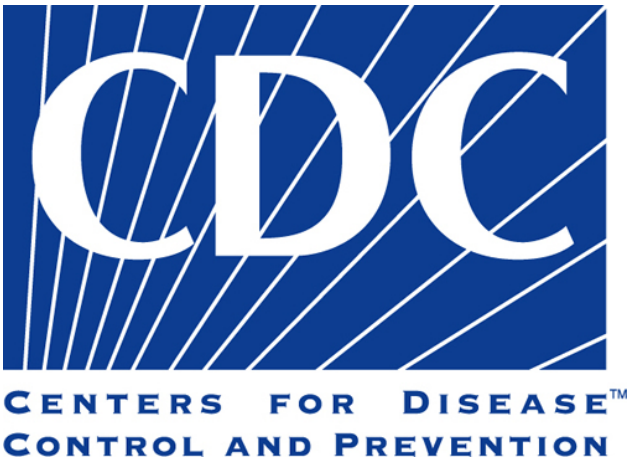


Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Expanding the National Approach to Chronic Disease Education and Awareness

CDC-RFA-DP21-2112

06/21/2021

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Part I. Overview

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-DP21-2112. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Expanding the National Approach to Chronic Disease Education and Awareness

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP21-2112

E. Assistance Listings Number:

93.945

F. Dates:

1. Due Date for Letter of Intent (LOI):

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

2. Due Date for Applications:

06/21/2021
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
April 29, 2021, 2:30 p.m. ET
1-888-942-8140, Participant Passcode: 1121992

Frequently Asked Questions (FAQs) can be found at
www.cdc.gov/populationhealth/chronicdiseaseawareness
Email your questions to cdawarenessgrant@cdc.gov (cdawarenessgrant@cdc.gov). Questions and answers will be posted to the FAQs.

G. Executive Summary:

1. Summary Paragraph
Expanding the National Approach to Chronic Disease Education and Awareness is a competitive grant program to expand and advance CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) work with stakeholders and partners on education, outreach, and public awareness activities for a variety of chronic diseases, for which there is a clear disparity in public and professional awareness, that are not currently funded through a direct FY21 CDC appropriations line. Applicants will propose a chronic disease and implement strategies and activities that have the potential to strengthen the science base for prevention, education, and public health awareness that could lead to evidence-based public health interventions to make meaningful improvements in patient outcomes. Recipients will enhance NCCDPHP's public health impact by implementing the following strategies related to their proposed chronic disease: 1) Data dissemination activities that support awareness for public health professionals; 2) Develop data collection tools to fill information gaps; 3) Educational activities supporting public awareness; and 4) Educational activities supporting health professional screening, referral, and treatment and/or management. Collecting and disseminating reliable information on the impacts of chronic diseases is necessary to shape effective, evidence-based clinical and population-level approaches for public health impact and health equity.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
G (Grant)

c. Approximate Number of Awards
4

d. Total Period of Performance Funding:
$ 3,900,000

e. Average One Year Award Amount:
$ 325,000

f. Total Period of Performance Length:
3

g. Estimated Award Date:
September 29, 2021

h. Cost Sharing and / or Matching Requirements:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
Chronic diseases account for 7 of the 10 leading causes of death in the United States[1] and are a major driver of health care costs and poor quality of life. Six in 10 adults live with a chronic condition[2]. Treatment and management of chronic diseases can result in adverse outcomes for significant portions of the population living with a disease. CDC's National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP) helps people and communities prevent and manage chronic diseases and promotes health and wellness for all. For example, NCCDPHP funds about 30 separate disease and risk factor prevention programs that are delivered by states, territories, cities, and tribes that address the prevention and treatment of chronic diseases (https://www.cdc.gov/chronicdisease/programs-impact/budget/index.htm). Expanding chronic disease activities beyond currently appropriated activities will allow CDC to further address diseases that impact patient and population health.

Engaging stakeholders is a foundational public health activity that can result in meaningful patient and population level outcomes. In 2020, Congress recognized CDC's work with stakeholders to expand public health education and awareness activities that help improve surveillance, diagnosis, and proper treatment for chronic diseases. Congress charged CDC with establishing a new competitive grant program to expand and advance work with stakeholders on education, outreach, and public awareness activities for a variety of chronic diseases for which there is a clear disparity in public and professional awareness and that are not currently funded through a direct FY21 CDC appropriations line. This approach would strengthen the science base for prevention, education, and public health awareness for a variety of chronic diseases that do not currently have dedicated resources that would lead to meaningful patient outcomes.

[1] Murphy SL, Xu JQ, Kochanek KD, Arias E, Tejada-Vera B. Deaths: Final data for 2018. National Vital Statistics Reports; vol 69 no 13. Hyattsville, MD: National Center for Health Statistics. 2020.

[2] Buttorff C, Ruder T, Bauman M. *Multiple Chronic Conditions in the United States.* Santa Monica, CA: Rand Corp.; 2017.

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

From Omnibus Spending, FY 21:

- $1.5 Million Chronic Disease Education and Awareness -The agreement includes funding to establish a new competitive grant program as directed in House Report 116-450.

From: https://www.congress.gov/116/crpt/hrpt450/CRPT-116hrpt450.pdf (page 72)
Chronic Disease Education and Awareness—The Committee recognizes CDC's work with stakeholders to expand public health education and awareness activities that help to improve surveillance, diagnosis, and proper treatment for chronic diseases. The Committee includes $3,000,000 to establish a Chronic Disease Education and Awareness competitive grant program to expand and advance CDC's work with stakeholders on education, outreach, and public awareness activities for a variety of chronic diseases for which there is a clear disparity in public and professional awareness that are not already specified under CDC in this report. This approach would utilize a competitive grant process to strengthen the science base for prevention, education, and public health awareness for a variety of chronic diseases, such as lymphatic diseases, that do not currently have dedicated resources that would lead to meaningful patient outcomes.

c. Healthy People 2030

Health Communication - Healthy People 2030 | health.gov; Health IT - Healthy People 2030 | health.gov; Older Adults - Healthy People 2030 | health.gov; People With Disabilities - Healthy People 2030 | health.gov; Health Care - Healthy People 2030 | health.gov; Public Health Infrastructure - Healthy People 2030 | health.gov; Cancer - Healthy People 2030 | health.gov; Mental Health and Mental Disorders - Healthy People 2030 | health.gov; Respiratory Disease - Healthy People 2030 | health.gov; Sleep - Healthy People 2030 | health.gov.

d. Other National Public Health Priorities and Strategies

COPD National Action Plan | NHLBI, NIH
Healthy Sleep Awareness Project (sleepeducation.org)
Public-Health-Agenda for Psoriasis (cdc.gov)
Position Papers — National Lymphedema Network (lymphnet.org) Standardized Frameworks for Clinical Education and Practice

e. Relevant Work

Complements or fills gaps in CDC's National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP) current priorities. NCCDPHP's FY 2021 operating budget currently funds about 30 separate disease and risk factor prevention programs that are delivered by states, territories, cities, tribes, non-governmental organizations, and national partners. In addition, CDC leads or co-leads several national initiatives, such as Millions Hearts, National Diabetes Prevention Program, and Active People, Healthy Nation.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP21-2112 Logic Model: Expanding the National Approach to Chronic Disease Education and Awareness

For more details, refer to the "Outcomes," "Strategies and Activities," and "Evaluation and Performance Measurement" sections below.

Strategy/Activity	Short-term Outcome	Intermediate Outcomes	Period of Performance

			Outcomes (Required)
Strategy 1: Data dissemination for the proposed chronic disease • Review and compile existing national and state-level measures • Review and synthesize evidence-based strategies • Draft or update a national/state indicator report • Disseminate national and/or state indicator report to public health professionals Strategy 2: Develop survey tools to fill data gaps • Identify questions from previous health projects • Develop questions to fill gaps • Develop and test the questions and/or modules Strategy 3: Educational activities that support public awareness • Review and synthesize existing public awareness	Increased number of updated national/state indicators reports Increased number of survey questions and/or modules for assessing the proposed chronic disease Increased number of materials and tools available to increase public awareness of the proposed chronic disease Increased number of media messages about the proposed chronic disease by priority audience Increased number of materials or tools presenting best practices for screening, referral, and treatment and/or management, including self-management, for health care professionals Increased number of available curriculum/ learning opportunities for health care professionals	Increased number of national and/or state indicator reports disseminated to public health professionals Increased number of tested survey questions and/or modules for assessing the proposed chronic disease Increased number of informational materials and messages disseminated by media outlet and priority audience Increased number of best practices and referral options for a proposed chronic disease disseminated to health care professionals	**Increased number of public health professionals who are aware of the public health surveillance data and evidence-based strategies for the proposed chronic disease** **Increased number of people who are aware of information related to prevention, screening, and treatment and/or management of the proposed chronic disease** **Increased number of health care professionals who are aware of tools and best practices for screening, referral, and treatment and/or management options for the proposed chronic disease**

messages and materials • Create additional messages and materials, if needed • Use engaging methods to disseminate messages and materials Strategy 4: Educational activities that support health care professionals • Review, compile, and synthesize evidence related to best practices for prompt screening, referral, and treatment and/or managem ent options, including self-management • Identify best practices for prompt screening, referral, and treatment and/or management options, including self-management • Identify tools available to promote best practices to health care professionals for use with patients			

and their caregivers • Create additional education and referral materials or tools for health care providers where gaps exist • Disseminate materials and/or tools to health care professionals			

i. Purpose

The purpose of this NOFO is to expand and advance CDC's work with stakeholders on education, outreach, and public awareness activities to strengthen the science base for prevention, education, and public health awareness for a variety of chronic diseases that do not currently have dedicated resources that would lead to meaningful patient outcomes. Stakeholders will focus on data collection and dissemination, education, and public awareness activities that will support effective, evidence-based clinical and population-level approaches to improve health and health equity.

ii. Outcomes

All recipients are expected to achieve the following outcomes by the end of the period of performance. These outcomes are **bolded** in the logic model.

- **Increased number of public health professionals who are aware of the public health surveillance data and evidence-based strategies for the proposed chronic disease**
- **Increased number of people who are aware of information related to prevention, screening, and treatment and/or management of the proposed chronic disease**
- **Increased number of health care professionals who are aware of tools and best practices for screening, referral, and treatment and/or management options for the proposed chronic disease**

iii. Strategies and Activities

Proposed Chronic Disease

The applicant must propose a single chronic disease to focus on during the life of the grant. The proposed chronic disease must meet the definition of a chronic disease. A chronic disease is defined broadly as a condition that lasts 1 year or more and requires ongoing medical attention or limits activities of daily living or both. The proposed chronic disease cannot be one of the following chronic diseases: Arthritis, Heart Disease, Cancer, Stroke, Alzheimer's Disease and Related Dementias, Diabetes, Epilepsy, Lupus, and Chronic Kidney Disease, or any other chronic disease with a dedicated funding line in the FY 2021 Appropriations Act, as described on

CDC's FY 2021 operating budget plan found here: https://www.cdc.gov/budget/documents/fy2021/fy-2021-cdc-operating-plan.pdf.

For the proposed chronic disease, the applicant must demonstrate the following:

- A public health need for dedicated resources (e.g., percent of population impacted, disproportionate percentages of specific populations impacted, disease outcomes, or quality of life).
- The need to assess the chronic disease in the general adult population to improve surveillance, diagnosis, and/or proper treatment.
- How strengthening the science base about the proposed chronic disease, including social, behavioral, environmental, and quality of life aspects, will improve awareness, diagnosis, and proper treatment, and improve patient outcomes.
- How a focus on the proposed chronic disease will shape or promote evidence-based practices for prevention, education, and public health awareness.

Finally, the ideal applicant must demonstrate that a focus on the proposed chronic disease has a high potential to complement or fill gaps in CDC's National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP) current priorities. NCCDPHP's FY 2021 operating budget (Our Budget | CDC) currently funds about 30 separate disease and risk factor prevention programs that are delivered by states, territories, cities, tribes, non-governmental organizations, and national partners.

Logic Model

Recipients will be expected to conduct the strategies and activities listed in the logic model over the course of the 3-year period of performance. Recipients may find that the strategies and activities build upon each other to strengthen the science base for prevention, education, and public health awareness where there is a clear disparity between public and professional awareness. Recipients will focus on data collection and dissemination, education, and public awareness activities that will support effective, evidence-based clinical and population-level approaches to improve patient outcomes, health, and health equity.

Strategy 1: Data dissemination activities that support awareness for public health professionals • Review and compile existing national and state-level measures related to the proposed chronic disease, including prevalence, mortality, related health indicators, risk factors, care-delivery measurements, contextual factors (social, behavioral, environmental), and quality of life (e.g., Chronic Disease Indicators (CDI) | DPH | CDC). • Review and synthesize information related to evidence-based strategies for addressing the proposed chronic disease, including community programs, practices, and policies. • Draft or update a national/state indicator report that includes the presentation of measures and evidence-based strategies about the proposed chronic disease. • Disseminate the National and/or State Indicator Report for the proposed chronic disease to public health professionals.
Strategy 2: Develop survey tools to fill data gaps • Identify questions from previous health survey or surveillance projects that relate to the proposed chronic disease and review their strengths and weaknesses.

• Where gaps exist, develop questions appropriate for assessment and/or surveillance of the proposed chronic disease, including contextual factors (social, behavioral, environmental) and quality of life. • Partner with others to further develop and test the questions and/or modules.
Strategy 3: Educational activities that support public awareness • Review and synthesize available informational messages and materials to increase public awareness of the proposed chronic disease. • Create additional messages and materials where gaps exist, including gaps in content or tailoring for priority audiences. • Use earned and paid media, online social networks, and other engaging methods to disseminate messages and materials about the proposed chronic disease.
Strategy 4: Educational activities that support health care professionals in screening, referral, and treatment and/or disease management • Review, compile, and synthesize the evidence related to best practices for prompt screening, referral, and treatment and/or management options, including self-management, for persons with the proposed chronic disease. • Identify best practices for prompt screening, referral, and treatment and/or management options, including self-management, related to the proposed chronic disease. • Identify tools available to promote best practices to health care professionals for use with patients with the proposed chronic disease and their caregivers. • Create additional education and referral materials or tools for health care providers where gaps exist or where there are limitations in tools' capacity to address barriers or specific audiences. • Disseminate these materials and/or tools to health care professionals through multiple engaging methods.

1. Collaborations

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

Collaborations with CDC chronic disease programs or other organizations funded by CDC for chronic diseases are required. Applicants must describe experience in successful collaborations with CDC NCCDPHP's programs and/or CDC-funded organizations on national initiatives, objectives, and goals. Applicants must describe past and current collaborations related to the proposed chronic disease. If applicants have not already worked with CDC, applicants must include a statement of their willingness to collaborate with CDC, and how they intend to do this. Collaborations with other CDC programs, or CDC-funded organizations that are not chronic disease focused but are implementing similar strategies that demonstrate measurable improvements in patient outcomes and/or population health, are also encouraged.

b. With organizations not funded by CDC:

Collaborations with a variety of public and private partners are required to leverage resources and maximize reach and impact. In order to achieve the expected outcomes, the recipient will be required to build and sustain strategic partnerships and collaborations with organizations that have a role in implementing these strategies and activities for the proposed chronic disease across the target audiences (public, heath care professionals, and public health professionals).

Key collaborations may include the business community, hospitals, non-governmental organizations, non-profit agencies, other federal, state, or local government agencies, public health community, tribes or tribal organizations, professional organizations, quality improvement organizations, or federally qualified health centers. Applicants should include letters of commitment or MOUs/MOAs from key collaborators that must include specific details on the role they will assume on the project (*limit 10 letters*). General letters of support are not recommended. The applicant should explain how each collaboration they propose would assist the recipient in implementing activities and achieving outcomes. The applicant must describe past and current experience in successful collaborations that support national initiatives, objectives, and goals (e.g., national agendas, Healthy People objectives, state or local health objectives, national guidelines and recommendations) related to the proposed chronic disease. Applicants must upload the letters of commitment/MOUs/MOAs as a single PDF file, under miscellaneous attachments, and name the file "Collaboration Letters."

2. Target Populations

Public health professionals
Public, including people with the proposed chronic disease and their caregivers
Health care professionals

a. Health Disparities

This NOFO intends to address health disparities through the collection of detailed data on the proposed chronic disease that identifies differences in burden among population groups including contextual factors (e.g., social, behavioral, environmental), and outcomes (e.g., quality of life) as well as gaps in knowledge necessary to create awareness among the public, public health professionals, and health care providers that can shape evidence-based prevention and treatment approaches that improve patient outcomes and decrease health disparities.

iv. Funding Strategy

Applicant organizations may only submit one application. If multiple applications are submitted by the same organization, only the application with the latest time stamp will be accepted. Up to four awards will be made to address the strategies and activities identified in the logic model for this NOFO. No more than one (1) award will be made per proposed chronic disease. If multiple applications are received for the same proposed chronic disease and score high enough to be funded, the award will go to the applicant with the highest score.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help demonstrate achievement of NOFO outcomes and effectiveness of NOFO activities. Performance measurement can help to build a stronger evidence base for these strategies and activities as they relate to the proposed chronic disease. Performance measurement can also clarify applicability of the evidence base to different populations, settings, and contexts to determine if strategies and activities are scalable and effective at reaching target populations. Performance measures and evaluation findings can drive continuous program quality improvement, as well as provide information needed to improve future NOFOs.

CDC will work with recipients to finalize performance measures within the first 6 months after award.

CDC uses these measures to track implementation of each recipient's strategies and activities (process evaluation) and determine the recipients' progress on achieving the period of performance outcomes (outcome evaluation). Recipients will be required to report on ***all of the following performance measures*** for the proposed chronic disease.

Intermediate Measures:

- Number of national and/or state indicator reports disseminated to public health professionals.
- Number of survey questions and/or modules tested for assessing the proposed chronic disease.
- Number of messages or materials disseminated about the proposed chronic disease by dissemination method and priority audience.
- Number of materials or tools disseminated to health care professional that present best practices for screening, referral, and treatment and/or disease management for the proposed chronic disease.

Period of Performance Measures:
Core (required) Measures

- **Number of public health professionals who received or accessed the national/state indicator report for the proposed chronic disease.**
- **Number of people who received or accessed messages or materials providing information related to prevention, screening, and treatment and/or disease management of the proposed chronic disease, by media outlet and priority audience.**
- **Number of health care professionals who received or accessed the best practices materials and/or tools for screening, referral, and treatment and/or disease management related to the proposed chronic disease.**

Because this NOFO does not involve the generation or collection of public health data, a Data Management Plan (DMP) is not required for this NOFO.

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 the 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) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. 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, the applicant 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.

Note: A Data Management Plan (DMP) is not required for this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

The ideal applicant would be the recognized leader for the proposed chronic disease. The ideal applicants would demonstrate at least 10 years' experience and expertise working on the national level for the proposed chronic disease. Applicants must adequately describe their organization's capacity to successfully implement the strategies and activities and achieve the expected outcomes as outlined in this NOFO. Applicants must have adequate infrastructure (physical space, technology), financial management systems (budget management and administration), and qualified and competent staff with appropriate skills (data management, communications, education).

Applicants must include an organizational chart for the organization and where the program will be housed within the organization. Upload the organizational chart(s) as a miscellaneous attachment and name it "Organizational Chart."

Applicants must adequately describe their *organization's* capacity and expertise, unless otherwise noted, for the following. Examples and impact of experiences are encouraged:

- Years of experience your organization has related to the proposed chronic disease. Describe major accomplishments working on the national level for the proposed chronic disease.
- Past and current experience and impact of successful collaborations that support national initiatives, objectives, and goals (e.g., national agendas, Healthy People objectives, state or local health objectives, and national guidelines and recommendations) related to the proposed chronic disease.
- Partnerships with national, state, and/or local groups/organizations relevant to the proposed chronic disease.

- Accessing, compiling, reviewing, synthesizing, and disseminating data related to the proposed chronic disease.
- Developing and testing survey tools to fill data gaps, including any partnerships on these activities.
- Developing and disseminating health information messages, materials, and tools for the public and people living with the condition and their caregivers to increase awareness and improve patient outcomes.
- Describe experience with social media, conducting media buys, creating earned media, and other engaging methods used to increase awareness of the proposed chronic disease.
- Identifying, evaluating, and disseminating best practices to support health care professionals in screening, referral, and treatment and/or management, including self-management, to improve patient outcomes related to the proposed chronic disease.
- Past and current experience with accessing provider education venues and relationships with professional associations to conduct professional educational activities.
- Core project management, including the roles and responsibilities of project staff and their day-to-day responsibility for key tasks, such as project leadership, project monitoring, preparation of reports, and program evaluation. Include resumes for staff assigned to this project as a single file and upload it as a miscellaneous attachment titled "Resumes."
- Ability to fill positions quickly with competent, qualified staff. If staff positions are vacant, explain how and when those positions will be filled. Include job descriptions for positions that are to be filled as a single file and upload it as a miscellaneous attachment titled "Job Descriptions."

Describe any potential contractual or consultant agreements with a significant role in implementing program strategies and achieving project outcomes.

Describe your organization's financial management systems and processes for proper funds management (e.g., separation of funds by program, monitoring funds by program and financial staff), issuing and monitoring contracts, and meeting the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS awards: Electronic Code of Federal Regulations (eCFR). The financial systems and processes should allow the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statues, regulations, and terms and conditions of the federal award.

d. Work Plan

Applicants should provide a detailed work plan for the first year of the project and describe in the project narrative a high-level work plan for subsequent years.

Period of Performance Outcome: *(from Outcomes section and/or logic model)*	Outcome Measure: *(from Evaluation and Performance Measurement section)*
Strategy #: Title *(from logic model)*	

Activities *(from logic model)*	Process Measures *(from Evaluation and Performance Measurement section)*	Responsible Position / Person / Collaborator *(be specific)*	Completion Date *(month/year)*
1.			
2.			
3.			
4.			

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.

B. Award Information

1. Funding Instrument Type:

G (Grant)

2. Award Mechanism:

U58

3. Fiscal Year:

2021

4. Approximate Total Fiscal Year Funding:
$ 1,300,000

5. Total Period of Performance Funding:
$ 3,900,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$ 3,900,000

6. Total Period of Performance Length:
3
year(s)

7. Expected Number of Awards:
4

8. Approximate Average Award:

$ 325,000
Per Budget Period

9. Award Ceiling:
$ 400,000
Per Budget Period

This amount is subject to the availability of funds.

CDC will consider any application requesting an award higher than this amount as nonresponsive and it will receive no further review.

10. Award Floor:
$ 200,000
Per Budget Period

CDC will consider any application requesting an award lower than this amount as nonresponsive and it will receive no further review.

11. Estimated Award Date:
September 29, 2021

12. Budget Period Length:
12 month(s)

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

government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

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

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

99 (Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility")

00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

11 (Native American tribal organizations (other than Federally recognized tribal governments))

12 (Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education)

13 (Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education)

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

State controlled institutions of higher education

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

Other

Ministries of Health

2. Additional Information on Eligibility

- CDC will not consider any application that proposes: 1) More than a single chronic disease to focus on during the life of the grant; 2) A proposed chronic disease that does not meet the definition of a chronic disease. A chronic disease is defined broadly as a condition that lasts 1 year or more and requires ongoing medical attention or limits activities of daily living or both; or 3) Arthritis, Heart Disease, Cancer, Stroke, Alzheimer's Disease and Related Dementias, Diabetes, Epilepsy, Lupus, and Chronic Kidney Disease, or any other chronic disease with a dedicated funding line in the FY 2021 Appropriations Act, as described on CDC's FY 2021 operating budget plan found here: https://www.cdc.gov/budget/documents/fy2021/fy-2021-cdc-operating-plan.pdf. Any application proposing a chronic disease that meets any of these three (3) criteria will be deemed non-responsive and it will receive no further review. Applicants must upload a statement that identifies their proposed chronic disease as a PDF file, under miscellaneous attachments, and name the file "Proposed Chronic Disease."
- The award ceiling for this NOFO is $400,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review.
- The award floor for this NOFO is $200,000. CDC will consider any application requesting an award lower than this amount as non-responsive and it will receive no further review.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at 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 3. Select your country or territory	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at

		and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number		(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 applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Due Date for Letter Of Intent 05/14/2021

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

b. Application Deadline

Due Date for Applications 06/21/2021

06/21/2021
11:59 pm 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.

Due Date for Information Conference Call
April 29, 2021, 2:30 p.m. ET
1-888-942-8140, Participant Passcode: 1121992

Frequently Asked Questions (FAQs) can be found at
www.cdc.gov/populationhealth/chronicdiseaseawareness
Email your questions to cdawarenessgrant@cdc.gov (cdawarenessgrant@cdc.gov). Questions and answers will be posted to the FAQs.

5. Pre-Award Assessments

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

A letter of intent to apply for funding is requested, but not required. The purpose of a letter of intent is to allow CDC program staff to estimate the number of, and plan for the review of, submitted applications. Include in your letter of intent the chronic disease you will be proposing. Due to the COVID-19 pandemic, ***submit your letter of intent via email, no later than May 14, 2021*** to:

Kurt Greenlund, Ph.D.
Chief, Epidemiology and Surveillance Branch
Division of Population Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Hwy NE, Mailstop S107-6
Atlanta, GA 30341
KGreenlund@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

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

- Describe other information (e.g., measures, data sources).

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

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

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

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.

When developing the budget narrative, applicants must follow the format provided in the CDC Budget Preparation Guidelines.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

14. 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.

15. 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.

16. 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.
- Recipients may not use funds to purchase giveaway items for the purpose of promoting their program, e.g., pens, bags, clothing.
- Recipients may not use funds for direct patient services, including reimbursements.

17. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the 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

18. 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 1 Review

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

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements

i. Approach **Maximum Points:** 38

Proposed Chronic Condition

The extent to which the applicant demonstrates that there is a public health need, and ability, to track the proposed chronic disease in the general adult population to improve surveillance, diagnosis, and proper treatment.

The extent to which the applicant demonstrates how dedicated funding for the proposed chronic disease has a high potential for the following:

1. Population-level impact (e.g., percent of population impacted, disproportionate percentages of specific populations impacted, disease outcomes, or quality of life);
2. Increasing awareness and shaping evidence-based practice to improve patient outcomes;
3. Strengthening the science base for prevention, education, and public health awareness; and
4. Complementing or filling gaps related to CDC's National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP) current priorities, e.g., a leading cause of

death or major co-occurring condition. NCCDPHP's FY 2021 operating budget (Our Budget | CDC).

Strategies and Activities
The extent to which the applicant describes a detailed work plan that:

1. Aligns with the program logic model, and
2. Aligns with the period of performance outcomes and performance measures provided.

Partnership and Collaboration
Performance will be measured by the establishment of strong partnerships capable of carrying out recipient activities in data dissemination, data collection, communication, public education, provider education, and evaluation.

1. The extent to which the applicant describes how they will collaborate with CDC National Center for Chronic Disease Prevention and Health Promotion programs.
2. The extent to which the applicant describes how they will collaborate with programs and partners external to CDC.
3. Letters of commitment or MOUs/MOAs from key collaborators who will have a specific role in implementing the proposed project are included and provide specific details of the specific role they will assume for the project.
4. The extent of expertise of various partners and organizations in data collection and dissemination, public and professional awareness, and public and provider education.

ii. Evaluation and Performance Measurement **Maximum Points:** 25

The extent to which the applicant adequately describes the following:

1. Key evaluation questions to be answered,
2. Available data sources,
3. How evaluation findings will be used for continuous program and quality improvement,
4. How evaluation findings will be communicated to CDC and other partners, and
5. How evaluation findings will be used to build the science base for the proposed chronic disease.

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 37

The extent to which the applicant adequately describes their past and current experience, and the impact of, the following:

1. Years of experience working on the national level for the proposed chronic disease, including number of years' experience;
2. Successful collaborations of national initiatives, objectives, and goals (e.g., national agendas, Healthy People objectives, state or local health objectives, and national guidelines and recommendations) related to the proposed chronic disease;
3. Partnerships with national, state, and/or local groups/organizations relevant to the proposed chronic disease;
4. Accessing, compiling, reviewing, synthesizing, and disseminating data related to the proposed chronic disease;

5. Developing and testing survey tools to fill data gaps, including any partnerships on these activities;
6. Developing and disseminating health information messages, materials, and tools for the public, as well as people living with the condition and their caregivers to increase awareness and improve patient outcomes;
7. Using social media, conducting media buys, creating earned media, and other engaging methods used to increase awareness of the proposed chronic disease;
8. Accessing provider education venues and relationships with professional associations to leverage resources to conduct educational activities; and
9. Supporting health care professionals for best practices in screening, referral, and treatment and/or management, including self-management, of the proposed chronic disease, to improve patient outcomes.

The extent to which the applicant describes their project management plan, including the following:

1. Core project management including the roles and responsibilities of project staff and their day-to-day responsibility for key tasks, such as, leadership of the project, monitoring of the project's on-going progress, preparation of reports, and program evaluation;
2. Any contractual or consultant agreements with a significant role in implementing program strategies and achieving project outcomes;
3. Financial systems and staff in place to appropriately manage federal funds; and
4. Ability to fill positions quickly with competent, qualified staff.

Budget **Maximum Points:** 0

- Is your budget aligned with the work plan?
- Did you include your indirect cost rate agreement, if applicable?
- Did you follow CDC's Budget Preparation Guidelines for your budget narrative?

c. Phase III Review

The following factors also may affect the funding decisions:
No more than one (1) award will be made per proposed chronic disease. If multiple applications are received for the proposed chronic disease and score high enough to be funded, the award will go to the applicant with the highest score.

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

September 29, 2021

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate and applicable.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

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

- *AR-7: Executive Order 12372 Review*
- *AR-9: Paperwork Reduction Act Requirements*
- *AR-10: Smoke-Free Workplace Requirements*
- *AR-11: Healthy People 2030*
- *AR-12: Lobbying Restrictions*
- *AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities*
- *AR-14: Accounting System Requirements*
- *AR-15: Proof of Non-profit Status*
- *AR-16: Security Clearance Requirement*
- *AR-21: Small, Minority, And Women-owned Business*
- *AR-22: Research Integrity*
- *AR-23: Compliance with 45 CFR Part 87*
- *AR-24: Health Insurance Portability and Accountability Act Requirements*
- *AR-25: Data Management and Access*
- *AR-26: National Historic Preservation Act of 1966*
- *AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009*
- *AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973*
- *AR-31: Research Definition*
- *AR-32: Enacted General Provisions*
- *AR-34: Language Access for Persons with Limited English Proficiency*
- *AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020*

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 project period. Also, reporting is a requirement

for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	Annually in APR.	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

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**

- Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
- Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
- Recipients must describe success stories.

- **Challenges**
  - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
  - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.

- **CDC Program Support to Recipients**
  - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost Rate Agreement.

- Interim Federal Financial Report (SF-425)

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

c. Performance Measure Reporting (optional)

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

d. Federal Financial Reporting (FFR) (required)

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

An interim Federal Financial Report (SF-425) must be submitted with the Annual Performance Report with estimated unobligated funds by the end of the budget year, and any plans to use the unobligated funds.

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

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

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

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

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

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

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

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral

agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

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

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

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

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

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

5) Contents of Reports: The reports must contain:

a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

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

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Kurt

Last Name:
Greenlund, Ph.D.
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
Chief, Epidemiology and Surveillance Branch
Division of Population Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Hwy NE, Mailstop S107-6
Atlanta, GA 30341

Telephone:
770-488-2572

Email:
KGreenlund@cdc.gov

Grants Staff Contact

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

First Name:
LaKasa
Last Name:
Wyatt
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
2939 Flowers Road, Mailstop TV-2
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
- 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:
Required Attachments

- Proposed Chronic Disease
- Resumes / CVs
- Position Descriptions
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Collaboration Letters (letters of commitment or MOUs/MOAs from key collaborators)

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: 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 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 project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

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.

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

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

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

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

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

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

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

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

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

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program

(outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

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

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

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

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

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

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

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

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

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

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

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

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The

work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

- CDC FY21 Congressional Budget
- CDC's National Center for Chronic Disease Prevention and Health Promotion's FY21 Appropriations Budget
- **Chronic Disease**: Defined broadly as a condition that lasts 1 year or more and requires ongoing medical attention or limits activities of daily living or both (adapted from: https://www.cdc.gov/chronicdisease/about/index.htm).
- **Evidence-based Practices or Strategies:** Evidence-based practices or strategies in this context are proven, science-based methods that have been shown to improve health and prevent disease (adapted from: Evidence-Based Resources - Healthy People 2030 | health.gov).
- **Best Practices:** A procedure or process that has been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption (adapted from: https://www.merriam-webster.com/dictionary/best%20practice)