



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Developing and Disseminating Programs to Build Sustainable Lupus Awareness, Knowledge, Skills and Partnerships

CDC-RFA-DP15-1511

Application Due Date: 08/10/2015

Developing and Disseminating Programs to Build Sustainable Lupus Awareness, Knowledge, Skills and Partnerships

CDC-RFA-DP15-1511

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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-DP15-1511. 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:

Developing and Disseminating Programs to Build Sustainable Lupus Awareness, Knowledge, Skills and Partnerships

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-DP15-1511

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

93.068

Additional CFDA Number:

93.328

93.135

F. Dates:

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

07/01/2015

2. Due Date for Applications:

08/10/2015, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

06/26/2015

Informational Conference Call

Friday, June 26, 2015, 2pm ET

Number: 866-758-6280

Participant Code: 35476725

G. Executive Summary:

1. Summary Paragraph:

This program is a new 5-year initiative to improve health outcomes and health-related quality of life among individuals with lupus. Eligible applicants include a variety of governmental and non-governmental organizations that have a clear mission to serve individuals with lupus and their care-givers through a network of affiliated programs. The new program has three components and will be implemented in the following phases: The first, during years 01 through 05 of the project period, the project will focus on component 1: creating sustainable lupus awareness and improve lupus-related health communications. Next, during years 01 through 05 of the project period, the project will focus on component 2: developing a national network of lupus partnerships to ensure sustainability of awareness and programmatic strategies. Lastly, during years 03 through 05, the project will execute component 3: increasing patient and provider education and implementation of lupus self-management education, physical activity, and strength training strategies. This work will build upon and complement previous and current CDC efforts that include lupus registries, follow-up studies, formative research, and creating a public health agenda. The impact of the program will be to improve lupus symptom recognition, diagnosis, and use of self-management resources; improve lupus health outcomes; and improve health-related quality of life among individuals with lupus.

a. Eligible Applicants:

Open Competition

b. FOA Type:

Cooperative Agreement

c. Approximate Number of Awards:

2

d. Total Project Period Funding:

\$18,500,000

e. Average One Year Award Amount:

\$2,500,000

f. Number of Years of Award:

5

g. Estimated Award Date:

09/30/2015

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

Systemic Lupus Erythematosus (SLE) is an autoimmune disease in which the immune system produces antibodies to cells within the body leading to widespread inflammation and tissue damage. SLE may be characterized by periods of illness with a variety of clinical manifestations, that can affect joints, skin, brain, lungs, kidneys, and blood vessels, and periods of remission. People with SLE may experience fatigue, pain or swelling in joints, skin rashes, and fevers. SLE can occur at any age, but is primarily a disease of young women with peak occurrence between puberty and child-bearing years. It has strong disparities in incidence, prevalence, and survival by both sex and race/ethnicity, with women affected 8 times more than men and many minorities affected at higher rates than whites. Estimates of the prevalence of SLE vary widely, and misdiagnosis is common.

Newer and more complete CDC-funded population-based SLE registries with a primary purpose of generating better prevalence (and incidence) estimates published results in 2014. Annual prevalence from 2002-2004 were much higher for blacks than whites in Michigan (Washtenaw and Wayne Counties) (111.6 vs 47.5 per 100,000 persons) and in Georgia (DeKalb and Fulton Counties) (128.0 vs. 39.9 per 100,000 persons). Annual prevalence from 2007-2009 for American Indians/Alaska Natives was 178 per 100,000. New registries in California (San Francisco County) and New York City (Manhattan) will soon provide annual prevalence estimates for Hispanics and Asians.

Annual prevalence estimates were much higher among women than men in Michigan (9.3 vs 1.5 per 100,000 persons), in Georgia (145.8 vs 17.5 per 100,000 persons), and in the American Indian/Alaska Native population (271 vs. 54 per 100,000 persons).

b. Statutory Authorities

This program is authorized under sections 301 [42 U.S.C. 241], 317 (k)(2), and 317C of the Public Health Service Act, [42 U.S.C. Sections 247b (k)(2) and 247b-4] as amended.

c. Healthy People 2020

This FOA addresses Healthy People 2020. It is committed to the vision of a society in which all people live long, healthy lives. This cooperative agreement addresses Healthy People 2020 focus areas of Arthritis, Osteoporosis, and Chronic Back Conditions; Access to Health Services, Disability, and Health; Health Communication and Health Information Technology; and Health-related Quality of Life & Well-being. All arthritis objectives are relevant because lupus is considered part of “doctor-diagnosed arthritis” as used in Healthy People and in CDC surveillance systems. This site is available at <http://healthypeople.gov>.

d. Other National Public Health Priorities and Strategies

This Funding Opportunity Announcement aligns with national health objectives aimed at creating social and physical environments that promote good health for all with the following goals of CDC’s National Center for Chronic Disease Prevention and Health Promotion.

- Monitor, prevent, delay, detect, and control chronic diseases;
- Conduct chronic disease research and translate to practical and effective prevention strategies;
- Promote social, environmental, policy, and systems approaches that support health;
- Achieve equity in health by eliminating racial and ethnic disparities and achieving optimal health for all Americans;
- Work with partners from all sectors of society to increase the reach and effectiveness of public health programs; and as outlined in the following national plans: and guidelines:

The Guide to Community Preventive Services: <http://www.thecommunityguide.org/index.html>;

The National Prevention Strategy: <http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>;

National Physical Activity Plan: <http://www.physicalactivityplan.org>;

Dietary Guidelines for Americans, 2010: <http://www.cnpp.usda.gov/DGAs2010-PolicyDocument.htm>;

2008 Physical Activity Guidelines for Americans: <http://www.health.gov/PAGuidelines/>;

School Health Guidelines to Promote Healthy Eating and Physical Activity: <http://www.cdc.gov/mmwr/pdf/rr/rr6005.pdf>

e. Relevant Work

CDC has previously funded and is currently funding work on a variety of SLE-relevant activities, including lupus registries, follow-up studies, formative research, and creating a public health agenda (currently under development).

Five Lupus Registries were designed to create credible estimates of the incidence and prevalence of lupus in various ethnic groups by creating population-based cohorts. These include:

- Developing and Implementing the Georgia Lupus Registry
- Michigan Lupus Epidemiology and Surveillance (MILES) Program
- California Lupus Surveillance Program
- Manhattan Lupus Surveillance Program
- Indian Health Service Lupus Project

Three longitudinal follow-up studies of established population-based lupus cohorts will determine natural history, access to care, current treatment, and other outcomes. These currently funded projects are being completed by University of Michigan, Emory University, and University of California, San Francisco.

Formative research on SLE self-management is being completed through a two-year (beginning in 2014) Interagency Agreement with Oak Ridge Associated Universities titled “Filling a Gap: Creating Educational Program/Tools/Materials to Enhance Self-Management in Systemic Lupus Erythematosus (SLE).”

A National Public Health Agenda for Lupus will help prioritize public health efforts addressing lupus. This is being done through the National Association of Chronic Disease Directors award “Developing a Public Health Agenda for Lupus”, an activity that will be completed in Fall 2015.

2. CDC Project Description

a. Approach

Goal: Developing and Disseminating Programs to Build Sustainable Lupus Awareness, Knowledge, Skills, and Partnerships

Strategy	Activities	Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes (Impacts)
Create sustainable lupus awareness and improve lupus-related health communications	<ul style="list-style-type: none"> Conduct and evaluate public awareness campaigns for recently diagnosed individuals with lupus, primary care providers, and lupus specialists (rheumatologists) Implement and evaluate educational programs for specific groups (e.g., young African American women) Provide informational resources for the general public, people with lupus, and caregivers 	<p>Increase awareness among providers and individuals about how to recognize signs and symptoms of lupus</p> <p>Increase understanding among providers and individuals about what to do if lupus is suspected</p>	<p>Reduce the length of time from lupus symptom recognition to diagnosis</p> <p>Increased knowledge and decreasing misinformation about lupus</p>	<p>Reduced stigma</p> <p>Reduction in serious complications of untreated lupus</p> <p>Decrease missed work days for persons with lupus</p>
Develop a national network of lupus partnerships	<ul style="list-style-type: none"> Engage appropriate lupus-affiliated organizations and others who can support lupus network goals and activities Conduct outreach to primary care providers and others who need to learn to diagnose lupus more quickly 	<p>Develop a sustainable partnership network</p> <p>Partners support awareness and communication efforts</p> <p>Increase use of and referral to lupus clinical and community resources</p> <p>Increased awareness and use of evidence based tool(s) for self-management, physical activity, and strength training</p>	<p>Quicker diagnoses</p> <p>Earlier entry into treatment</p>	<p>Improved lupus health outcomes</p> <p>Improved health-related quality of life among individuals with lupus</p>
Increase patient and provider education and implementation of lupus self-management education, physical activity, and strength training strategies	<ul style="list-style-type: none"> Develop and evaluate evidence-based lupus self-management resources (informed by the ORAU/ORISE Gap Analysis) Develop and disseminate resources related to: <ul style="list-style-type: none"> promoting and sustaining lupus self-management after diagnosis promoting and sustaining physical activity and strength training interventions for individuals with lupus after diagnosis 	<p>Increase awareness and use of evidence based tool(s) for:</p> <ul style="list-style-type: none"> self-management of lupus and related co-morbidities physical activity and strength training <p>Increase lupus patient education about physical activities that incorporate strength training</p>	<p>Increase self-management skills including medication adherence and co-morbidity management</p> <p>Increased physical activity and strength training among patients with lupus</p>	

i. Purpose

The purpose of this program is to conduct activities that enhance the health and quality of life of people with lupus and their care givers by creating sustainable lupus awareness and improving lupus-related health communications, increasing patient and provider education and implementation of lupus self-management education, physical activity, and strength training strategies, and developing national partnerships with community-based organizations to enhance sustainability of efforts to increase awareness, improve health communication, and increase referral and dissemination of self-management and physical activity resources.

ii. Outcomes

Recipients of this award are expected to demonstrate measurable progress toward addressing short-term outcomes depicted in the logic model (see Approach).

Component 1

- Increase awareness among providers and individuals about how to recognize signs and symptoms of lupus.
- Increase understanding among providers and individuals about what to do if lupus is suspected.

Component 2

- Develop a sustainable partnership network.
- Partners support awareness and communication efforts.
- Increase use of and referral to lupus clinical and community resources.
- Increased awareness and use of evidence-based tool(s) for self-management, physical activity, and strength training.

Component 3

- Increase awareness and use of evidence based tool(s) for:
 - Self-management of lupus and related co-morbidities.
 - Physical activity and strength training.
- Increase lupus patient education about physical activities that incorporate strength training.

Medium and long-term outcomes: The awardee will work collaboratively with CDC to reduce length of time from lupus symptom recognition to diagnosis, reduce stigma by increasing knowledge and decreasing misinformation about lupus, decrease missed work days for persons with lupus, increase self-management skills, increase lupus patient education about physical activities that incorporate strength training, and increase physical activity and strength training among persons with lupus.

iii. Strategies and Activities

The awardees of CDC-FOA-DP15-1511 will work collaboratively with CDC and other stakeholders to implement strategies and activities to improve health and reduce the impact of lupus on individuals and their care givers by using a combination of evidence-based, practice-based, or expert-informed approaches. The activities outlined in the program logic model are designed to address lupus through population-based strategies that should lead to measurable health improvements.

Component 1: Create sustainable lupus awareness and improve lupus-related health communications (This component will be conducted during project years 01 through 05).

Conduct targeted health communications campaigns for recently diagnosed individuals with SLE, primary care providers, and lupus specialists, based on research findings to date from the DOE/ORISE project, "Filling a Gap: Creating Educational Program/Tools/Materials to Enhance Self-Management in Systemic Lupus Erythematosus (SLE)" funded by CDC.

- Develop and execute evidence-based communications strategies based on research findings
- Develop or expand a sustained multifaceted media relations outreach program
- Leverage in-kind and earned media to maximize reach of awareness campaign
- Conduct outreach to the public and patients via dissemination of campaign materials, engaging media with public service announcements and other means
- Work with an established group (such as the expert panel for the National Public Health Agenda for Lupus) to coordinate outreach activities
- Awareness campaign activities may include:
 - o Distributing campaign materials to priority audiences through effective channels as identified by available research findings
 - o Developing and publishing print and/or electronic materials for parents of newly diagnosed teens with SLE
 - o Developing, updating, or reprinting appropriate materials
 - o Providing CME training regarding lupus for providers
 - o Providing public service announcements, advertisements in medical journals and parent's magazines encouraging referrals to specialists for appropriate symptoms; and
 - o Using baseline survey data for selected target groups to measure campaign coverage

Component 2: Develop a national network of lupus partnerships. (This component will be conducted during project years 01 through 05).

- Strengthen a sustainable partnership network of lupus-affiliated organizations to provide local support of awareness and health communications efforts
- Support a national network of local, state, and national organizations to promote the goals of this cooperative agreement
- Work with local, regional and state affiliates and chapters and other health-related organizations to facilitate local public health activities for people with lupus in partnership with state and local government agencies
- Conduct outreach to primary care providers, professional association and others who can help diagnose lupus more quickly
- Work with health-related organizations (such as those represented in developing A National Public Health Agenda for Lupus) to facilitate public health activities, such as:
 - o Facilitate problem solving and idea sharing among organizations involved in collaborative activities, including supporting and expanding communication vehicles (i.e., social media, list management tools, web sites, newsletters, conference calls, meetings) to strengthen programs promoting public awareness of lupus, and to provide education for those with lupus, the general public, and for

health care providers. Describe partner and community engagement throughout the project period, including the involvement of described in the attached logic model:

- (1) The number of people with doctor-diagnosed SLE will increase their participation in self-management activities that will prolong their quality of life and delay progression of SLE and increase co-morbidity management.
- (2) The number of people with doctor-diagnosed SLE will increase their participation in physical activity and strength training activities. These activities are known to increase lower extremity muscle mass and improve quality of life.
- (3) There will be an increase in the number of physicians providing SLE self-management and physical activity information to doctor-diagnosed patients.
- (4) There will be an increase in the number of physicians and people with probable SLE diagnoses that recognize the signs and symptoms of SLE.

Component 3: Increase patient and provider education and implementation of lupus self-management education, physical activity, and strength training strategies. (This component will be conducted during project years 03 through 05).

- Develop and evaluate evidence-based lupus self-management resources
- Develop and disseminate resources to promote and sustain physical activity, strength training, and weight management interventions after diagnosis.
- Implement and evaluate strategies to disseminate existing and new educational materials and tools to those with lupus that are under served.
- Support development of strategies that empower individuals to manage their health and health care (e.g., increase or strengthen community-clinical links and resources to support self-management education, promote use of culturally competent standardized education materials).
- Conduct outreach to healthcare practitioners, provider institutions, and state and local health departments to link persons with lupus to community resources.

Program/Epidemiological Objectives:

- (1) From FY 2015 to FY 2020, people with doctor-diagnosed SLE and their care givers will increase their knowledge and use of self-management, physical activity, and strength training techniques resulting in improved actions and health-related quality of life.

1. Collaborations

a. With CDC-funded programs:

The awardees of CDC-FOA-DP15-1511 are strongly recommended to work collaboratively with CDC and CDC-funded projects including previously funded lupus registries projects, current lupus follow-up studies and formative research projects in order to maximize use of limited federal resources.

b. With organizations external to CDC:

The awardees of CDC-FOA-DP15-1511 are also strongly recommended to work collaboratively with participants and supporters of the National Public Health Agenda for Lupus, such as the National Association of Chronic Disease Directors, Lupus Foundation of America, state and local health departments, and others in order to maximize the potential for greater success of conducting activities that will enhance the health and quality of life of people with lupus.

2. Target Populations

Applicants must target individuals with lupus, specifically those with systemic lupus erythematosus (SLE) and sub populations of individuals with SLE where health disparities are evident. They must also work with health care providers who care for patients with SLE.

a. Inclusion

Applicants must describe the ways in which the efforts of this FOA will include individuals with lupus and their care providers in the planning, development, and implementation of proposed activities.

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

For this FOA, there will be up to two awardees for all components. Organizations will only need to submit one application under this FOA, addressing all three components.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

With technical assistance from CDC staff, the grantee will design an evaluation plan based on current data sources available (i.e., current rheumatologist and current information being provided to help SLE patients manage their disease outside of the clinic arena). The lupus registries projects and follow-up studies will provide a baseline for provider information and will expand to create data sources as necessary. The grantee will determine the best evaluation plan (seeking CDC guidance as necessary) that measures the following program goals (Impact Evaluation) based on the short, medium, and long-term goals.

ii. Applicant Evaluation and Performance Measurement Plan

CDC may revise the existing requirements through an addendum to this notice or through updated guidance for continuation awards, which could include additional recipient requirements for evaluation and performance measurement and may require additional government clearances under the Paperwork Reduction Act. Any additional reporting requirements will not exceed applicable grants regulation limits. The Applicant Evaluation and Performance Measurement Plan will be comprised of two components:

1. Tracking progress and completion of strategies - Awardees will track overall progress on infrastructure and short-term outcome objectives, as well as specific progress on activities on a quarterly basis. This collection of data is known as performance monitoring data.

- Use of ongoing performance monitoring data, along with any needs assessment or other data, for ongoing program improvement and mid-course corrections.
- Track overall progress on outcome objectives as well as specific progress on activities designed for targeted populations. Use of performance monitoring data and other available sources to document the steps taken to implement program activities by describing successes, barriers, and challenges.

2. Measurement of short-term outcomes - With guidance as requested from CDC, awardees will set targets and then monitor progress towards these targets on the number of individuals with lupus and providers who were reached by the awareness campaign, the number of evidence-based self-management, physical activity, and strength programs that were disseminated, and the number of referrals to lupus clinical and community based resources.

c. Organizational Capacity of Awardees to Execute the Approach

Funding will be provided to the qualified applicant who can demonstrate previous experience and success in serving the diverse needs of individuals with SLE and their families in the U.S. Examples of organizational capacity criteria for applicants include:

- Serving as an organization wholly dedicated to lupus with national and local legally affiliated networks (legal authority to conduct work under the name of the national organization), accountable under a series of approved criteria and standards with robust quality assurance. In order for this program to have nationwide impact, the organization should be able to disseminate strategies to at least 25 states. **Applicants must include a signed letter of support from each affiliated program participating in this initiative. Letters of support can be included in the appendix section of the application.**
- Providing direct support services for people with lupus through professional health educators and a legally affiliated network (legal authority to conduct work under the name of the national organization).
- Successful history of conceiving developing and carrying out national lupus awareness campaigns such as advertising council campaigns and the organizational capacity to handle increased inquiries by phone and web.
- Experience in surveying, identifying, and interpreting the needs of those who are affected by SLE.
- Experience in identifying the needs of those who have or may have lupus in translating those needs into messages that resonate with the target audience and motivate action.
- Capacity and proven prior success to engage various types of media across the country to use campaign and/or health communication materials.
- Proven prior success distributing and promoting awareness and/or health communication campaigns on behalf of non-profit organizations and government agencies.
- Capacity to engage volunteer talent from the advertising and communication industries and the resources of the business and lupus communities to deliver critical messages to the public

In addition, applicants for all three components of this FOA must be able to demonstrate the capacity to conduct all of the strategies and activities outlined in this FOA (i.e., create sustainable lupus awareness and improve lupus-related health communications, increase patient and provider education and implementation of lupus self-management education, physical activity, and strength training strategies, and develop a national network of lupus partnerships).

d. Work Plan

Applicants must submit a detailed work plan for year 01 and provide a general summary of work plan activities for years 02-05 in narrative form. The work plan for year 01 must describe the process by which the awardee will review and update work plan activities for years 02-05 according to the key public health priorities within the national public health agenda for lupus (expected to be released by Fall 2015). The work plan should align with the logic model and describe how the applicant plans to implement all of the required activities to achieve FOA outcomes. The work plan should not exceed 25 pages.

The work plan must, at a minimum, include:

- Activities and timelines to support achievement of FOA outcomes. These activities must be aligned with the FOA logic model and should have appropriate performance measures or milestones for accompanying tasks.
- Staff and administrative roles and functions to support implementation of the award. Specify management and leadership positions and qualifications for those roles.
- Administration and assessment processes to ensure successful implementation and quality assurance.
- SMART Objectives (i.e., Specific, Measurable, Achievable, Relevant, Time-framed) for each proposed strategy, including objective

description, baseline and target information, target population, estimated number of people reached, and evaluation plan.

See sample work plan below for an example framework:

Expected Outcome(s) for the Project Period •					
Activity/ Strategy	Performance Measure(s)	Data Source (s)	Person Responsible	Timeframe	Activity Completion Date
Expected Outcome(s) for the Project Period •					
Activity/ Strategy	Performance Measure(s)	Data Source (s)	Person Responsible	Timeframe	Activity Completion Date

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.

- Ensuring the adequacy of systems that underlie and generate data and reports;
- Ensuring that awardee work plan is feasible, fiscally responsible, consistent with the intent of the award, and have acceptable milestones and timelines;
- Ensuring that awardee is conducting activities outlined in the FOA/Logic Model on a routine basis (e.g., data collection and analysis, evaluation and dissemination of innovative practices, partnership engagement, etc.)
- Adjusting work plan activities based on achieving objectives and/or budget changes;
- Communicating as needed, or at minimum monthly, with the project coordinator and the project officer on conference calls;
- Participating in webinars and meetings; and
- Providing tools/resources aligned with program activities and FOA outcomes; and assessment and implementation support.

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

- Technical Assistance:
 - Provide pre-application assistance to potential applicants
 - Provide post award technical assistance
 - Provide subject matter expertise regarding strategies and activities
 - Facilitate collaborative opportunities with national partners
- Provide resources and tools necessary for the successful implementation of strategies and activities to meet project goals
- Information sharing
 - Facilitate routine conference calls, webinars, and information exchange among awardees and lupus and public health stakeholders
 - Develop mechanism for documenting and sharing lessons learned

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: \$2,500,000
- 4. Approximate Total Fiscal Year Funding:** \$4,000,000
- 5. Approximate Project Period Funding:** \$18,500,000
- 6. Total Project Period Length:** 5 year(s)
- 7. Expected Number of Awards:** 2
- 8. Approximate Average Award:** \$2,500,000 Per Project Period
- 9. Award Ceiling:** \$4,000,000 Per Project Period
- 10. Award Floor:** None
- 11. Estimated Award Date:** 09/30/2015

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:

- State governments
- County governments
- City or township governments
- Special district governments
- Independent school districts
- Public and State controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Public housing authorities/Indian housing authorities
- Native American tribal organizations (other than Federally recognized tribal governments)
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
- Private institutions of higher education
- For profit organizations other than small businesses
- Small businesses
- Others (see text field entitled "Additional Information on Eligibility" for clarification)
- Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Government Organizations:

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

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

Other:

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

2. Additional Information on Eligibility

N/A

The award ceiling for this FOA is \$4,000,000. 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

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 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 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-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 at www.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)

Due Date for Letter of Intent: **07/01/2015**

b. Application Deadline

Due Date for Applications: **08/10/2015**, 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.

Date for Informational Conference Call: 06/26/2015

Informational Conference Call

Friday, June 26, 2015, 2pm ET

Number: 866-758-6280

Participant Code: 35476725

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\(mj444mxc51lnrv1hljjmaa\)\)/Homepage.aspx](http://wwwn.cdc.gov/grantassurances/(S(mj444mxc51lnrv1hljjmaa))/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

A Letter of Intent (LOI) is strongly encouraged. The purpose of this LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

LOI should be sent via U.S. express mail, delivery service, or email by July 1, 2015 to:

Casey Hannan

CDC, National Centers for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Division of Population Health

4770 Buford Hwy. NE MS F-78

Atlanta, GA 30341

Telephone number: 770-488-6211

Email address: CLH8@cdc.gov

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.

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)
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that must be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness.

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.

- Serving as an organization with documented experience serving the needs of people with lupus with a national legally affiliated network (legal authority to conduct work under the name of the national organization), accountable under a series of approved criteria and standards with robust quality assurance. In order for this program to have nationwide impact, the organization should be able to disseminate strategies to at least 25 states.
- Providing direct support services for people with lupus through professional health educators and a legally affiliated network (legal authority to conduct work under the name of the national organization).
- Successful history of conceiving developing and carrying out national lupus awareness campaigns such as advertising council campaigns and the organizational capacity to handle increased inquiries by phone and web.
- Experience in surveying, identifying, and interpreting the needs of those who are affected by SLE.
- Experience in identifying the needs of those who have or may have lupus in translating those needs into messages that resonate with the target audience and motivate action.
- Capacity and proven prior success to engage various types of media across the country to use campaign and/or health communication materials.
- Proven prior success distributing and promoting awareness and/or health communication campaigns on behalf of non-profit organizations and government agencies.
- Capacity to engage volunteer talent from the advertising and communication industries and the resources of the business and lupus communities to deliver critical messages to the public.

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.

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 Mariana 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.

An itemized budget narrative is required as part of an applicant's submission and will be reviewed and considered but not scored as part of the review and selection process. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes and program strategies outlined in the project narrative.

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/nccdp/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/additional_requirements/index.html#ar12 for detailed guidance on this prohibition and http://www.cdc.gov/grants/documents/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.

- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Construction is not allowed.
- Additional information may be obtained at the CDC website, at the following Internet address: <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

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/GrantsgovApplicantUserGuide.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 NCCDPHP 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

- Does the applicant's problem statement describe how the applicant's response to the FOA will address the public health problem and support public health priorities? (10 points)
- Does the applicant's 2-3 sentence purpose describe specifically how the application will address the problem as described in the CDC project description? (5 points)
- Does the applicant clearly identify strategies to reach their specific target populations? (5 points)
- Does the applicant describe the short-term outcomes for the project period (5 points)
- Do the applicant's strategies and activities align with the logic model and provide a means to achieving the project period outcomes? (10 points)
- Does the applicant describe how they will collaborate with programs and organizations either internal or external to CDC (and provide letters of support, MOUs or MOAs when applicable)? (10 points)

Evaluation and Performance Measurement

Maximum Points: 25

- Does the applicant describe how key program partners will be engaged in the evaluation and performance measurement planning process? (5 points)
- Does the applicant describe the types(s) of evaluation to be conducted and key evaluation questions to be answered? (5 points)
- Does the applicant described required and any additional performance measures? (5 points)
- Does the applicant describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data? (5 points)
- Does the applicant describe how evaluation findings will be used for continuous program quality and improvement? (5 points)

Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 30

- Does the applicant demonstrate relevant experience and capacity (management, administrative and technical) to achieve the outcomes or the project (including the organization's mission statement, structure, and its processes for ensuring that local, state, and national members' needs are addressed as well as providing MOUs/MOAs when relevant)? **Applicants must include a signed letter of support from each affiliated program participating in this initiative. Letters of support can be included in the appendix section of the application.** (10 points)
- Does the applicant provide a staffing plan and project management structure that will be sufficient to meet the outcomes of the project and that clearly defines staff roles (provides CVs/resumes and an organizational chart)? (10 points)
- Does the applicant provide a work plan that is consistent with the CDC Project Description Work Plan section, inclusive of plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement, including key milestones? (10 points)

Budget and Budget Narrative (Reviewed but not Scored)

Maximum Points: 0

- Does the organization provide a detailed and clear budget and detailed budget item justification consistent with the Operational Work Plan?
- Do the proposed budget line items appear to sufficiently support the Operational Work Plan?

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

All scored applications will be arranged in rank order. To the extent possible, the highest ranked application, determined by the review panel, will be funded. In addition, the following factors may affect the funding decision. CDC will justify any decision to fund out of rank order based upon the following:

- Diversity of priority population(s) served;
- Maintaining geographic diversity across the United States;
- Ensuring that communities with evident health disparities are represented; and
- Grantee is nationally affiliated with adequate state and local affiliates.

2. Announcement and Anticipated Award Dates

Successful applicants will receive Notice of Awards from the Procurement and Grants Office (PGO). All notifications will be made by September 30, 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.

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).

The following Administrative Requirements (AR) apply to this project:

Generally applicable ARs:

- AR-7: Executive Order 12372
- AR-9: Paperwork Reduction Act <http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html>
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)
- AR-35: Nutrition Policies

Organization-specific ARs:

- AR-8: Public Health System Reporting (community-based, nongovernment organizations)
- AR-15: Proof of Non-profit Status (nonprofit organizations)
- AR 23: Compliance with 45 C.F.R. Part 87 (faith-based organizations)]

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
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Applicants are advised that any activities involving information collection (i.e., surveys, questionnaires, etc.) from 10 or more non-Federal individuals/entities may be subject to OMB/PRA requirements and may require the CDC to coordinate an OMB Information Collection Clearance.

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.

For year 2 and beyond of the award awardees may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

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).

Awardees must email the report to the CDC PO and the GMS listed in the "Agency Contacts" section of the FOA.

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:

Casey Hannan, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Hwy
Mailstop F78
Atlanta, GA 30341
Telephone: (770) 488-6211
Email: clh8@cdc.gov

Grants Staff Contact

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

Ferrinnia (Toni) Augustus-High, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road
Mailstop E09
Atlanta, GA 30341
Telephone: (770) 488-2906
Email: wef9@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

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
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 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/additional_requirements/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](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](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 education, 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.

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.