3:00 PM - 4:30 PM (eastern daylight time)
Join Skype Meeting
Trouble Joining? Try Skype Web App
Join by phone

(770) 488-3600 (Chamblee Dial-in Conference Region)
English (United States)
(855) 644-0229 (Chamblee Dial-in Conference Region)
English (United States)

Find a local number

Conference ID: 823049
Forgot your dial-in PIN? |Help

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 requested yet optional. The purpose of an LOI is to allow CDC program staff to estimate the number, and plan for the review, of submitted applications.

The LOI should have the following information:

- Number and title of this NOFO
- Descriptive title of the proposed project
- Name, address, telephone number, and email address of the Principal Investigator or Project Director, or both
- Name, address, telephone number, and e-mail address of the primary contact for writing and submitting this application
- Identify the state where NOFO work will occur

The LOI should be sent via email to SPAN1807@cdc.gov with the subject line "SPAN LOI."

The LOI may also be sent by U.S. express mail or delivery service to:

GraydonYatabe

Division of Nutrition, Physical Activity, and Obesity

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

4770 Buford Hwy., MS F-77 Atlanta, GA 30341

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.

- Given recipients are expected to work with partners and communities at both the state and local levels, CDC recommends that applicants budget at least 25% of the proposed total annual budget to effectively support the organization(s) that will plan, implement, and evaluate local work.
- CDC recommends using the public health benchmark of a minimum of 10% of the annual award to support evaluation activities.
- A required recipient-training meeting will be scheduled in the first budget year. Applicants should budget up to five staff to participate for up to five days (tentative training site is Atlanta). An annual training meeting is anticipated during subsequent budget years and costs should be included for each year of the period of performance.
- A CDC evaluation training will be scheduled in Atlanta in the fall of the first budget year. Applicants should budget up to two evaluation staff to participate for up to two days.

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).

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:35

Narrative (10): The extent to which the applicant describes:

- The magnitude of the public health need within the state and/or the geographic area proposed for their work.
- An overall strategy and activities consistent with the CDC project description and logic model.
- The use of state data (e.g., needs assessment, environmental scan, surveillance, evaluation, health disparities data) to define the problem, select geographical areas and target jurisdictions or populations, and include specific populations disproportionately at risk.

Work plan (25) The applicant must propose activities on **all five** of the strategies (points will not be provided if this base requirement is not met) and define target populations and geographic area(s) and describe an approach that includes:

- Sufficient detail of how the strategies and activities will adequately achieve the intended program outcomes.
- Activities that are feasible and likely to lead to the achievement of performance outcomes within the period of performance.
- A complete plan and time line for the first year of the NOFO that describes each

strategy and related activities; intended outcomes; identifies measures for relevant outcomes and milestones for accomplishing key tasks for each outcome. First year outcomes are achievable, and performance measures are consistent with CDC guidance in the NOFO.
- An overview of the plan for the entire period of performance that appears reasonable and achievable, and period of performance outcomes are appropriate to achieve the desired program outcomes by the end of the five-year period of performance.
- Communication objectives and activities for all strategies, identifying intended audiences, and activity leads.

ii. Evaluation and Performance Measurement Maximum Points:25

The extent to which the applicant provides an evaluation and performance measurement data management plan that:

- Describes an evaluation plan consistent with their work plan and the CDC evaluation performance strategy, and that is feasible and likely to demonstrate grantee performance outcomes, including successes and needed improvements.
- Affirms the ability to collect data on the process and outcome performance measures specified by CDC and presented by the applicant in their approach.
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation and reporting of project activities.
- Describes how performance measurement and evaluation findings will be reported, shared, and used to demonstrate the outcomes of the NOFO, and for continuous quality improvement.

iii. Applicant's Organizational Capacity to Implement the Approach Maximum Points:40

Project Management Structure and Staffing (20): The extent to which the applicant has:

- Both an established nutrition coordinator and physical activity coordinator to implement statewide public health interventions (no points will be provided if this base requirement is not met)
- Adequate public health nutrition and physical activity leadership/management to plan and supervise the work.
- Adequate and appropriate organizational infrastructure to carry out the administrative/financial, data management/evaluation, and performance monitoring activities required for this NOFO.
- Experience in providing, or the capacity to provide, training and technical assistance to implement strategies and interventions using evidence based approaches.
- Clearly defined project management structure, staff roles and responsibilities, and an organizational chart for staff members (including contract support, if applicable).

Implementation Readiness (20): The extent to which the applicant can:

- Describe evidence of recent, successful implementation of physical activity and nutrition efforts at the state and local levels that will demonstrate the (basic) ability to readily implement this state based program.
- Describe how available and established capacities (e.g., program infrastructure, technical expertise, coalitions and partnerships) will quickly mobilize and organize to implement the NOFO activities with minimal start up time.
- Provide evidence of involvement by key partners, including letters of support from partners that document specific contributions of the partner, including but not limited to, a description of the precise nature of past and proposed collaborations, products, services, and other activities that will be provided by the partner through the proposed collaboration. Applicants could receive up to the maximum points only if they submit both letters of support and signed MOU's, MOAs, and/or tribal resolutions that demonstrate established partnerships around areas of interest similar to this NOFO.

Budget

The budget aligns with the proposed work plan and includes the following:

- A feasible and detailed itemized budget and narrative that follows the guidance in the Budget Narrative section
- At least 25% of proposed total annual budget to support the organization(s) that will plan, implement, and evaluate local work
- At least 10% of the proposed total annual budget to support overall evaluation activities

c. Phase III Review

Objective review panels will evaluate complete, eligible applications in accordance with the "Phase II Review" criteria section of the NOFO to determine order of score and rank. CDC reserves the right to select out of rank order. The following factors may affect the order of the funding decisions:

- No more than one applicant within a state will be funded
- Achieving a geographically balanced spread of SPAN programs across the United States

Review of risk posed by applicants.

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

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a

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

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

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

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

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

2. Announcement and Anticipated Award Dates

Successful applicants will receive an electronic copy of the Notice of Award (NOA) from the CDC Office of Grants Services (OGS) by September 29, 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.

- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- 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 Requirements
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR 32 - Enacted General Provisions
- AR-34: Language Access for Persons with Limited English Proficiency

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

3. Reporting

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting

the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due October 30; January 30; April 30; July 30.	Yes
Success Stories	Two per year, beginning second year of funding cycle.	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 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.

CDC expects annual reporting of performance measures.

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:

Graydon Yatabe, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition, Physical Activity, and Obesity

4770 Buford Highway

Mailstop F-77

Atlanta, Georgia 30341

Email: SPAN1807@cdc.gov

Grants Staff Contact

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

Pamela Render, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Office of Financial Resources (OFR)

Office of the Chief Operating Officer (OCOO)

Centers for Disease Control and Prevention (CDC)

2920 Brandywine Rd

Atlanta, GA 30341

Telephone: (770) 488-2712
Email: plr3@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
- Position descriptions
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 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

Activity-friendly Route: A direct and convenient connection with everyday destinations, offering physical protection from cars, and making it easy to cross the street. These can include crosswalks, protected bicycle lanes, multi-use trails, and pedestrian bridges.

Capacity: An organization's ability to achieve its mission effectively and to sustain itself over the long term. Capacity also refers to the skills and capabilities of individuals.

Capacity Building: The process of improving an organization's ability to achieve its mission. It includes increasing skills and knowledge; increasing the ability to plan and implement programs, practices, and policies; increasing the quality, quantity, or cost-effectiveness of programs, practices, and policies; and increasing sustainability of infrastructure or systems that support programs, practices, and policies.

Community Based Participatory Approach - joint effort that involves public health and community representatives in all phases of the program delivery process (i.e., planning, implementation, and evaluation). The joint effort engages community members, employs local knowledge in the understanding of health problems and the design of strategies, and invests community members in the processes and products of research. In addition, the collaborative is invested in the dissemination and use of research findings to improve community health and reduce health disparities. http://www.cdc.gov/prc/program-research/research-projects/community-partnership.htm

Complete Streets: is a transportation policy and design approach that requires streets to be planned, designed, operated, and maintained to enable safe, convenient and comfortable travel and access for users of all ages and abilities regardless of their mode of transportation. Complete Streets allow for safe travel by those walking, bicycling, driving automobiles, riding public transportation, or delivering goods

Continuity of care: Healthcare services that are consistent, collaborative, and seamless over

time and across providers and service institutions within the community.

Everyday Destinations: Places people can get to from where they live or work by walking, bicycling, or using public transit. These can include grocery stores, schools, libraries, parks, restaurants, cultural and natural landmarks, or healthcare facilities. They are often desirable, useful, and attractive.

Health Systems: The health systems referenced in the NOFO are health care delivery organizations and may include health maintenance organizations (HMOs), Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs) and other clinical groups operating within the state.

Safe Routes to School: is a national movement to create safe, convenient, and fun opportunities for children to bicycle and walk to and from schools. Safe Routes to School programs promote walking and biking to school, using education and incentives. The goal is to get more children bicycling and walking to schools safely on an everyday basis. This improves the built environment and increases opportunities for healthy physical activity for everyone.