

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

The National Healthy Brain Initiative
CDC-RFA-DP20-2003
Application Due Date: 01/08/2020

The National Healthy Brain Initiative
CDC-RFA-DP20-2003
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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 "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP20-2003. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

The National Healthy Brain Initiative

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-DP20-2003

E. Assistance Listings (CFDA) Number:

93.334

F. Dates:

1. Due Date for Letter of Intent (LOI):	**11/12/2019**
Is a LOI:	Recommended but not Required
2. Due Date for Applications:	**01/08/2020**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**10/29/2019**

A 60-minute informational call will be held on October 29, 2019 at 1pm EST. Phone: 1-888-455-9650, Passcode: 3425266. Following the call, Q&As will be posted at www.cdc.gov/aging/funding/hbi/index.html

In addition, an email address has been established to receive and respond to NOFO questions: HBI_NOFO@cdc.gov

G. Executive Summary:

1. Summary Paragraph:

This NOFO is being competed to fund (Component A) an organization with national scope and reach within states to assist in the implementation and evaluation of the Healthy Brain Initiative's (HBI) *State and Local Public Health Partnerships to Address Dementia, The 2018-2023 Road Map*, the 3rd in a series, and its companion, *The Road Map for Indian Country*. Planned activities include creating informational resources and materials for the public, engaging state and local partners to adopt Road Map action items, developing training materials

for current and future professionals about Alzheimer's disease and related dementias (ADRD), and disseminating effective messages related to brain health. Furthermore, it is expected that the Component A organization will develop the 4th State and Local Public Health Road Map plus several focused road maps in areas such as Indian Country, language-specific, etc., to be determined with input from CDC. In addition, CDC will fund (Component B) one or more organizations that support populations with a high burden of ADRD to develop products to communicate relevant messages to these populations and assist in the implementation of the Component A activities. NOFO activities are expected to promote brain health, address cognitive impairment including ADRD, and support the needs of caregivers (unpaid persons providing care or assistance to someone with ADRD). NOFO applicants may only apply for Component A or Component B.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	6

Component A: One award

Component B: Up to five awards

d. Total Period of Performance Funding:	$12,500,000
e. Average One Year Award Amount:	$2,500,000

Component A: $1,500,000 (one award)

Component B: $200,000 (up to five awards)

f. Number of Years of Award:	5
g. Estimated Award Date:	08/03/2020
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Alzheimer's disease and related dementias (ADRD) are a collection of fatal, progressive diseases that result in the incapacitation of the person with the disease, necessitating assistance in activities of daily living and ultimately around-the-clock care. Currently, an estimated 5.6 million Americans over age 65 have been diagnosed with ADRD; that is expected to rise to 8.4 million by 2030 [1]. In addition, the burden of ADRD is expected to disproportionately affect certain groups. For example, African Americans, American Indian/Alaska Natives, Hispanics, and persons with intellectual or developmental disabilities are more likely to have ADRD than non-Hispanic whites, and women are more likely to develop ADRD than men [1,2]. Outcomes of this NOFO will improve the quality of life and decrease disparities for those with ADRD and raise awareness of cognitive impairment as a public health issue.

The purpose of this NOFO is to identify one Component A organization to collaborate in the implementation, dissemination, and evaluation of the Healthy Brain Initiative's *State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map* and *The Road Map for Indian Country* and the development of the next in the series of Road Maps. Additionally, this organization should develop and disseminate other evidence-based products that support Road Map actions and evolve with advances in the field of cognitive impairment. These activities will help promote brain health, address cognitive impairment including ADRD, and support the needs of caregivers (unpaid persons providing care or assistance to someone with ADRD).

Furthermore, the purpose of this NOFO is to identify Component B organizations to develop products that will effectively communicate relevant messages within those populations with a high burden of ADRD. This includes integrating brain health messages about the importance of managing chronic conditions and maintaining heart health to reduce risk for later cognitive impairment [3-5].

This NOFO builds upon past work outlined in CDC NOFOs DP10-1003 and DP15-1505. Previous awards helped establish the public health framework to address ADRD through the previous Road Maps (2007-2023) by identifying appropriate action items for public health professionals and capitalizing on surveillance data relevant to state and local health agencies. Previous awards have also helped identify gaps in effective messaging for specific populations disproportionately affected by ADRD.

References:

1. Alzheimer's Association. 2019 Alzheimer's disease facts and figures. Alzheimers Dement. 2019;15(3);321?387.
2. Matthews KA, Xu W, Gaglioti AH, et al. Racial and ethnic estimates of Alzheimer's disease and related dementias in the United States (2015-2060) in adults aged ?65 years. Alzheimers Dement. 2019;15(1):17-24. doi: 10.1016/j.jalz.2018.06.3063.
3. The SPRINT MIND Investigators for the SPRINT Research Group. Effect of intensive vs standard blood pressure control on probable dementia: A randomized clinical trial. JAMA. 2019;321(6):553-561. doi: 10.1001/jama.2018.21442
4. Baumgart M, Snyder HM, Carrillo MC, Fazio S, Kim H, Johns H. Summary of the evidence on modifiable risk factors for cognitive decline and dementia: a population-based perspective. Alzheimers Dement 2015;11:718-26. doi: 10.1016/j.jalz.2015.05.016.
5. Institute of Medicine. Cognitive aging: progress in understanding and opportunities for action. Washington, DC: The National Academies Press; 2015. https://www.nap.edu/catalog/21693/cognitive-aging-progress-in-understanding-and-opportunities-for-action

b. Statutory Authorities

301(a) Public Health Service (PHS) Act, 42 U.S.C. 241(a).

c. Healthy People 2030

Dementias, including Alzheimer's (DIA) Topic Area Objectives:

DIA-1: Increase the proportion of adults aged 65 years and older with diagnosed Alzheimer's

disease and other dementias, or their caregiver, who are aware of the diagnosis
DIA-2: Reduce the proportion of preventable hospitalizations in adults aged 65 years and older with diagnosed Alzheimer's disease and other dementias
DIA-3: (NEW - to be released at the start of 2020 for HP2030) Increase the proportion of adults aged 45 years and older with Subjective Cognitive Decline (SCD) who have discussed their confusion or memory loss with a health care professional

Older Adult (OA) Topic Area Objectives:

OA-1, OA-5, OA-6, and OA-9.

d. Other National Public Health Priorities and Strategies

National Alzheimer's Project Act (Public Law 111-375); BOLD Infrastructure for Alzheimer's Act (Public Law No. 115-406).

e. Relevant Work

This NOFO builds upon past work outlined in CDC NOFOs DP10-1003 and DP15-1505, which included promotion of the Behavioral Risk Factor Surveillance System (BRFSS) Cognitive Decline and Caregiver modules for inclusion on states' BRFSS, development of HBI Road Maps for years 2007-2023, and dementia curricula for public health students. Additionally, the CDC's Alzheimer's Disease and Healthy Aging Program supported related projects through the CDC Prevention Research Center Special Interest Project, RFA-DP-14-011 (Healthy Brain Research Network), in 2014 and OT18-1802 Strengthening Public Health Systems and Services through National Partnerships, in 2018 and 2019.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

The National Healthy Brain Initiative logic model was developed to outline the activities and expected outcomes of this effort. This logic model depicts the strategies/activities, short-term/intermediate outcomes, and long-term outcomes in order to illustrate how this NOFO strives to achieve its overarching goals.

Applicant Type	Strategies and Activities	Short-term and Intermediate Outcomes	Long-Term Outcomes
Component A Organization	Assist with the adoption and revision of the BRFSS cognitive decline and caregiver modules Support implementation and conduct evaluation of Road Map for Indian Country and 3rd State and Local Public Health	**Increase/maintain number of states adopting BRFSS cognitive decline and caregiver modules** **Increase number of Road Map actions implemented by states**	Increase use of Annual Wellness Visits by older adults* Increase proportion of adults who talk to their health care provider about changes in their

	Road Map Develop and disseminate 4th State and Local Public Health Road Map and expand the Road Map series Develop training materials for current and future professionals about ADRD and caregiving Implement related communications and other activities Assist with Healthy People objective analysis related to cognitive impairment, including ADRD	**and tribes** **Increase number of health care and public health professionals and students with knowledge and skills about ADRD and caregiving as public health issues**	memory* Increase proportion of older adults with diagnosed ADRD, or their caregiver, who are aware of the diagnosis* Improve quality of life and care management for those with cognitive impairment or ADRD*
Component B Organization(s)	Identify needs related to brain health and cognitive impairment among target population Develop and/or adapt existing information products to inform target population about important issues in brain health, cognitive impairment, and caregiving	**Expand implementation of Road Map actions to target population** **Increase number of people reached by population-focused communications about brain health and cognitive impairment**	Increase awareness of cognitive impairment and ADRD as public health issues within target population* Decrease disparities in health and quality of life related to cognitive impairment and ADRD among target populations*

*These outcomes are not expected to be achieved during the period of performance.

i. Purpose

The overall purpose of this NOFO is to develop and implement public health strategies guided by the Healthy Brain Initiative (HBI) Road Map Series to promote brain health, address cognitive impairment, including ADRD, and support the needs of caregivers (unpaid persons providing care or assistance to someone with ADRD). The HBI Road Map Series advances brain health as an integral component of public health through an action agenda, outlining how public health agencies and their partners can prepare all communities to act quickly and

strategically by stimulating changes in policies, systems, and environments.

ii. Outcomes

For Component A applicants, as presented in the logic model, it is expected that progress towards the **bolded** short-term/intermediate outcomes will be achieved during the period of performance. These include:

- Increased/maintained number of states adopting BRFSS Cognitive Decline and Caregiver modules
- Increased number of Road Map actions implemented by states and tribes
- Increased number of health care professionals and students with knowledge and skills about ADRD and caregiving as public health issues

For Component B applicants, as presented in the logic model, it is expected that progress towards the **bolded** short-term/intermediate outcomes will be achieved during the period of performance. These include:

- Expand implementation of Road Map actions to target population
- Increase number of people reached by population-focused communications about brain health and cognitive impairment

iii. Strategies and Activities

Applicants may ONLY apply for Component A or Component B.

Component A Organization

Component A organization should utilize the strategies outlined in the Logic Model within the "Strategies and Activities" column and restated below:

- Assist with adoption and revision of the BRFSS cognitive decline and caregiver modules.
    - Promote adoption and implementation of cognitive decline and caregiver modules among states and territories
    - Form panel of experts for revision of modules
    - Review, modify, delete and/or add module questions

- Support implementation and conduct evaluation of the 3rd HBI Road Map for State and Local Partners and the Road Map for Indian Country.

- Develop and disseminate the 4th State and Local Public Health Road Map, and additional Road Map products such as Indian Country or language-specific products.

- Develop training materials for current and future professionals about ADRD and caregiving.

- Implement related communications and other activities.

- Assist with Healthy People objective analysis related to cognitive impairment, including ADRD.

In addition to these strategies and activities, the Component A organization may use the action items from the HBI's *State and Local Public Health Partnerships to Address Dementia, The 2018-2023 Road Map* and/or *The Road Map for Indian Country* to guide period of performance activities. These actions are outlined at the end of this section.

Component B Organization(s)

Component B organizations should utilize the strategies outlined in the Logic Model within the "Strategies and Activities" column and restated below:

- Identify needs related to brain health among target population.

- Develop and/or adapt existing information products to inform target population about important issues in brain health, cognitive impairment, and caregiving.

In addition to these strategies and activities, Component B organizations may use the action items from the Healthy Brain Initiative's *State and Local Public Health Partnerships to Address Dementia, The 2018-2023 Road Map* and/or *The Road Map for Indian Country* to guide period of performance activities. These actions are outlined at the end of this section.

Road Map Actions to Guide Work -- Component A and B Organizations

In addition to the strategies and activities outlined in the logic model, the following Road Map actions under the four essential public health services outlined in the Healthy Brain Initiative's *State and Local Public Health Partnerships to Address Dementia, The 2018-2023 Road Map* and *The Road Map for Indian Country* support period of performance outcomes. These services listed in the Road Maps that may be used to guide the strategies for the activities and the actions during the period of performance can be found below.

Educate and Empower (E) Actions:

- Educate the public about brain health and cognitive aging, changes that should be discussed with a health professional, and benefits of early detection and diagnosis (E-1).
- Integrate the best available evidence about brain health and cognitive decline risk factors into existing health communications that promote health and chronic condition management for people across the life span (E-2).
- Increase messaging that emphasizes both the important role of caregivers in supporting people with dementia and the importance of maintaining caregivers? health and wellbeing (E-3).
- Promote prevention of abuse, neglect, and exploitation of people with dementia (E-4).
- Provide information and tools to help people with dementia and caregivers anticipate, avert, and respond to challenges that typically arise during the course of dementia (E-5).
- Strengthen knowledge about, and greater use of, care planning and related tools for

people with all stages of dementia (E-6).
- Improve access to and use of evidence-informed interventions, services, and supports for people with dementia and their caregivers to enhance their health, wellbeing, and independence (E-7).

Develop Policies and Mobilize Partnerships (P) Actions:

- Promote the use of effective interventions and best practices to protect brain health, address cognitive impairment, and help meet the needs of caregivers for people with dementia (P-1).
- Assure academic programs, professional associations, and accreditation and certification entities incorporate the best available science about brain health, cognitive impairment, and dementia caregiving into training for the current and future public health workforces (P-2).
- Support better informed decisions by educating policymakers on the basics of brain health and impairment, the impact of dementia on caregivers and communities, and the role of public health in addressing this priority problem (P-3).
- Improve inclusion of healthcare quality measures that address cognitive assessments, the delivery of care planning to people with diagnosed dementia, and improved outcomes (P-4).
- Engage public and private partners in ongoing planning efforts to establish services and policies that promote supportive communities and workplaces for people with dementia and their caregivers (P-5).
- Assure public health plans that guide emergency preparedness and emergency response address the special needs of people with dementia and their caregivers, support access to critical health information during crises, and prepare emergency professionals for situations involving people with dementia (P-6).

Assure a Competent Workforce (W) Actions:

- Educate public health and healthcare professionals on sources of reliable information about brain health and ways to use the information to inform those they serve (W-1).
- Ensure that health promotion and chronic disease interventions include messaging for healthcare providers that underscores the essential role of caregivers and the importance of maintaining their health and well-being (W-2).
- Educate public health professionals about the best available evidence on dementia (including detection) and dementia caregiving, the role of public health, and sources of information, tools, and assistance to support public health action (W-3).
- Foster continuing education to improve healthcare professionals' ability and willingness to support early diagnoses and disclosure of dementia, provide effective care planning at all stages of dementia, offer counseling and referral, and engage caregivers, as appropriate, in care management (W-4).
- Strengthen the competencies of professionals who deliver healthcare and other care services to people with dementia through interprofessional training and other strategies (W-5).
- Educate healthcare professionals about the importance of treating co-morbidities,

addressing injury risks, and attending to behavioral health needs among people at all stages of dementia (W-6).
- Educate healthcare professionals to be mindful of the health risks for caregivers, encourage caregivers' use of available information and tools, and make referrals to supportive programs and services (W-7).

Monitor and Evaluate (M) Actions:

- Support the implementation of the Behavioral Risk Factor Surveillance System (BRFSS) optional module for Cognitive Decline and the BRFSS optional module for Caregiving (M-1).
- Support national data collection on dementia and caregiving (M-2).
- Use data gleaned through available surveillance strategies and other sources to inform the public health program and policy response to brain health, cognitive impairment, and caregiving (M-3).
- Embed evaluation into training and caregiving support programs to determine program accessibility, effectiveness, and impact (M-4).
- Estimate the gap between workforce capacity and anticipated demand for services to support people with dementia and their caregivers (M-5).

Indian Country Actions:

- Work with community members to understand brain health, early warning signs of dementia, and benefits of early detection and diagnosis for persons with dementia and their caregivers (T-1).
- Encourage community members to use effective interventions, best practices, and traditional wellness practices to protect brain health, address cognitive impairment, and support persons with dementia and their caregivers (T-2).
- Provide information and tools to help older adults with dementia and their caregivers anticipate and respond to challenges that typically arise during the course of dementia (T-3).
- Promote engagement among tribal leaders in dementia issues by offering information and education on the basics of brain health and cognitive impairment, the impact of dementia on caregivers and communities, and the role of public health approaches in addressing this priority problem (T-4).
- Support collection and use of local data on dementia and caregiving in American Indians/Alaska Native communities to plan programs and approaches (T-5).
- Promote the inclusion of healthcare quality measures that address both cognitive assessments and the delivery of care to American Indians/Alaska Natives with dementia (T-6).
- Educate healthcare and aging services professionals in Indian Country about the signs and symptoms of dementia and about caregiving for persons with dementia (T-7).
- Educate healthcare and aging services professionals on the best ways to support families and caregivers of older adults with dementia (T-8).

1. Collaborations

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

Applicants are expected to identify and leverage opportunities to enhance the applicant's work with other federally funded programs and networks where there are common interests and objectives related to brain health, cognitive impairment, and caregiving. Successful applicants awarded Component A or Component B of this funding opportunity will be required to collaborate with each other throughout the five year award period. This may include, but is not limited to, joint planning and leadership activities, joint funding of complementary activities based on program recipient activities, coalition alliances and joint health education and communication activities, data acquisition, analysis, presentations, publications, communication, and combined development and implementation of environmental, policy, systems, or community interventions, and other cost sharing activities that relate to recipient program activities.

b. With organizations not funded by CDC:

Applicants are strongly encouraged but not required to identify and leverage opportunities that will enhance the recipient's work with organizations external to CDC. Applicants are strongly encouraged but not required to collaborate with the following examples of groups and individuals:

- Subject matter experts with expertise in brain health and cognitive impairment, including Alzheimer's disease, and caregiving.
- Subject matter experts with expertise in public health tools, strategies and resources, including advanced knowledge of the public health system at the national, state, and local levels.
- Persons with cognitive impairment.
- Caregivers for persons with cognitive impairment.
- Persons or groups representing people with cognitive impairment and/or their caregivers.
- Representatives from the Aging Services Network.
- State administrators managing applicable programs (e.g., Medicaid, senior public health officials, public health chronic disease directors).
- Stakeholder groups (coalitions, strategic partnerships, other non-profit organizations) that have a common mission or interests.
- Persons or groups representing target population(s) of this NOFO.

If applicants are collaborating with external organizations, applicants must provide letters of support and name the file "Letters of Support" and upload as PDF files on www.grants.gov. Letters of support should clearly describe the partnership with the applicant and how the organization will support the applicant's activities under this NOFO.

2. Target Populations

Component A: The target population(s) is expected to include state and local public health

agencies and their national, state, and local partners described in the Collaborations section of this NOFO. Applicants are required to describe the target population or populations within this group that has been identified to achieve the greatest health impact (e.g., state health officials, state chronic disease directors, non-profit organizations, healthcare provider member organizations, etc.).

Component B: The target populations are expected to include those with an identified high burden of ADRD. Examples include but are not limited to: Hispanics, African-Americans, American Indians/Alaska Natives, women, and persons with intellectual or developmental disabilities.

a. Health Disparities

Component B organizations funded under this NOFO will be selected, in part, based upon their ability to develop and/or adapt and disseminate products for groups at greatest risk for cognitive impairment including ADRD. These groups include but are not limited to: Hispanics, African-Americans, American Indians/Alaska Natives, women, and persons with intellectual or developmental disabilities.

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

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

For the strategies described in the logic model and the strategies and activities section, the following measures are expected for Component A applicants:

Component A Tier 1 Measures

1. Increase/maintain the number of states adopting the Behavioral Risk Factor Surveillance System (BRFSS) Cognitive Decline and Caregiver Modules. The data from these modules are critical for use by states and other jurisdictions to develop state plans, increase awareness about the needs of these populations, and guide elder justice and emergency preparedness efforts for older adults. These data also help states identify any existing or emerging disparities across racial and socioeconomic lines. This helps states tailor their efforts so they are most effective.

2. Increase the number of Road Map actions implemented by states and tribes to achieve improvement in health and quality of life outcomes for persons experiencing cognitive impairment or ADRD and their caregivers.

3. Increase the number of health care and public health professionals and students with knowledge and skills about ADRD and caregiving as public health issues. This will broaden the dementia-capable workforce and lead to improvements in quality of care for those with ADRD. Less than half of those with dementia are aware of their diagnosis. Educating health professionals is a critical component towards ensuring that those with ADRD are adequately diagnosed and referred to services, preventing costly

hospitalizations.

For the strategies described in the logic model and the strategies and activities section, the following measures are expected for Component B applicants:

Component B Tier 1 Measures

1. Expand the implementation of Road Map actions to the recipient's target population to achieve improvements in health and quality of life outcomes for persons experiencing cognitive impairment or ADRD and their caregivers.

2. Increase the number of people reached by population-focused communications about brain health and cognitive impairment within the recipient?s target population. This includes integrating brain health messages about the importance of managing chronic conditions and maintaining heart health.

For both Component A and Component B applicants, this NOFO does not involve the generation or collection of public health data. Therefore, a Data Management Plan is not required.

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, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

In addition, at a minimum, the plan must:

- Describe other information (e.g., performance measures to be developed by the applicant), as determined by the CDC program, that must be included.
- Describe how evaluation findings will be used for continuous program quality improvement.
- Describe how evaluation and performance measurement will contribute to developing an evidence base for programs that employ strategies lacking a strong effectiveness evidence base.
- Describe the frequency that evaluation and performance data are to be collected.
- Describe how evaluation and performance measurement will yield findings to demonstrate the value of the NOFO (e.g., impact on improving public health outcomes, effectiveness of project, cost-effectiveness or cost benefit).
- Describe dissemination channels and audiences (including public dissemination).

This more detailed evaluation and performance measurement plan should be developed by recipients with support from CDC as part of first year project activities. This more detailed evaluation plan will build on the elements stated in the initial plan. This plan should be no more than 35 pages.

A DMP is not required for this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

Organizational capacity ensures applicants demonstrate their ability to successfully execute the NOFO strategies and meet period of performance outcomes.

Component A applicants should have adequate infrastructure, including:

- Previous experience and current ability to implement national public health initiatives for brain health and cognitive impairment, including ADRD, and caregiving -- in 25 or more states or U.S. territories -- to help ensure a comprehensive national scope.
- Previous experience documenting the ability to establish and maintain strong working relationships with stakeholders, including subject matter experts in public health and brain health, cognitive impairment, and caregiving to inform programmatic and policy initiatives.
- Ability to plan, implement, and monitor performance and evaluate programs.
- Ability to improve population health by implementing strategies that develop or revise health-related policies or systems adopted by organizations or government entities.
- Ability to manage people by overseeing and supporting optimal performance and growth of team members.

- Previous experience and ability working with 10 or more BRFSS state coordinators on adopting cognitive decline and caregiver modules.
- Previous experience and ability in training states and other partners on the use of BRFSS and other public health data and translating those data into public health action.
- Ability to manage programs and resources ensuring the administrative, financial, and staff support necessary to sustain activities and to build opportunities, specifically ability of the organization to distribute funding in a timely manner, ability to hire or contract personnel with applicable skills needed to implement the program, and ability to write and award contracts in accordance with 45 CFR 75.
- The ability to effectively gather, analyze, interpret, and use evidence-based or evidence-informed strategies where such information exists.
- Ability to lead strategically through creation of a common agenda or strategic vision for national priority setting, serve as a catalyst for change, and demonstrate program accomplishments such as leveraging resources with respect to brain health, cognitive impairment, and caregiving, and other state and local health-related programs.
- Applicants will be expected to describe their experience providing public health leadership in brain health and cognitive impairment, including ADRD. This includes the history of providing guidance and support; recent examples of the content and format of the guidance and support provided, and any outcomes or benefits that were demonstrated as a result. In addition, and if applicable, applicants will be expected to provide a description of their current federally-funded projects. Applicants will be allowed to implement NOFO requirements based on their own organizational design and approach, unless otherwise required by statute.

Component B applicants should have adequate infrastructure, including:

- Previous experience and ability to integrate and disseminate public health messages nationally within target population.
- Previous experience documenting the ability to establish and maintain strong working relationships with stakeholders, including subject matter experts in public health to inform programmatic and policy initiatives.
- Ability to plan, implement, monitor performance, and evaluate programs.
- Ability to improve population health by implementing strategies that inform the development or revision of health-related policies or systems adopted by organizations or government entities.
- Ability to manage people by overseeing and supporting optimal performance and growth of team members.
- Ability to manage programs and resources ensuring the administrative, financial, and staff support necessary to sustain activities and to build opportunities, specifically ability of the organization to distribute funding in a timely manner, ability to hire or contract personnel with applicable skills needed to implement the program, and ability to write and award contracts in accordance with 45 CFR 75.
- The ability to effectively gather, analyze, interpret, and use evidence-based or evidence-informed strategies where such information exists.
- Ability to lead strategically through creation of a common agenda or strategic vision, serve as a catalyst for change, and demonstrate program accomplishments such as

leveraging resources.

- Applicants will be expected to describe their experience providing public health leadership in serving or working with the recipient's target population. This includes the history of providing guidance and support, recent examples of the content and format of the guidance and support provided, and any outcomes or benefits that were demonstrated as a result. In addition, and if applicable, applicants will be expected to provide a description of their current federally-funded projects. Applicants will be allowed to implement NOFO requirements based on their own organizational design and approach, unless otherwise required by statute.

SUPPORTING DOCUMENTS:

Component A

Component A applicants must provide copies of organization bylaws and Memoranda of Understanding (MOU). See below guidance on uploading these documents:

1. ***A copy of the organization bylaws that demonstrates existing community or state-level affiliates in a minimum of 25 states or territories. Highlight the relevant section of the bylaws. Name this file "Bylaws" and upload it at www.grants.gov.***

2. ***Component A applicants must provide copies of Memoranda of Understanding (MOU) from 10 or more state public health departments for inclusion of BRFSS cognitive decline or caregiver modules between 2014-2018. The documents should be included as a separate attachment containing the first page (title page) and the final page (signature page) for each MOU. Highlight each state name in the document. Name these files "[state name] BRFSS MOU", inserting the applicable state name in the file name, and upload them at www.grants.gov.***

All Applicants (Component A and Component B)

All applicants must provide Resumes/CVs and name this file "Resumes/CVs" or "Organizational Charts" and upload it at www.grants.gov***.***

d. Work Plan

Applicants should provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years. Work plans help project officers monitor implementation of activities and progress on period of performance outcomes. No specific work plan format is required, as long as it is clear how the components in the work plan crosswalk to the strategies and activities, outcomes, and evaluation and performance measures presented in the logic model and the narrative sections of the NOFO. Objectives should be written in SMART (specific, measurable, achievable, realistic, timely) format. This work plan is expected to be augmented each year based on the required direction of the work, including identified needs of any target populations.

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

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.

No additional requirements.

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

The CDC program that oversees this NOFO will provide substantial involvement in addition to yearly site visits and regular performance and financial monitoring during the 5-year period of performance. The CDC program will work in partnership with recipients to ensure the success of the cooperative agreement by providing technical assistance to the recipient through the availability of subjective matter experts in brain health, cognitive impairment, caregiving, and with obtaining, analyzing, and interpreting data from BRFSS Cognitive Decline and Caregiver Modules. In addition, CDC anticipates partnering with the recipient(s) on the development of communication products including, but not limited to, social media offerings, webinars, conference programs, and professional presentations and publications co-branded by the recipient and CDC. Recipient budgets should include travel funds sufficient for two individuals to attend one recurring annual site visit to CDC. CDC will collaborate with the recipient(s) to develop work plans, evaluation tools, and other measures of program outcomes as necessary.

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

The National Healthy Brain Initiative

3. Fiscal Year: 2020

Estimated Total Funding: $12,500,000

4. Approximate Total Fiscal Year Funding: $2,500,000

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding: $12,500,000

6. Total Period of Performance Length: 5

7. Expected Number of Awards: 6

Component A: One award

Component B: Up to five awards

8. Approximate Average Award: $2,500,000 Per Budget Period

Component A: $1,500,000 (one award)

Component B: $200,000 (up to five awards)

This amount is subject to the availability of funds.

9. Award Ceiling: $4,750,000 Per Budget Period

Component A: $3,000,000 (one award)

Component B: $350,000 (up to five awards)

CDC will not accept and review applications with budgets greater than the ceiling of the award range. Applications with budgets that exceed the ceiling of the award, which includes both direct and indirect costs, will be considered non-responsive, and will not be entered into the review process.

10. Award Floor: $950,000 Per Budget Period

Component A: $800,000 (one award)

Component B: $150,000 (up to five awards)

11. Estimated Award Date: 08/03/2020

Throughout the period of performance, 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

(period of performance) 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).

12. Budget Period Length: 12 month(s)

13. Direct Assistance

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

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)
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
For profit organizations other than small businesses
Small businesses
Others (see text field entitled "Additional Information on Eligibility" for clarification)
Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Additional Eligibility Category:

Government Organizations:

State (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

Other:

Private colleges and universities
Community-based organizations
Faith-based organizations

2. Additional Information on Eligibility

Applicants may apply for only Component A or Component B.

For both Component A and Component B, CDC will not accept and review applications with budgets greater than the ceiling of the award range. Applications with budgets that exceed the ceiling of the award, which includes both direct and indirect costs, will be considered non-responsive, and will not be entered into the review process.

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

5. Maintenance of Effort

N/A

D. Required Registrations

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

1. Required Registrations

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

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

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

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

b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/SAM/.

c. Grants.gov: 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 "Applicant Registration" 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	1-2 Business Days	To confirm that you have been issues a new DUNS number check online at

		3. Select your country or territory and follow instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number		(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 https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 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 the applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying to grants.gov)	Register early! Log into Grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov.

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: **11/12/2019**

b. Application Deadline

Due Date for Applications: **01/08/2020** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Informational Conference Call: 10/29/2019
A 60-minute informational call will be held on October 29, 2019 at 1pm EST. Phone: 1-888-455-9650, Passcode: 3425266. Following the call, Q&As will be posted at www.cdc.gov/aging/funding/hbi/index.html

In addition, an email address has been established to receive and respond to NOFO questions: HBI_NOFO@cdc.gov

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.

Risk Assessment Questionnaire Requirement
CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS. When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI: Recommended but not Required

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

If submitting an LOI, send via email to: HBI_NOFO@cdc.gov

8. Table of Contents

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

9. Project Abstract Summary

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

Multi-component NOFOs may have a maximum of 15 pages for the "base" (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages.

Page limits include work plan; content beyond specified limits may not be reviewed. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. 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.

Please disregard the page limit information described above. The following paragraph is NOT APPLICABLE to this NOFO:

"Multi-component NOFOs may have a maximum of 15 pages for the "base" (subsections

of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for Project Narrative subsections that are specific to each component."

For this NOFO, applicants may only apply for either Component A or Component B. Applicants must identify at the front of the application for which Component (A or B) an application is being submitted. The application must include a project narrative with a maximum of 20 pages. Text should be single spaced, 12 point font, 1-inch margins, and number all pages.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must 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 https://www.cdc.gov/od/science/integrity/reducePublicBurden/.
- 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.
Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO,

applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. 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.

The applicant should include funding in the budget for two individuals for one annual site visit to CDC.

13. Intergovernmental Review

Executive Order 12372 does not apply to this program.

14. 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.

14a. 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.

14b. 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.

14c. 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.

14d. 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

15. 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).

No additional funding restrictions.

16. Other Submission Requirements

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

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

Component A) i. Approach	Maximum Points: 30

- The extent to which the applicant describes a population-based, public health approach using the Road Map framework for strategies and activities for this project (15 points).
- The extent to which the proposal clearly describes how the applicant will address the public health problem, target populations, and support public health priorities, in accordance with the CDC project description (10 points).
- The extent to which the applicant describes an approach that successfully engages federal, national non-profits, states, local, tribal, faith-based organizations, educational organizations, and healthcare providers to implement public health actions for brain health and cognitive impairment (5 points).

(Component A) ii. Evaluation and Performance Measurement	Maximum Points: 25

- The extent to which the applicant describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities (10 points).
- The extent to which the applicant describes an evaluation plan that clearly identifies key evaluation questions, type(s) of evaluations to be conducted, how and by whom data will be reported, and how evaluation and performance measurement findings will be used to demonstrate the outcomes of the NOFO and for continuous program quality improvement (5 points).
- The extent to which the applicant provides an evaluation plan that is feasible, ethical, methodologically sound, and engages key stakeholders (5 points).
- The extent to which the applicant describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong evidence base (5 points).

(Component A) iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points: 45

- The extent to which the applicant describes their experience providing public health leadership in brain health and cognitive impairment, including ADRD, and history (including number of years) of working with states and local public health agencies and

their national, state, and local partners for this project. This includes the history of providing guidance and support, recent examples of the content and format of the guidance and support provided, and any outcomes or benefits that were demonstrated as a result (10 points).

- The extent to which the applicant demonstrates experience and ability to implement public health initiatives nationally for cognitive health and impairment, including Alzheimer's disease, with an established presence -- existing community or state-level affiliates -- in 25 or more states or U.S. territories to ensure a comprehensive national scope. The applicant must include the organization bylaws as an attachment in the "other information" to demonstrate the applicant's established presence (10 points).
- The extent to which the applicant has a demonstrated relationship with 10 or more state BRFSS coordinators to maintain or increase the state implementation of Cognitive Decline and Caregiver Modules and to revise the modules. The applicant must include the MOUs as attachments in "other information" to demonstrate the applicant's established relationships (10 points).
- The extent to which the applicant demonstrates previous experience documenting the ability to establish and maintain strong working relationships with stakeholders, including subject matter experts in public health and brain health, cognitive impairment and caregiving to inform programmatic and policy initiatives (5 points).
- The extent to which the applicant demonstrates the ability to lead strategically through the creation of a common agenda or strategic vision, serve as a catalyst for change, and demonstrate program accomplishments such as leveraging resources with respect to brain health, cognitive impairment, and caregiving, and other state and local health-related programs (3 points).
- The extent to which the applicant demonstrates the ability to improve population health by implementing strategies that inform the development or revision of health-related policies (3 points).
- The extent to which the applicant provides a staffing plan, including an organizational chart and project management structure that will be sufficient to meet the goals of the proposed project and which clearly defines staff roles and reporting structure (2 points).
- The extent to which the applicant demonstrates the ability to effectively gather, analyze, interpret, and use evidence-based or evidence-informed strategies where such information exists (2 points).

(Component A) Budget — Maximum Points: 0

The extent to which the applicant provides a strong justification for budget activities and whether they align closely with activities described in the work plan. The applicant should include funding in the budget for two individuals for one annual site visit to CDC (unscored).

(Component B) i. Approach — Maximum Points: 42

- The extent to which the proposal clearly describes how the applicant will address the public health problem, target populations (high burden of ADRD), and support public health priorities, in accordance with the CDC project description, including an approach that employs a national perspective (15 points).
- The extent to which the applicant defines and identifies a target population -- as

demonstrated with scientific evidence -- that is disproportionately affected by ADRD (10 points).
- The extent to which the applicant describes having adequate reach within the applicant's target population to accomplish the activities and outcomes proposed by the applicant (10 points).
- The extent to which the applicant describes an approach that successfully engages federal, national non-profits, states, local, tribal, faith-based organizations, educational organizations, and healthcare providers to implement public health actions for brain health and cognitive impairment (5 points).
- The extent to which the applicant describes a population-based, public health approach using the Road Map framework for strategies and activities for this project (2 points).

(Component B) ii. Evaluation and Performance Measurement — Maximum Points: 25

- The extent to which the applicant describes an evaluation plan that clearly identifies key evaluation questions, type(s) of evaluations to be conducted, how and by whom data will be reported, and how evaluation and performance measurement findings will be used to demonstrate the outcomes of the NOFO and for continuous program quality improvement (8 points).
- The extent to which the applicant describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities (7 points).
- The extent to which the applicant provides an evaluation plan that is feasible, ethical, methodologically sound, and engages key stakeholders (5 points).
- The extent to which the applicant describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong evidence base (5 points).

(Component B) iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points: 33

- The extent to which the applicant demonstrates the ability to integrate and disseminate public health messages nationally within target population. Which may include working with federal, national non-profits, states, local, tribal, faith-based organizations, educational organizations, and healthcare providers to implement public health actions within applicant's target population (10 points).
- The extent to which the applicant describes their experience providing public health leadership serving or working with the target population or populations selected for this project. This includes the history of providing guidance and support, recent examples of the content and format of the guidance and support provided, and any outcomes or benefits that were demonstrated as a result (10 points).
- The extent to which the applicant has relevant experience working with the applicant's target population within at least the past three years (3 points).
- The extent to which the applicant demonstrates the ability to establish and maintain strong working relationships with stakeholders, including subject matter experts in

public health and brain health, cognitive impairment and caregiving to inform programmatic and policy initiatives (3 points).
- The extent to which the applicant shows the ability to improve population health by implementing strategies that inform the development or revision of health-related policies (3 points).
- The extent to which the applicant provides a staffing plan, including an organizational chart and project management structure that will be sufficient to meet the goals of the proposed project and which clearly defines staff roles and reporting structure (2 points).
- The extent to which the applicant shows the ability to effectively gather, analyze, interpret, and use evidence-based or evidence-informed strategies where such information exists (2 points).

(Component B) Budget	Maximum Points: 0

The extent to which the applicant provides a strong justification for budget activities and whether they align closely with activities described in the work plan. The applicant should include funding in the budget for two individuals for one annual site visit to CDC (unscored).

c. Phase III Review

Component A Applicants: Applications will be funded in order by score and rank determined by the review panel.

Component B Applicants: The following factors may affect the funding rank order and decision. CDC will provide justification for any decision to fund out of rank order:

Geographic Diversity – Applicants may be funded out of order to ensure geographic representation of recipients for the widest non-duplicative reach of the program, and to ensure that the breadth of prevention opportunities across different US geographies (i.e. frontier, rural, urban) are maintained through this funding opportunity.

Target Population Diversity – Applicants may be funded out of order to ensure target population representation of recipients is non-duplicative and to ensure that the breadth of prevention opportunities across groups highly affected by ADRD are maintained through this funding opportunity.

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

Funded applicants will be notified in writing, and awards will be made by September 2020.

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 NOFO will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

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

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

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

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the period of performance. 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 NOFO outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan	6 months into 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 the end of the budget period.	Yes

Final Performance and Financial Report	90 days after end of period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	Yes

CDC seeks to maximize the benefit of reporting by requiring high-impact data, while streamlining reporting to minimize the burden on recipients. Reporting allows for continuous program monitoring and identifies successes and challenges encountered throughout the award.

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 120 days prior to the end of

the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks 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 recipient must submit the Annual Performance Report via www.Grantsolutions.gov 120 days prior to the end of the budget period.

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

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

No additional requirements.

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.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

Lisa Garbarino, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Hwy MS: S107-6
Atlanta, GA 30341
Telephone: (770) 488-1496
Email: HBI_NOFO@cdc.gov

Grants Management Office Information

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

LaKasa Wyatt, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Centers for Disease Control and Prevention
2939 Brandywine Road
Atlanta, GA 30341
Telephone: (770) 488-2728
Email: lgw5@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.

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

H. Other Information

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

- Project Abstract

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Letters of Support
- Organization Charts
- Indirect Cost Rate, if applicable
- Memorandum of Understanding (MOU)

- Organization bylaws

SUPPORTING DOCUMENTS:

Component A

Component A applicants must provide copies of organization bylaws and Memoranda of Understanding (MOU). See below guidance on uploading these documents:

1. ***A copy of the organization bylaws that demonstrates existing community or state-level affiliates in a minimum of 25 states or territories. Highlight the relevant section of the bylaws. Name this file "Bylaws" and upload it at www.grants.gov.***

2. ***Component A applicants must provide copies of Memoranda of Understanding (MOU) from 10 or more state public health departments for inclusion of BRFSS cognitive decline or caregiver modules between 2014-2018. The documents should be included as a separate attachment containing the first page (title page) and the final page (signature page) for each MOU. Highlight each state name in the document. Name these files "[state name] BRFSS MOU", inserting the applicable state name in the file name, and upload them at www.grants.gov.***

All Applicants (Component A and Component B)

1. ***All applicants providing Resumes/CVs must name this file "Resumes/CVs" or "Organizational Charts" and upload it at www.grants.gov. If applicants are collaborating with external organizations, applicants must provide letters of support and name the file "Letters of Support" and upload as PDF files on www.grants.gov. Letters of support should clearly describe the partnership with the applicant and how the organization will support the program.***

2. ***Applicants may only apply for either Component A or Component B. Applicants must identify at the front of the application for which Component (A or B) the application is being submitted. The application must include a project narrative with a maximum of 20 pages. Text should be single spaced, 12 point font, 1-inch margins, and number all pages.***

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.
Assistance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the period of performance. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant

and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
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 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

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

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

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

https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf

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.

TOPIC-SPECIFIC TERMS

Alzheimer's Disease: An irreversible, progressive brain disorder that slowly destroys memory

and thinking skills and, eventually, the ability to carry out the simplest tasks. Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks.

Alzheimer's Disease and Related Dementias (ADRD): A collection of related dementias which include Alzheimer's disease as well as frontotemporal degeneration (FTD), Lewy body dementia (LBD), vascular contributions to cognitive impairment and dementia (VCID), and mixed etiology dementias (MED).

Alzheimer's Disease and Healthy Aging Program (ADHAP): The Alzheimer's Disease and Healthy Aging Program at the Centers for Disease Control (CDC) houses the Healthy Brain Initiative (HBI). HBI provides data, information, and education to promote brain health, including information on Alzheimer's disease and related dementias. Alzheimer's disease is currently the fifth leading cause of death for persons over the age of 65.

Behavioral Risk Factor Surveillance System (BRFSS): The nation's premier system of health-related telephone surveys that collects state-level data about non-institutionalized U.S. adults regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

Brain Health: A concept that involves making the most of the brain's capacity and helping to reduce some risks that occur with aging. Brain health refers to the ability to draw on the strengths of the brain to remember, learn, play, concentrate, and maintain a clear, active mind.

Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act (P.L. 115-406): The law creates an Alzheimer's public health infrastructure across the country to implement effective Alzheimer's interventions focused on public health issues such as increasing early detection and diagnosis, reducing risk, and preventing avoidable hospitalizations. The BOLD Infrastructure for Alzheimer's Act will accomplish this by establishing Alzheimer's and Related Dementias Public Health Centers of Excellence, providing funding to state, local, and tribal public health departments, and increasing data analysis and timely reporting.

Caregivers: Spouses, partners, adult children, other relatives, and friends providing unpaid help to people living with dementia who have at least one limitation in their activities of daily living and reside in the community. Caregivers often assist with diverse activities of daily living such as personal care, household management, medication and healthcare management, and coordination of financial matters.

Cognition: The mental functions involved in attention, thinking, understanding, learning, remembering, solving problems, and making decisions. Cognition is a fundamental aspect of an individual's ability to engage in activities, accomplish goals, and successfully negotiate the world. It can be viewed along a continuum—from optimal functioning to mild cognitive impairment to Alzheimer's and severe dementia.

Cognitive Impairment: Trouble remembering, learning new things, concentrating, or making decisions that affect everyday life.

Dementia: The loss of cognitive functioning—thinking, remembering, and reasoning—and behavioral abilities to such an extent that it interferes with a person's daily life and activities. These functions include memory, language skills, visual perception, problem solving, self-management, and the ability to focus and pay attention. Alzheimer's is the most common cause

of dementia. Other types include vascular dementia, dementia with Lewy bodies, and frontotemporal dementia.

Healthy Brain Initiative (HBI): The Healthy Brain Initiative envisions a nation in which public health embraces brain health and caregiving as vital components of health that are included in public health efforts. To advance public health activities in brain health, cognitive impairment, and caregiving, *State and Local Public Health Partnerships to Address Dementia: The 2018—2023 Road Map* was released in 2018 and the *Indian Country Road Map* was released in 2019.

Healthy Brain Research Network (HBRN): A thematic network of the Prevention Research Centers (PRC) Program, was established in 2014 to address two growing public health challenges: promoting brain health and addressing the needs of older Americans living with cognitive impairment and their caregivers.

Intellectual and Developmental Disabilities (IDD): Disorders that are usually present at birth and that negatively affect the trajectory of the individual's physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems. Intellectual disability starts any time before a child turns 18 and is characterized by problems with both: (1) Intellectual functioning or intelligence, which include the ability to learn, reason, problem solve, and other skills; and (2) Adaptive behavior, which includes everyday social and life skills. The term "developmental disabilities" is a broader category of often lifelong disability that can be intellectual, physical, or both.

Mild Cognitive Impairment (MCI): A slight but measurable decline in cognitive abilities that includes memory and thinking. A person with mild cognitive impairment is at an increased risk of developing Alzheimer's disease and related dementias.

National Alzheimer's Project Act (NAPA): This act creates an important opportunity to build upon and leverage Department of Health and Human Services (HHS) programs and other federal efforts to help change the trajectory of Alzheimer's disease and related dementias (ADRD). The law calls for a National Plan for ADRD with input from a public-private Advisory Council on Alzheimer's Research, Care and Services. The Advisory Council makes recommendations to HHS for priority actions to expand, coordinate, and condense programs in order to improve the health outcomes of people with ADRD and reduce the financial burden of these conditions on those with the diseases, their families, and society.

Subjective Cognitive Decline (SCD): The self-reported experience of worsening or more frequent confusion or memory loss. It is a form of cognitive impairment related to cognitive performance and one of the earliest noticeable symptoms of Alzheimer's disease and related dementias.