

Centers for Disease Control and Prevention

National Center for Environmental Health

Building Capacity of Professional Planners to Address Public Health Goals
CDC-RFA-EH15-1505
Application Due Date: 05/15/2015

Building Capacity of Professional Planners to Address Public Health Goals

CDC-RFA-EH15-1505

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-EH15-1505. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

Building Capacity of Professional Planners to Address Public Health Goals

C. Announcement Type: New - Type 1

This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered Research for this purpose is defined at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

D. Agency Funding Opportunity Number:

CDC-RFA-EH15-1505

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

93.070

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**05/15/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**N/A**

G. Executive Summary:

1. Summary Paragraph:

The Healthy Community Design Initiative (HCDI) within CDC's National Center for Environmental Health is dedicated to understanding and improving the relationship between community design and public health. HCDI focuses its efforts on two major components of the built environment: transportation systems and land-use. The design of these sectors affect, through environmental and behavioral intermediaries, injuries, physical activity, and health outcomes related to pollution exposure. The decisions that are made regarding community design impact health, but often health considerations are not incorporated into community design policies and programs. HCDI seeks to promote an evidence-based approach toward community design decision-making through three major activities: first, improving surveillance related to community design so communities have reliable local data they can use; second, encouraging Health Impact Assessments (HIAs) and related efforts targeting policies, programs, plans, and projects that will affect community design; and finally, supporting education and communication. This FOA fits into HCDI's activities by building professional planner's capacity to address the community design issues underlying today's public health concerns.

The recipient's strategies and activities will create guidance for planning practice and increase linkages between planning and health, enhance the capacity of local planning and public health officials, expand understanding of how community infrastructure facilitates or inhibits an individual's opportunity to make healthy choices, and create guidance for planning practice.

a. Eligible Applicants:	Single
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	1
d. Total Project Period Funding:	$750,000
e. Average One Year Award Amount:	$150,000
f. Number of Years of Award:	5
g. Estimated Award Date:	09/01/2015
h. Cost Sharing and / or Matching Requirements:	N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA 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

In the 1800's infectious diseases caused repeated epidemics in rapidly growing industrial cities. These diseases were largely controlled by ambitious public infrastructure programs such as the construction of public drinking water and sanitary sewer systems and the adoption of development regulations that required homes to have adequate light and air. Today we are experiencing new epidemics including diabetes, cancer, and cardiovascular disease. Risk factors such as obesity and inactivity have increased dramatically since the 1980s. Chronic diseases account for more than two-thirds of deaths in the United States and prior to death, have a significant negative impact on quality of life and productivity for sufferers. Planning and the built environment also impact risk of motor vehicle fatalities, another leading cause of death in the United States. Minority populations, lower socioeconomic status, and those with other social disadvantages have a disproportionately higher rate of chronic diseases, adding yet another challenge to their lives. Part of the solution may again be how our communities are built and the public infrastructure in place to support them. Planning professionals are in a unique position to identify, create, and implement interventions.

The way communities are planned and designed may provide incentives or barriers to positive health outcomes. The need to integrate an awareness of community environmental health issues and risks into local and regional planning, policies, programs, practices, and projects is critical. Inclusion of public health concerns as part of community visions, development regulation, and transportation planning is essential.

There is now compelling evidence that planning policies and regulations impact a community's health in a variety of ways. CDC's Community Guide recommends increasing access to places that support physical activity as a strategy to reduce inactivity rates. In addition, it recommends street and community scale interventions – the types of interventions that planners help implement – to promote physical activity. Transportation officials increasingly look at traffic calming measures that decrease travel speeds and streets designed to accommodate pedestrians and cyclists as ways to reduce injuries. Planners can be key to the implementation of such environmental changes as slower design speeds, reduction in the distance pedestrians must travel to cross lanes of traffic, and street connectivity.

While the awareness that environment impacts health in a fundamental way is wide spread, how this informs planning needs to be established. The implications of public health research for planning practice and how to translate them into usable applications can be explored and disseminated to the planning and design professions. There is a need to improve surveillance, develop guidance, provide technical assistance, and disseminate tools and techniques that support the development of health promoting communities.

The purpose of this FOA is to increase the capacity of public health departments to include health considerations in transportation and land use planning decisions, and to expand the scope of health impacts considered when making decisions that impact community design. The awardee's strategies and activities will create guidance for planning practice and increase linkages between planning and health, enhance the capacity of local planning and public health officials, expand understanding of how community infrastructure facilitates or inhibits an individual's opportunity to make healthy choices, and create guidance for planning practice.

The FOA will fund several important activities including; 1) development of web based courses; 2) host training sessions at state and national professional meetings; 3) support local and regional planners' use of HIA; and 4) identifying planning best practices that promote public health goals.

b. Statutory Authorities

This program is authorized under Sections 301 and 311 of the Public Health Service Act [42 U.S.C. Sections 241 and 243], as amended.

c. Healthy People 2020

This program addresses the "Healthy People 2020" focus areas of eliminating health disparities, increasing physical activity, improving environmental health, reducing injuries, and building public health capacity (www.healthypeople.gov/hp2020).

d. Other National Public Health Priorities and Strategies

National Prevention Strategy (http://www.surgeongeneral.gov/initiatives/prevention/strategy/index.html),

The report was authorized to develop strategies to help transform the U.S. health care system from a focus on sickness and disease to one that is focused on prevention and wellness. The National Prevention Strategy has four key directions, two of which relate directly to healthy community design: Building Healthy and Safe Community Environments and Empowering People to Make Healthy Choices. Planners can help achieve at least four of the seven priorities.

- Healthy Eating
- Active Living
- Injury and Violence-free Living
- Mental and Emotional Well-Being

Page 10 of the National Prevention Strategy highlights an example of how planners can positively guide community development: Nashville Area Metropolitan Planning Organization's success in incorporating health considerations into the city's 25-year regional transportation plan. http://www.healthcare.gov/center/councils/nphpphc/strategy/report.pdf

This FOA is designed to help implement these strategies.

Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity Among Youth

To quote from the Guidelines, "The features of the built environment most relevant to physical activity in youth include parks and recreation facilities, transportation systems, and urban planning aspects, such as sidewalks and local zoning decisions. … Evidence also suggests that changes in the following may increase activity in children: Increasing access to, density of, and proximity to parks and recreation facilities." P 16

http://www.health.gov/paguidelines/midcourse/pag-mid-course-report-final.pdf ;The report, overview and key messages are available at http://www.health.gov/paguidelines/midcourse

The guidance and tools created under this FOA will be designed to positively impact these recommendations.

e. Relevant Work

This FOA is designed to promote an evidence-based approach to community design decision-making through education and structural support for professional planners. For example see:

Environmental and Policy Approaches to Increase Physical Activity: Community-Scale Urban Design Land-Use Policies
The CDC-funded Task Force on Community Preventive Services recommends design and land- use policies and practices that support physical activity in urban areas. The recommendation is based on a systematic review of all available studies. http://www.thecommunityguide.org/pa/environmental-policy/communitypolicies.html

Facilitating Development of a Community Trail and Promoting Its Use to Increase Physical Activity among Youth and Adults
This CDC-funded action guide, developed by Partnership for Prevention, provides information on the resources and key steps that help facilitate the development of a community trail and promote its use among youth and adults. It translates a specific recommendation from The Guide to Community Preventive Services into "how to" guidance. http://www.prevent.org/downloadStart.aspx?id=27

Active Design Guidelines: Promoting Physical Activity and Health in Design
This City of New York publication focuses on the community planner's role in tackling obesity and related diseases. The publication provides strategies for designers to increase physical activity in their architectural projects. The strategies are rated according to the strength of the supporting research evidence. http://centerforactivedesign.org/guidelines/

2. CDC Project Description

a. Approach

CDC-RFA-EH15-1505 Logic Model: Building Capacity of Professional Planners to Address Public Health Goals			
Strategies and Activities	**Short-Term Outcomes**	**Intermediate Outcomes**	**Long-Term Outcomes**

Educate professional planners about health implications of community design • Develop web based courses linking public health goals to planning practice* • Host training sessions at state and national professional meetings that include continuing education credits for planners * • Support local and regional planners' use of HIA* Create structural support and models integrating public health goals into planning practice • Identify planning best practices that promote public health goals* • Create and disseminate tools linking health issues to planning practice * • Establish built environment metrics linked to public health goals * * Project Period Outcomes Note: All short term outcomes are to be completed during the	Increased knowledge • Tools and resources are accessible and promoted* • Planners and public health officials receive training* • HIAs of built environment policies, processes, and projects are completed.* Enhanced partnerships • Planners and public health officials collaborate with each other and design professionals on targeted initiatives* Planning practice support • Best practice planning policies addressing public health goals are created, presented, and published * • Report on targeted built environment metrics*	• Planners recognize the health implications of community design • Health becomes an explicit part of the planning process and influences development regulation, capital budget, transportation, and land use decisions	• Improvements to the built environment support healthy living • More people walk and bike for local transportation and pedestrian/bike injuries are reduced through environmental changes • More people have access to healthy food and attractive public space • More people meet recommended physical activity guidelines • Decrease in the prevalence of morbidity and premature mortality due to built environment factors

project period.			

i. Purpose

The purpose of the program is to increase the capacity of professional planners to include health considerations in planning decisions and development reviews so that health impacts are an explicit part of decisions that impact community design.

ii. Outcomes

Professional planners will have evidence based models, tools, and resources to make health a key element in decisions about community development.

Because of this cooperative agreement:

- Tools and resources are accessible and promoted; public health research will be translated into practical planning applications.
- Planners and public health officials will receive training about best practices so they can work together to effect positive changes in community development.
- HIAs of built environment policies, processes, and projects are completed.
- Planners and public health officials collaborate with each other and design professionals on targeted initiatives.
- Best practice planning policies addressing public health goals are created.
- Material about best practices is presented and published so that planning professionals can incorporate them as part of standard planning practice.
- Reports on targeted metrics structured to link the built environment to public health become an explicit part of the planning process and influence development regulation, capital budget, transportation, and land use decisions.

iii. Strategies and Activities

Educate professional planners about health implications of community design

- Develop web based courses linking public health goals to planning practice
- Host training sessions at state and national professional meetings that include continuing education credits for planners
- Support local and regional planners' use of HIA

Create structural support and models integrating public health goals into planning practice

- Identify planning best practices that promote public health goals
- Create and disseminate tools linking health issues to planning practice
- Establish and track built environment metrics linked to public health goals

1.Collaborations

a. With CDC-funded programs:

Recipient is required to collaborate with CDC's Healthy Community Design Initiative www.cdc.gov/healthyplaces and is encouraged to collaborate with organizations external to CDC. Include a signed letter of support verifying each collaboration.

b. With organizations external to CDC:

As appropriate for example:
Public health organizations such as: National Association of County and City Health Officials (NACCHO) www.naccho.org, American Public Health Association (APHA) www.apha.org, Association of State and Territorial Health Officials (ASTHO) www.astho.org

Professional organizations representing design professions such as: American Society of Landscape Architects (ASLA) www.asla.org, American Institute of Architects (AIA) www.aia.org, Transportation Research Board (TRB) www.trb.org, and others.

2. Target Populations

Not applicable for this announcement

a. Inclusion

Not applicable for this announcement

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

Not applicable for this announcement.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluations are key components to ensuring resources are being used efficiently and effectively towards the goals of the FOA. An evaluation framework based on outcome and process data will be utilized and reported on during monthly calls with the project officer and in writing through the Annual Progress Report. Evaluation findings and performance measures will be used for continuous program/quality improvement during the FOA program cycle. The CDC project officer will provide guidance and technical support to the recipient through the mechanism outlined in the subsequent CDC Monitoring and Accountability Approach section.

Process Evaluation:

- Strategy: Educate professional planners about health implications of community design
  - Tracking participation and user evaluations of web based courses
  - Tracking participation and user evaluations of sessions hosted at state and professional meetings including continuing education credits
  - Tracking HIA support and their current status as of Dec 31 of each year.
- Strategy: Create structural support and models integrating public health goals into planning practice
  - Tracking planning best practices developed and their rate of adoption
  - Track dissemination of tools linking health issues to planning practice
  - Provide fact sheets about built environment metrics linked to public health goals

Outcome Evaluation:

- Increased Knowledge
  - Provide a report describing tools and resources developed, how they have been promoted, and how they have been used
  - Track the number, distribution, and types of people who have been trained and how they have applied their training

- Track HIAs addressing built environment policies, processes, and projects

- Enhanced Partnerships
  - Track formal (e.g. interagency agreement) collaborations that are established and accomplishments of informal partnerships
  - Provide a description of project initiatives that planners and public health officials have collaborated on and their outcomes.

- Planning Practice Support
  - Track policies adopted by local planning departments that incorporate public health goals in the planning and development reviews.
  - Track planning best practice rate of adoption
  - Provide a description of articles and presentations on topics related to planning and public health completed or sponsored by the organization.

- Long Term Impact
  - Track both the number of pedestrian and bicyclist injuries and the number of pedestrian and bicyclist trips (or a proxy) in the targeted areas, and the ratio of the two.
  - Track mode share in targeted areas

ii. Applicant Evaluation and Performance Measurement Plan

Evaluation and performance measurement will be utilized to demonstrate the value of the FOA (e.g., impact on improving public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit). Applicant must provide an overall jurisdiction-/community- specific evaluation and performance measurement plan that is consistent with the CDC strategy. At a minimum, the plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes
- Describe the type of evaluations to be conducted (i.e. process and/or outcome)
- Describe key evaluation questions to be answered
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that should be included
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data
- Describe how evaluation findings will be used for continuous program/quality improvement
- Where program strategies are being employed that lack strong evidence base of effectiveness describe how evaluation and performance measurement will contribute to development of a more robust evidence base

c. Organizational Capacity of Awardees to Execute the Approach

Applicant must include a detailed description of their experience, program management components, and a plan for long-term sustainability of the project specifically focusing on workforce development. Applicant must describe how they will assess staff competencies and develop a plan to address gaps through organizational and individual training and development. Applicant should identify two staff members who will engage in this effort. Include staff resumes and any MOU's/MOA's/LOI's regarding capacity building. Staff must have the capacity to:

- Develop and lead coalitions and partnerships with national professional organizations
- Develop tools, resources, and best practices linking health to community and regional planning
- Host web-based courses and resources accessible to professional planners

- Develop and disseminate communication materials
- Provide nationally accepted professional planning certification

d. Work Plan

The work plan should describe how applicant will implement the proposed strategies to meet the outcomes of the FOA. CDC will allow flexibility for the awardee in implementing strategies to achieve outcomes. CDC typically provides feedback and technical assistance to the awardee to finalize the work plan post-award.

The work plan must, at a minimum, include:

- Activities and timelines to support achievement of FOA outcomes. These activities must be in alignment with the FOA logic model or its equivalent and should have appropriate performance measures or milestones for accomplishing tasks
- Staff and administrative roles and functions to support implementation of the award.
- Administration and assessment processes to ensure successful implementation and quality assurance.
- Other activities as defined by CDC.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee 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 awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee 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:

- Ensuring that work plans are feasible based on the budget and consistent with the
- intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees 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.

Other activities deemed necessary to monitor the award, if applicable.

These activities may include 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 grantees.

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

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring including:

- Provide feedback on materials
- Participate in monthly conference call
- Review progress reports, evaluation tools, and work plans

- Participate in development of communications strategies
- Coordinate with other federal agencies and CDC programs
- Assist in identifying and developing materials and content to be used in projects and activities.
- Facilitate collaboration of this project with other public and private sector agencies at the national, regional, state and local levels.
- CDC is not requiring the awardee to obtain approval on a specific study design, data collection instruments, sampling approach, or data collection method.
- CDC will not require the awardee to collect standardized information from 10 or more people.
- CDC is not requiring data collection on behalf of the CDC.
- CDC will provide suggestions in identifying and developing materials and content used in projects and activities, but the awardee has sole decision to accept or reject those suggestions.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

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

2. Award Mechanism:

3. Fiscal Year: 2015

Estimated Total Funding: $750,000

4. Approximate Total Fiscal Year Funding: $150,000

5. Approximate Project Period Funding: $750,000

6. Total Project Period Length: 5 year(s)

7. Expected Number of Awards: 1

8. Approximate Average Award: $150,000 Per Budget Period

9. Award Ceiling: $150,000 Per Budget Period

10. Award Floor: None

11. Estimated Award Date: 09/01/2015

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (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 project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length: 12 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

2. Additional Information on Eligibility

SEJ (sole eligibility justification) submitted for American Planning Association (APA) - www.planning.org - an independent, not-for-profit educational organization

The award ceiling for this FOA is $150,000. CDC will consider any application requesting an award higher than this amount as non- responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf)

3. Justification for Less than Maximum Competition

The CDC, National Center for Environmental Health (NCEH), Division of Emergency and Environmental Health Services (DEEHS), Healthy Community Design Initiative is committed to strengthening the relationship between planning and public health. Planners are the front line professionals who manage community development. They work to create long range visions, establish implementation strategies, recommend and interpret regulations, and conduct development reviews. The environments in which we live are shaped by their decisions. In recent years our understanding of the impact of planning practice on public health has grown dramatically. Translating information into evidence based development models and then disseminating those new models to professional planners is essential to creating communities where healthy choices are easy.

The American Planning Association (APA) is the national organization that the planning community has turned to for guidance for over 35 years. It is an independent, not-for-profit educational organization that provides leadership in the development of vital communities by advocating excellence in community planning, promoting education and citizen empowerment, and providing the tools and support necessary to meet today's challenges. APA is the only organization qualified to immediately provide planning practitioners throughout the U.S. nationally recognized guidance and professional certification. APA's recommendations can be tied to professional planning certification through its continuing education and certification process.

APA is the only organization responsible for the national certification of professional planners. No other organization has a similar capability to link educational topics for planners with certification requirements. It is the only organization in position to reach the target audience (their membership) and accomplish CDC's goal to make health an explicit part of planning practice. The APA will be able to use its member networks for both investigation and dissemination in ways that expand the quality and impact of this project. APA will build on the publications, research monographs, on-line resources, and training that APA already uses to reach professional planners. APA has a unique position that allows it to coordinate innovative thinking and address practical realities. Both are needed for the planning profession to become a pro-active public health partner creating healthy environments.

APA alone has the expertise and reach to be HCDI's partner in institutionalizing health concerns as part of planning practice.

List the characteristics of the applicant's organization that make them uniquely qualified to perform the programmatic activities. APA is a uniquely positioned organization with the combination of technical expertise, a national network, certification program, and a strong history of providing planners with best practices and education. It is also the only organization with a nationally based administrative infrastructure to provide continuing education and certification to professional planners; attempts to replicate this partnership with any other partner would prove wasteful. APA has been the “go-to” source of planning practice information and recommendations for over 35 years.

List any prior activities the organization has performed in cooperation with CDC. APA is currently working with HCDI under contract number 200-2013-M-57467 which was awarded sole source.

List the relationship of the new project to any prior or ongoing CDC-funded activities. APA has

completed work as directed by CDC. Projects have included: a study of how comprehensive plans address public health and a tool kit for planners to use in public meetings. Work under a cooperative agreement would expand our relationship from CDC providing direction on specific projects to that of partners addressing broad issues related to public health and the built environment.

APA has been building its public health capacity and can now function as a partner collaborating with the CDC to address today's public health issues. Environmental changes which are under the purview of professional planners can act as preventive interventions for many public health concerns.

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 FOA 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. Required Registrations

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

1. Required Registrations

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

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet athttp:// 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-awardees, those sub-awardees 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 an awardee. 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 usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

c. Grants.gov: The first step in submitting an application online is registering your organization through www.grants.gov, the official HHS E-grant website. Registration information is located at the "Get Registered" option atwww.grants.gov.

All applicant organizations must register with www.grants.gov. The one-time registration process

usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO 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 PGO.

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

N/A

b. Application Deadline

Due Date for Applications: **05/15/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html.

- Complete the applicable assurances and certifications on an annual basis, name the file "Assurances and Certifications" and upload it as a PDF file at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc. gov/grantassurances/(S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

  Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

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

NA

8. Table of Contents

(No page limit and not included in Project Narrative limit): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Maximum of 20 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 20 pages will not be considered. The 20 page limit includes the work plan. For a multi-component FOA, maximum page limit is 25.)

The Project Narrative must include all of the bolded headings shown in this section. 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 project period as identified in the CDC Project Description section. Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC.

Recipient is required to collaborate with CDC's Healthy Community Design Initiative www.cdc.gov/healthyplaces and is encouraged to collaborate with organizations external to CDC. Include a signed letter of support verifying each proposed external collaboration.

2. Target Populations
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. Refer back to the CDC Project Description section – Approach: Target Population.

c. Applicant Evaluation and Performance Measurement Plan
Applicants must provide an overall evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Affirm the ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy. (For guidance regarding the Paperwork Reduction Act, please visit http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html)
- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe how evaluation findings will be used for continuous program quality improvement.

Where the applicant chooses to, or is expected to, take on specific evaluation studies:

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

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first 6 months of the project, as outlined in the reporting section of the FOA.

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

- Description of roles and responsibilities of individuals and organizations involved in the project.
- Names and resume' of staff to work on project.
- Organizational chart identifying relationships between organizations involved in the project.

11. Work Plan
(Included in the Project Narrative's 20 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 awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.

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

12. Budget Narrative

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. 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 will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities). The CDC will not reimburse indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at:http://www.cdc.gov/grants/interestedinapplying/applicationresources.html .

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 FOA 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 FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file “Budget Narrative” and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file “Indirect Cost Rate” and upload it at www.grants.gov.

Applicants must provide an overall budget for the project period and an individual budget for each year as a separate attachment at www.grants.gov.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

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

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

Tobacco Policies:

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: http://www.gsa.gov/ graphics/pbs/Guidelines_for__Federal__Concessions_and_Vending__Operations.pdf).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

http://www.cdc.gov/ nccdphp/dnpao/hwi/ toolkits/ tobacco/index.htm

http://www. thecommunityguide.org/ tobacco/index.html

http:// www.cdc.gov /obesity /strategies /food-serv-guide.html

14. Health Insurance Marketplaces

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplaces and the health care law, visit: www.HealthCare.gov.

15. Intergovernmental Review

Executive Order 12372 does not apply to this program.

16. 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 CFR section 3.908 to the award and requires that grantees 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.

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees 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 is not allowed.
- 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 http://www.cdc.gov/grants/additionalrequirements/index.html#ar12 for detailed guidance on this prohibition and http:// www.cdc.gov/od/pgo / funding / grants / Anti-Lobbying Restrictions for CDC Grantees July 2012 .pdf.
- 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.

Projects that involve the collection of information from 10 or more individuals and are funded by a grant/cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

18. Other Submission Requirements

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

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at www.grants.gov.

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

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped

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

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. 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 Applicant User Guide, Version 1.1, page 102.

http:// www.grants.gov /documents /19/18243 /Grantsgov ApplicantUserGuide .pdf /ce754626 -c2aa-44bc- b701 -30a75bf428c8

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@www.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@www.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 or call 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 postmarked 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, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase I Review

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC NCEH and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility 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

Building Capacity of Professional Planners to Address Public Health Goals	**Maximum Points: 100**

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

i. Approach	Max Points: [*50*]

a. Plan (25 Points)

The applicant's proposed plan sufficiently addresses the purpose, objectives, and activities stated in the funding announcement

- Does the plan address all required awardee activities?
- Is the plan adequate to carry out the proposed activities and objectives?
- Is the plan complete and comprehensive for the entire project period?
- Are stated objectives SMART (specific, measurable, achievable, relevant, and time-framed)?
- Does the plan involve other organizations; particularly public health, planning, housing, parks and recreation, and transportation?
- Does the plan describe how connections to state agencies will be made, and how local health departments and other agencies will be engaged?
- Does the applicant describe any linkages with other community based efforts (e.g., community comprehensive planning or action plans, Parks/Trails/Openspace/Greenspace Plans, or Food Policy Councils/healthy food access plans)?

b. Collaborations (10 Points)

- Has the applicant a history of working with national professional organizations?
- Are CVs or resumes for the Project Lead and key staff included?
- Does the plan identify the Project Lead and other key staff involved, to include their roles, responsibilities and percentage of time that they will devote to the project work?

c. Outcome Measures (10 Points)

- Are the outcome measures for the training sessions and technical assistance reasonable?
- Are other measures or supporting details included?

d. Timeline (5 Points)

- Does the timeline include all awardee activities and required reports for the entire project period?

ii. Evaluation and Performance Measurement	Max Points: [25]
• To what extent does the evaluation plan describe useful and appropriate strategies and approaches to monitor and improve the quality, effectiveness, and efficiency of the project?	

iii. Applicant's Organizational Capacity to Implement the Approach	Max Points: [25]
a. Probability of Success and Challenges (15 Points) • Is the description of why the project has a strong probability of success reasonable? • Do the applicant and key staff have appropriate experience? • Does the applicant have demonstrated access to public health data, resources, and contacts within public health, transportation, parks, housing, and planning to engage a state-wide audience? **b. Sustainability Plan (10 Points)** • Does the applicant clearly articulate how the project may be sustained after the grant funding is complete? • Does the applicant provide a description of how they plan to sustain their workforce development? • Does the applicant provide evidence of leveraging other resources?	

Applicant must be able to issue nationally recognized professional planner certification.

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.

c. Phase III Review

2. Announcement and Anticipated Award Dates

The award will be announced on www.grants.gov and the anticipated award date is September 1, 2015.

F. Award Administration Information

1. Award Notices

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

Any applicant awarded funds in response to this FOA 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.

The Paperwork Reduction Act of 1995 (PRA): Offerors should be advised that any activities involving information collection (i.e., posing similar questions or requirements via surveys, questionnaires, telephonic requests, focus groups, etc.) from 10 or more non-Federal entities/persons, including States, are subject to PRA requirements and may require CDC to coordinate an Office of Management and Budget (OMB) Information Collection Request clearance prior to the start of information collection activities. This would also include information sent to or obtained by CDC via forms, applications, reports, information systems, and any other means for requesting information from 10 or more persons; asking or requiring 10 or more entities/persons to keep or retain records; or asking or requiring 10 or more entities/persons to disclose information to a third-party or the general public.

2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 C.F.R. Part 74 or Part 92 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html

The HHS Grants Policy Statement is available at http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf.

*Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

For more information on the C.F.R. visit http://www.ecfr.gov/cgi-bin/ECFR?page=browse.

3. Reporting

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

- Helps target support to awardees;
- Provides CDC with periodic data to monitor awardee progress toward meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the project period 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 FOA.

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 FOA copying the CDC Project Officer.

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No

Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes

a. Awardee Evaluation and Performance Measurement Plan (required)
With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award.

This plan should provide additional detail on the following:

- The frequency that evaluation and performance data are to be collected.
- How data will be reported.
- How evaluation findings will be used for continuous quality and program improvement.
- How evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., improved public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

b. Annual Performance Report (APR) (required)
The awardee must submit the APR via www.grants.gov 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.

This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
    - Awardees must report progress on completing activities and progress towards achieving the project period outcomes described in the logic model and work plan.
    - Awardees must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Awardees must describe success stories.
- **Challenges**
    - Awardees must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
    - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
    - Awardees must describe how CDC could help them overcome challenges to complete activities

in the work plan and achieving project period outcomes.

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

The carryover request must:

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

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before 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 awardees 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 through eRA Commons 90 days after the end of the calendar quarter in which the budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation to PGO and include the date by which the Grants Officer will receive information.

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

- Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
- Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
- Impact/Results/Success Stories – Awardees 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.
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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

The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible website, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than $25,000. For the full text of these requirements, see: http://www.gpo.gov /fdsys/browse/ collection.action?collectionCode= BILLS.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Dee Merriam, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: 770.488.3981
Email: HGQ8@cdc.gov

Grants Staff Contact

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

Kevin Heath, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2960 Brandywine Road, Mailstop: E-01
Atlanta, GA 30341
Telephone: (770) 488-1120
Email: yfu6@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: pgotim@cdc.gov

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Table of Contents for Entire Submission

Optional attachments, as determined by CDC programs

- Resumes/CVs
- Position descriptions
- Letters of Support
- Organizational Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate , if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 74 and Part 92 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 FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additionalrequirements/index.html

. Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period.Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of

the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.

CDC Assurances and Certifications: Standard government-wide grant application forms.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (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 awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

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 FOA evaluation plan is used to describe how the awardee 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.

Healthy People 2020: National health objectives aimed at improving the health of all Americans by

encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

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

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

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

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

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

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

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

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

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the

organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

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

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

Outcome: The results of program operations or activites; 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.

Plain Writing Act of 2010: Requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

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 FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.

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.

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 project period 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.