

Notice of Funding Opportunity (NOFO) Preventing Violence Affecting Young Lives (PREVAYL) CDC-RFA-CE21-2104

FREQUENTLY ASKED QUESTIONS (FAQs)

General Information

- The application due date is May 1, 2021 by 11:59PM EST.
- The estimated award date for the project year is prior to September 1, 2021.
- All applicants **must** be registered at the three following locations before submitting an application for funding at www.grants.gov: Data Universal Numbering System, the System for Award Management, and www.grants.gov (page 27).
- Applicants **must** submit the Risk Assessment Questionnaire, and Duplication of Efforts Report (page 30).
- The Biden-Harris Administration announces historic investments in community violence intervention to combat the gun violence epidemic. More information can be found at [FACT SHEET: More Details on the Biden-Harris Administration's Investments in Community Violence Interventions](#) and [FACT SHEET: Biden-Harris Administration Announces Initial Actions to Address the Gun Violence Public Health Epidemic](#)

Administrative

- 1. Q: Will you share a copy of the PowerPoint or the recording of the call?**
A: The recording and slides are being used for internal purposes only. The FAQ document includes all questions from the informational call and the NOFO contains all information needed to complete the application.
- 2. Q: Is it correct that this application is only submitted in grants.gov and not in JustGrants?**
A: Applications must be submitted through www.grants.gov. The steps to submitting the application can be found on page 28.

3. Q: Can you tell us if this opportunity has been funded before and where can we find summaries of those programs?

A: This is a new NOFO; however, it builds on previous NOFOs. Please refer to the following webpage for information on previous NOFOs and the current CDC's [Preventing Teen Dating and Youth Violence by Addressing Shared Risk and Protective Factors program \(CDC-RFA-CE16-1605\)](#).

4. Q: Does attachment G - Risk Questionnaire only apply to the submitting institution?

A: Yes. CDC requires all applicants to complete the Risk Questionnaire (OMB Control Number 0920-1132) annually. This questionnaire, which is located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS (page 30).

5. Q: Other than the request application package outlined in the NOFO, is there a checklist that the CDC normally shares with applicants? I am trying to come up with my own, but if you have a more comprehensive one, I would appreciate it.

A: No. Please refer to the "content and form of application submission" section for a complete list of required documents (pages 31 and 50).

6. Q: Who can we contact regarding issues with account access on the grants.gov platform?

A: Customer Service is available 24 hours a day, 7 days a week, except federal holidays by phone at 1-800-518-4726 or via email at support@grants.gov. Application submissions sent by email or fax, or on CDs or thumb drives will not be accepted. Please note that the website is managed by Health and Human Services.

7. Q: Is this a recurring federal opportunity? Does the CDC anticipate this will be offered again after the 5-year grant period?

A: This is a 5-year cooperative agreement, however, funding levels for subsequent years is based on the availability of funds each year.

8. Q: Can you clarify what is expected for the Proposal Narrative, Evaluation and Performance Measurement Plan, and Budget Narrative sections. What is the page limit, is it double or single spaced, and is the logic model a part of the narrative or a separate document?

A: Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, Logic Model, and Work Plan. The Project Narrative should not exceed 20 pages, single-spaced, 12-point font, 1-inch margins. Content beyond the specified page number will not be reviewed (page 32). The tables should be double spaced. The Budget Narrative should be uploaded as a separate document. There is no page limit for the Budget Narrative.

9. Q: Is there any way to learn who from my State may be on this call and interested in exploring partnerships?

A: The call registration list is confidential and cannot be shared.

10.Q: I just learned about the PREVAYL application today and am wondering if our locality can apply even though the webinar date has passed?

A: The eligibility criteria can be found on page 26 of the NOFO. The purpose of the conference call/webinar was to assist potential applicants in understanding the scope and intent of the program announcement. Participation on the conference call was not mandatory.

11.Q: Is this only for state level? Does this grant opportunity assist small businesses that are developing products to address violence targeting young people?

A: This NOFO is unrestricted (page 26).

12.Q: What does LHD mean on page 8, 2.3?

A: LHD stands for local health department.

13.Q: Can you define health department?

A: The health department is responsible for ensuring access to basic public health services through the provisions of quality healthcare and the regulation of providers of health goods and services. Local, city, and county public health departments can be in areas considered urban, suburban, or rural. Local health departments (LHDs) have influential leaders in the community such as Public Health/Medical Directors that are experienced in disseminating critical information about urgent public health

issues within the communities they serve. They have established relationships with other key community leaders that represent key sectors in the community across disciplines such as social services, public safety, juvenile justice, schools, and faith-based organizations and their health education staff and epidemiological support can facilitate and track the uptake of these strategies to ensure the health and safety of youth. Additionally, because multiple forms of violence have overlapping risk and protective factors, LHDs and the communities that they serve are primed in thinking strategically and creatively about ways to prevent multiple forms of violence from occurring in the first place. LHDs provide a unique opportunity to coordinate and integrate responses to violence in a way that recognizes these connections and considers the individual in the context of their home environment, neighborhood, and larger community. Source: Wilkins, N, Tsao, B, Hertz, M, Davis, R, Klevens, J Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute, 2014.

14. Q: What do you mean by a public safety organization is encouraged to be part of the grant?

A: Partnership with a multi-sector coalition is essential to the success of the overall project. Recipients are expected to work with a current/active and functioning multi-sector coalition that supports the prevention of violence impacting adolescents and young adults in communities of color, and the planning, implementation, and evaluation process of a strategic plan. The multisector coalition should seek to include representation from sectors that support work in communities with a high risk of violence including, but not limited to education and adolescents and young adult-serving agencies, family and social services, public safety and juvenile justice, mental health, labor, faith-based organizations, and local businesses. The collaboration of local health departments and local public safety organizations is strongly recommended (page 13).

Approach

15. Q: Can we focus on youth up to 18 only?

A: Yes. The purpose of this NOFO is to address multiple forms of violence impacting adolescents and young adults (ages 10-24).

16. Q: Can the target population be the entire state?

A: The target population should include adolescents aged 10-24 in communities with a high risk of violence (above the average for the state or city) of multiple forms of violence. Applicants should also provide evidence of high risk in the communities of color and track other data describing them, such as socioeconomic status, health

literacy, geography, and other relevant indicators. In addition, applicants must describe how data has been used to prioritize and select the target population (page 19).

17. Q: Can we propose an expansion of a current plan if the current plan is not quite built out?

A: Yes.

18. Q: My organization would like to propose a program that addresses sexual violence and teen dating violence. Would these two approaches be considered for funding, or is the approach intended to span a wider spectrum of youth violence?

A: Yes. The purpose of this NOFO is to address multiple forms of violence impacting adolescents and young adults (ages 10-24). Violence outcomes include youth violence, teen dating violence (physical violence, sexual violence; threat of physical or sexual violence; and psychological or emotional violence), and other adverse childhood experiences (ACEs), as well as, conditions that put communities at greater risk for violence (page 2). For appropriate violence prevention programs for this funding opportunity, please refer to Table 1 and [CDC's technical packages](#) (page 11).

Applicants must demonstrate a strong understanding of the public health approach to violence prevention and have experience implementing adolescents and young adult violence prevention strategies. Eligible applications must include the following to be responsive and move forward for review:

- Letter of support (LOS) or Memorandum of Understanding (MOU) from the applicant's local health department.
- Current/active violence prevention plan (the quality of the plan will be assessed via the evaluation criteria). (page 26-27).

19. Q: Would comprehensive sexual health education programs constitute an appropriate sexual violence prevention program for this funding opportunity?

A: For appropriate violence prevention programs for this funding opportunity, please refer to Table 1 of the NOFO on page 11 and any of [CDC's technical packages](#).

20. Q: Could we propose to address the root causes of violence focusing on risk factors to violence in black, indigenous, and people of color communities and work with multisector agencies to address them in the outer circle of socio ecological model?

A: Yes.

21. Q: Is there a curriculum in place for PREVAYL?

A: No. PREVAYL is an acronym for this NOFO, Preventing Violence Affecting Young Lives. It is not a program.

22. Q: Is this strictly for prevention, given the large number nonfatal injuries incurred by our youth?

A: Yes. This NOFO addresses the prevention of violence impacting adolescents and young adults.

23. Q: Can we have a program that focuses on a single city?

A: No. Recipients are expected to enhance a current/active city, county, or other jurisdictional violence prevention strategic plan that addresses violence impacting adolescents and young adults, particularly in communities with high rates of violence. Recipients are also expected to align their strategic plan with a state violence prevention action plan (e.g., Rape Prevention and Education, Essentials for Childhood, DELTA Impact or Preventing Adverse Childhood Experiences: Data to Action initiatives) [page 13].

24. Q: Can we use an evidence-informed curriculum if it's not yet evidence-based? Can we create new programming, or does there have to be existing programming?

A: Recipients may choose to implement a novel program that meets the following implementation and evaluation criteria:

- Either has documented evidence of effectiveness; or is grounded in theory, has shown preventive effects through a less rigorous evaluation for the targeted population, and has been successfully implemented prior to the time of application
- Address shared risk and protective factors of violence impacting adolescents and young adults
- Demonstrates a link between the theory of the strategy and intended outcomes
- Has implementation materials available to practitioners
- Is feasible to implement and expand in a practice setting

25. Q: Does the program require implementation of a public engagement and education campaign, or can the two required strategies be focused on activities that create protective community environments?

A: Applicants must propose at least 2 community/societal-level programs, policies, and/or practices that align with strategies and approaches from CDC's technical packages. One of these must be a public engagement or public education campaign that addresses multiple forms of violence impacting adolescents and young adults in

the target population (adolescents and young adults ages 10-24) with emphasis at the outer levels of the SEM (page 8).

26.Q: When does the strategic plan have to be completed?

A: Implementation of the enhanced strategic plan should begin by Year 2 (page 13).

27.Q: For the requirement to "align a strategic plan with a state violence prevention action plan," does this apply to tribal agencies or would our strategic plan need to align with the tribe's prevention action plan (rather than the state's)?

A: The intent of the NOFO is that recipients align their enhanced violence prevention strategic plans with other statewide violence prevention action plans where appropriate. The Rape Prevention Education, Essentials of Childhood, DELTA Impact, and Preventing Adverse Childhood Experiences: Data to Action are examples of state violence prevention initiatives with action plans that recipients could align their strategic plans with as appropriate. This applies to all recipients and could include any action plans that covers the entire state jurisdiction.

28.Q: On page 3 of the NOFO under Summary Paragraph it states that we are expected to enhance a current/active jurisdiction-level strategic plan. However, throughout the NOFO it also mentions that we can develop and/or enhance a jurisdictional violence prevention strategic plan. If we do not have a current/active jurisdiction-level strategic plan, then may we develop one as part of the proposal?

A: Recipients are expected to enhance a current/ city, county, or other jurisdictional violence prevention strategic plan that addresses violence impacting adolescents and young adults, particularly in communities with high rates of violence. Recipients are also expected to align their strategic plan with a state violence prevention action plan (e.g., Rape Prevention and Education, Essentials for Childhood, DELTA Impact or Preventing Adverse Childhood Experiences: Data to Action initiatives).
Implementation of the enhanced strategic plan should begin by Year 2 (page 13).

29.Q: Are there existing models we can look at? I am not sure I am grasping the 'outer' and 'inner' strategies concept and would like to see how this looks as a working model.

A: CDC uses a four-level social ecological model to better understand violence and the effect of potential prevention strategies. This model considers the complex interplay between individual, relationship, and community factors. Individual and relationship factors are considered 'inner' levels of the social ecological model, and community and societal factors are considered 'outer' levels of the social ecological model (page 58). Specific examples of strategies and approaches that can be implemented at the community and societal levels of the social ecological model can

be found on page 11 (Table 1). More information about the Social Ecological Model can be found at <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>.

30. Q: Could a jurisdiction-wide prevention-education strategy focused on school-based education regarding sexual harm prevention constitute a "jurisdictional violence prevention" plan or is the NOFO thinking of a jurisdictional plan that is larger in scope?

A: Recipients are expected to enhance a current/active city, county, or other jurisdictional violence prevention strategic plan that addresses violence impacting adolescents and young adults, particularly in communities with high rates of violence. The quality of the plan will be assessed via the evaluation criteria (page 27).

31. Q: Can the program address strengthening of existing neighborhood-level programs through technical assistance and coordination, or must the strategies be city- or community-wide?

A: Examples of strategies, approaches, and programs that can be implemented at the community and societal levels of the social ecological model can be found on page 11. Recipients may choose to implement a novel program that meets the criteria.

32. Q: Is a Hospital Violence Intervention Program (HVIP) an eligible program activity for funding under PREVAYL if it provides trauma-informed counseling for the children who have experienced injuries as a result of violence and connects them to community-level programs such as CURE Violence?

A: Specific examples of strategies and approaches that can be implemented at the community and societal levels of the social ecological model can be found on page 11 (Table 1). Recipients may also choose to implement a novel program that meets the following implementation and evaluation criteria:

- Either has documented evidence of effectiveness; or is grounded in theory, has shown preventive effects through a less rigorous evaluation for the targeted population, and has been successfully implemented prior to the time of application
- Address shared risk and protective factors of violence impacting adolescents and young adults
- Demonstrates a link between the theory of the strategy and intended outcomes
- Has implementation materials available to practitioners
- Is feasible to implement and expand in a practice setting

33.Q: Can the program address strengthening of existing neighborhood-level programs through technical assistance and coordination, or must the strategies be city- or community-wide?

A: Recipients are expected to enhance a current/active city, county, or other jurisdictional violence prevention strategic plan that addresses violence impacting adolescents and young adults, particularly in communities with high rates of violence. Recipients are also expected to align their strategic plan with a state violence prevention action plan (e.g., Rape Prevention and Education, Essentials for Childhood, DELTA Impact or Preventing Adverse Childhood Experiences: Data to Action initiatives). Implementation of the enhanced strategic plan should begin by Year 2 (page 13).

34.Q: When it says we must submit at least 2 strategies at the community/societal level, does that mean 2 strategies each (two for community and two for societal) or just one each?

A: Applicants must propose at least a total of 2 community/societal-level programs, policies, and/or practices that align with strategies and approaches from CDC's technical packages. One of these total of 2 must be a public engagement or public education campaign that addresses multiple forms of violence impacting adolescents and young adults in the target population (adolescents and young adults ages 10-24) with emphasis at the outer levels of the SEM; collaborate and coordinate a violence prevention strategic plan with multisector partners to expand and sustain violence prevention; conduct process and outcome evaluation; and translate data into action and facilitate the use of data. **While this NOFO is focused on the implementation of prevention strategies at the outer levels of SEM, applicants are expected to demonstrate ongoing sustained effort/activities of prevention strategies at the inner levels of the SEM (individual and relationship). The implementation of the outer level strategies of this NOFO must complement current effort/activities of inner level strategies.**

Implementation of more than two programs, policies, and/or practices is encouraged, but not required (page 8). For appropriate violence prevention programs for this funding opportunity, please refer to Table 1 (page 11) and [CDC's technical packages](#).

Evaluation and Performance Measurement

35. Q: Is there a page limit to the Evaluation and Performance Management plan?

A: No. The Evaluation and Performance Management plan falls within the 20-page limit of the Project Narrative. The Project Narrative must include all of the following headings (including subheadings): Background, Approach, Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, Logic Model, and Work Plan. The Project Narrative has a maximum of 20 pages, single spaced, 12-point font, 1-inch margins, and all pages must be numbered (page 32).

36. Q: The logic model is listed under Project Narrative and under Evaluation and Performance Management Plan, should it be included in both sections?

A: No. The logic model is a part of the 20-page limit of the Project Narrative (page 22).

37. Q: Does the state-level evaluation plan mean that the program must impact the entire state?

A: The NOFO requires an evaluation plan. The evaluation plan is 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 (page 52). The data used by the recipient may be state-level data, however, we encourage the use of local level, city, county, and census tract data.

38. Q: Where can I find the outcomes of CDC CE16-1605?

A: Outcomes for CE16-1605: Preventing Teen Dating and Youth Violence by Addressing Shared Risk and Protective Factors can be found [here](#).

Work Plan

39. Q: Do all of our selected strategies have to be implemented throughout the entire project period or can we stage them at different times over the 5 years?

A: Recipients must begin implementation of at least 1 program, policy, and/or practice **within the first 6 months of the project** and the remaining programs, policies, and/or practices by the **beginning of Year 2 of the project**. Recipients can work with CDC during the first six month to enhance the implementation plans and finalize the plan to evaluate the collective efforts. The recipients must demonstrate use of the public health approach in planning the overall prevention approach and selecting the prevention strategies (see [Violence Prevention in Practice](#) for more information in planning a prevention approach) [page 9].

40.Q: Can you clarify what should be submitted for implementation plans? Page 9 states that a template has been provided in the work plan section, but I can only see a template for the work plan itself. Is there an additional template/requirement for implementation plans or is the work plan sufficient? If there is an additional requirement, do they count in the 20-page limit and is a template available?

A: There is no separate template for the implementation plans. For the application package, plans for implementation should be included in the work plan. The Strategy Implementation Plan is a management tool designed to illustrate, in detail, the critical steps in developing and starting a project. It is a guide or map that helps program staff be proactive rather than reactive in developing their program and identifying any challenges along the way. CDC will work with recipients to create implementation plans for each program being implemented as a part of the NOFO. The Work Plan is a part of the 20-page limit of the Project Narrative. Table 1 (page 11) provides an example of strategy implementation at the community and societal levels.

41.Q: Does our workplan have to exactly mirror the example plan given in the document, or should we focus on making sure our plan reflects the same requirements of the example plan?

A: The work plan format is offered as an example to show the essential elements that should be included in the work plan. Applicants may submit the work plan in a format that is most conducive for them; however, the essential elements must be included and it must be clear how the components in the work plan cross walk to the strategies and activities, outcomes, and evaluation and performance measures presented in the logic model and the narrative sections of the NOFO (page 22).

Organizational Capacity

42.Q: Is it ok for legislators and their staff to help with these projects as long as they are not getting paid or creating legislation or should we stay away from legislators?

A: Please refer to page 37 and 38 of the NOFO for funding restrictions including Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

43.Q: For the multi-sector coalition, would you like us to just focus on one coalition or is it ok to bring in four coalitions to support the 3 strategies.

A: Recipients are expected to work with a current/active and functioning multi-sector coalition that supports the prevention of violence impacting adolescents and young

adults in communities of color, and the planning, implementation, and evaluation process of a strategic plan (page 13). If you need to work with more than one coalition, make sure the above requirements are met.

44. Q: If we decided not to work with this coalition, do we need to partner with an existing anti-violence coalition or just any coalition willing to address and work with us on this issue?

A: Recipients are expected to work with an existing coalition to engage and build the capacity of that coalition to address the short-term and intermediate outcomes for this NOFO. This funding can be used to enhance the existing strategic plan and coalition membership.

45. Q: Would a school district satisfy the requirements/definition of a multisector coalition, i.e., our organization will work with school districts to provide additional after-school programs.

A: The multi-sector coalition should seek to include representation from sectors that support work in communities with a high risk of violence including, but not limited to education and adolescents and young adult-serving agencies, family and social services, public safety and juvenile justice, mental health, labor, faith-based organizations, and local businesses. The collaboration of local health departments and local public safety organizations is strongly recommended (page 13).

46. Q: Are there partners we MUST have in our coalition?

A: The multi-sector coalition should seek to include representation from sectors that support work in communities with a high risk of violence including, but not limited to education and adolescents and young adult-serving agencies, family and social services, public safety and juvenile justice, mental health, labor, faith-based organizations, and local businesses. The collaboration of local health departments and local public safety organizations is strongly recommended (page 13).

47. Q: Our community does not have an established violence prevention coalition. Our agency is in the process of establishing one. Does this prevent us from meeting the eligibility requirements?

A: Applicants must demonstrate a strong understanding of the public health approach to violence prevention and have experience implementing adolescents and young adult violence prevention strategies. Eligible applications must include the following to be responsive and move forward for review:

- Letter of support (LOS) or Memorandum of Understanding (MOU) from the applicant's local health department.
- Current/active violence prevention plan (the quality of the plan will be assessed via the evaluation criteria).

Applications that do not meet the above criteria will be considered non-responsive and will not move forward for review (page 26).

Budget

48.Q: Can the organization subcontract out to partner agencies?

A: Yes. Please follow the CDC budget guidance document and provide the required information for all contracts and consultants. Please click [here](#) to be taken directly to the budget guidance document.

49.Q: Can we be the fiscal agent and subcontract services to partner agencies?

A: Yes. Please note that if you are the fiscal agent, you will need to upload Bona Fide Agent status documentation, as requested in Section H. Other Information of the Notice of Funding Opportunity.

50.Q: Is there a specific budget template we need to use? Can you provide the link to the CDC guidelines document for the budget narrative?

A: The Office of Grant Services (OGS) has a budget preparation guidance document that you can follow and use as your budget template. Please click [here](#) to be taken directly to the budget template.

51.Q: If you do not have a federally approved indirect cost rate agreement, can you request the 10%?

A: Yes, you can request to use the de minimis rate of ten (10) percent of modified total direct costs (MTDC) as defined in 45 CFR Part 75.2.