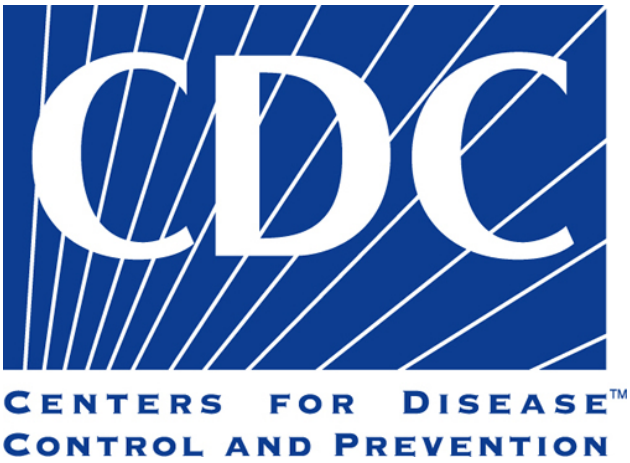


Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Addressing Conditions To Improve Population Health (ACTion)

CDC-RFA-DP-23-0058

06/30/2023

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP-23-0058. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Addressing Conditions To Improve Population Health (ACTion)

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For purposes of this NOFO, research is defined as set forth in 45 CFR 75.2 and, for further clarity, as set forth in 42 CFR 52.2 (see eCFR :: 45 CFR 75.2 -- Definitions and *https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf*. In addition, for purposes of research involving human subjects and available exceptions for public health activities, please see 45 CFR 46.102(l) (*https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46/subpart-A/section-46.102#p-46.102(l)*).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP-23-0058

E. Assistance Listings Number:

93.945

F. Dates:

1. Due Date for Letter of Intent (LOI):
06/07/2023

2. Due Date for Applications:
06/30/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
Date: May 11, 2023
Time: 2:00p.m - 3:30pm Eastern Standard Time (EST)
Topic: Addressing Conditions to Improve Population Health (ACTion) Informational Call

Register in advance for this webinar:
https://cdc.zoomgov.com/webinar/register/WN_yqFKIGElTcyJ1IlckX9jEA

Or an H.323/SIP room system:
H.323: 161.199.138.10 (US West) or 161.199.136.10 (US East)
Meeting ID: 161 610 1857
Passcode: 24447318
SIP: 1616101857@sip.zoomgov.com
Passcode: 24447318

After registering, you will receive a confirmation email containing information about joining the webinar. Please visit the ACTion NOFO website at https://www.cdc.gov/populationhealth/sdoh/funding/action/ACTion-NOFO.htm for more information.

G. Executive Summary:

1. Summary Paragraph
This NOFO will fund **ACTion** (Addressing Conditions To improve population health) projects that will reduce chronic disease related disparities, risk factors, and inequities that are experienced by populations disadvantaged by their social or economic status, geographical location or environment including those enrolled in Medicaid hereafter known as Medicaid beneficiaries. Required strategies and activities to address health disparities include (1) engaging in multisectoral partnerships; (2) implementing a minimum of 1 Policy, System, or Environmental Change intervention (PSE) in 1 or more of the following NCCDPHP Social Determinants of Health (SDOH) domains (i.e., Built Environment, Community-Clinical Linkages, Food and Nutrition Security, and Social Connectedness); (3) developing a plan to evaluate the ACTion project(s); and (4) evaluating the ACTion project(s). Applicants must have implementation ready plans to carry out ACTion projects. Example PSEs for each SDOH domain are described in Table 1. Project outcomes include policy changes (i.e., increases in the adoption of new policies and strengthening of existing policies), systems changes (i.e., increases

in organizational behaviors and norms that promote healthy behaviors, reduce health risks, and improve access to health care and community services), and environmental changes (i.e., increases in the improvement of community level systems and structures that address the root causes of health inequities).

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
5

d. Total Period of Performance Funding:
$7,500,000

e. Average One Year Award Amount:
$500,000

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

g. Estimated Award Date:
August 31, 2023

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities. Achieving health equity also requires addressing social determinants of health and health disparities (CDC). Social determinants of health are nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age and the wider set of forces and systems shaping the conditions of daily life. These challenges exacerbate health disparities and inequities among populations such as Medicaid beneficiaries which can drive health care utilization and cost and result in worse health outcomes. Current research indicates that some social interventions that prioritize Medicaid beneficiaries can result in improved health outcomes and significant savings to the health care sector.

Differences in SDOH contribute to the stark and persistent chronic disease disparities in the United States among priority populations that are disproportionately affected including racial,

ethnic, and socioeconomic groups, those who are medically underserved or who reside in rural/sparsely populated areas to live healthier lives. Public health crises and economic uncertainty may increase attention on disparities. However, health inequities have persisted across generations because of structural policies and practices that have systematically limited health access and opportunities. By addressing SDOH, we advance progress towards health equity. As the health care system begins to assess social needs and work more closely with human services, public health has a significant role to play in the broader population health and social determinant landscape. Maximizing public health impact, policy, systems, environmental, programmatic, and infrastructure strategies and activities that address SDOH have the potential to narrow disparities in many chronic diseases by removing barriers to practicing healthy behaviors.

As part of the Centers for Disease Control and Prevention's (CDC) commitment to achieving health equity, the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has developed a Framework for Addressing SDOH with significant potential to impact health outcomes related to chronic disease. This NOFO addresses SDOH through Policy, Systems, and Environmental changes (PSEs) (Refer to Table 1) that improve health equity. Recipients will implement a minimum of 1 PSE change intervention that addresses at least one of the NCCDPHP Framework SDOH domains (i.e., Built Environment, Community-Clinical Linkages, Food and Nutrition Security, and Social Connectedness).

b. Statutory Authorities

This program is generally authorized under Sec 317(k)(2) of the Public Health Service Act, as amended (42 USC 247b(k)(2)). In addition, this program is authorized by the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, 2023, House Report 117-403 page 82, which directed CDC to award competitive grants to state, tribal, local, and territorial (STLT) jurisdictions to support the development of Social Determinants of Health Accelerator Plans, the implementation of those plans, and to improve the health of Medicaid beneficiaries.

c. Healthy People 2030

This funding opportunity supports Healthy People 2030 objectives in the topic area of Social Determinants of Health. Healthy People 2030 categorizes SDOH into five domains: 1) Economic Stability; 2) Education Access and Quality; 3) Health Care Access and Quality; 4) Neighborhood and Built Environment; and 5) Social and Community Context.

d. Other National Public Health Priorities and Strategies

The Guide to Community Preventive Services
The National Partnership for Action to End Health Disparities: Toolkit for Community Action
Thriving Together: A Springboard for Equitable Recovery and Resilience in Communities Across America - Community Commons
COVID-19 Health Equity Strategy
National Stakeholder Strategy for Achieving Health Equity
Active People, Healthy Nation
Surgeon General Priority: Community Health and Economic Prosperity
Agency for Health care Research and Quality Social Determinants of Health and Practice Improvement
Centers for Medicare & Medicaid Services Innovation Center Strategic Objectives

e. Relevant Work

NCCDPHP prioritizes health equity to prevent chronic diseases, identify markers of health disparities, and address root causes of health inequities.

This NOFO builds on these programs:

- A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes
- Closing the Gap with Social Determinants of Health Accelerator Plans
- Healthy Tribes
- High Obesity Program
- Improving Social Determinants of Health – Getting Further Faster Initiative
- Racial and Ethnic Approaches to Community Health (REACH)
- State Physical Activity and Nutrition (SPAN) Program

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP-23-0058 Logic Model: *Addressing Conditions to Improve Population Health (ACTion)*

Strategies and Activities	**Short-term Outcomes**	Intermediate Outcomes	Long-Term Outcomes
Engage in multisectoral partnerships to implement a minimum of 1 PSE in 1 or more NCCDPHP SDOH domains (i.e., Built Environment, Community Clinical Linkages, Food and Nutrition Security, and Social Connectedness)	**Policy changes** • **Increased strengthening of existing policies** • **Increased adoption of new policies** **Systems changes** • **Increased organizational behavior and norms that promote health practices** • **Increased organizational behavior and norms**	Increased health equity Decreased health risk behaviors Increased health promoting behaviors	Decreased health inequities Decreased health disparities Improved population health

Develop an ACTion evaluation plan Evaluate the ACTion project	**that reduce health risks** • **Increased availability of health care and community services** • **Increased accessibility to health care and community services** **Environmental changes** • **Increased improvements in community design** • **Increased accessibility to community infrastructure**	Increased utilization of health care and community services	

i. Purpose

This NOFO will fund STLT **health** jurisdictions to implement PSEs (refer to Table 1) that address SDOH to reduce chronic disease related disparities, risk factors, and inequities among priority populations**.** Priority populations are defined as those who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

ii. Outcomes

The recipient is expected to complete activities that will impact the **bolded** short-term outcomes that are expected by the end of this period of performance.

Short-Term Outcomes

- Policy changes
    - **Increased strengthening of existing policies**
    - **Increased adoption of new policies**
- Systems changes
    - **Increased organizational behavior and norms that promote healthy practices**
    - **Increased organizational behaviors and norms that reduce health risks**
    - **Increased availability of health care and community services**
    - **Increased accessibility of health care and community services**
- Environmental changes

- **Increased improvements in community design**
- **Increased accessibility to community infrastructure**

Examples of short-term outcomes by NCCDPHP Domains (Built Environment, Community Clinical Linkages, Food and Nutrition Security, and Social Connectedness) are included in Appendix B.

iii. Strategies and Activities

Strategy 1: Engage in multisectoral partnerships to implement a minimum of 1 PSE in 1 or more NCCDPHP SDOH Domains

The applicant is required to upload an implementation ready plan to www.grants.gov that will be utilized to carry out the ACTion project and the plan must describe at least 1 PSE that will be implemented that addresses at least 1 NCCDPHP Domain (Example PSEs for each SDOH domain are listed in Table 1). The applicant will name the file **"ACTion_ Project_Plan."** This award may NOT be used to develop new plans. Recipients must engage in multisectoral partnerships to implement a minimum of 1 Policy System and Environmental Change intervention (PSE) in 1 or more of the following NCCDPHP SDOH domains (i.e., Built Environment, Community-Clinical Linkages, Food and Nutrition Security, and Social Connectedness). Applicants will identify the PSE change(s) the intervention is intended to achieve, associated short-term outcomes in the logic model, and the primary NCCDPHP SDOH domain being addressed (NOTE: Additional domains may be impacted by the PSE intervention).

The applicant's ACTion project plan should include the following components outlined below:

A. The community of interest and potential Medicaid beneficiary population disproportionately affected by disparities or inequities related to chronic disease.

- Identify the tribe, community, or catchment area for the ACTion project and describe the following:
  - Results from a community health needs assessment (CHA) and/or state health needs assessment (SHA) that provide specific information about the community and population(s). The assessment should have been completed within the last five (5) years. Using the CHA and/or SHA and other data sources, the applicant should describe the following:
    - Demographic characteristics
    - Health status
    - Catchment area in which at least 50 percent of the total /jurisdiction are considered priority populations including Medicaid beneficiaries. Priority populations are defined as those who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion).
      Refer to the CDC National Center for Chronic Disease Prevention and Health Promotion's Health Equity Guiding Principles for Inclusive Communication for guidance on addressing all people inclusively and respectfully.

        - Community profile
        - Chronic disease burden
        - Available health care systems
    - High prevalence of behavioral-related factors, such as the following:
        - Physical inactivity
        - Poor nutrition
        - Alcohol use

- Evidence of disproportionate vulnerability to adverse health outcomes by poverty rate and CDC Social Vulnerability Index (SVI) score.
- Identify the population(s) disproportionately affected by disparities or inequities related to chronic disease and related risk factors (e.g., particularly those who have been affected by poverty, lack economic resources including communities with high rates of income inequity or low employment opportunities, etc.). Use cited data sources to define and describe the population(s). Include information about the Medicaid beneficiary population that will benefit from the ACTion project. Examples of data sources include the following:
    - Transformed Medicaid Statistical Information System (T-MSIS)
    - Medicaid Participation (census.gov)
    - Medicaid Data Sources - General Information | CMS
    - Data.Medicaid.gov
    - County Health Rankings
    - City Health Dashboard
    - PLACES
    - Census
    - American Community Survey
    - Community Commons
    - CARES HQ – Center for Applied Research and Engagement Systems
    - Behavioral Risk Factor Surveillance Systems (BRFSS)
    - Youth Risk Behavior Surveillance System (YRBSS)
    - Nutrition, Physical Activity, and Obesity: Data, Trends and Maps
    - Pregnancy Risk Assessment Monitoring System

- Describe at least 1 PSE intervention(s) that will be implemented in 1 or more NCCDPHP SDOH domains (i.e., Built Environment, Community-Clinical Linkages, Food and Nutrition Security, and Social Connectedness) that is (are) outlined in the ACTion project plan that will be implemented and evaluated during the 3-year period of performance. Example PSEs for each NCCDPHP SDOH domain are included in Table 1. Applicants are strongly encouraged to select interventions that are ready to be implemented upon award of funding and are most likely to achieve short-term outcomes identified in the logic model in the 3-year period of performance. Applicants should describe the following:
    - Why the PSE intervention(s) were selected including any available evidence of effectiveness.
    - The specific PSE change(s) the intervention(s) is (are) intended to achieve.

- Identify the short-term logic model outcomes aligned to the intended PSE change(s) that will be evaluated.
- Identify the primary NCCDPHP SDOH Domain that will be impacted because of successful implementation of the PSE intervention(s).

Table 1. Example PSE Interventions by NCCDPHP SDOH Domains

SDOH Domains	Impact on Public Health	Example PSE Interventions
Built Environment	A healthy built environment facilitates access to transportation and physical resources that enhance quality of life, minimizes exposures to environmental contaminants, and supports physical activity, safe and accessible recreation, and other protective factors that improve chronic disease outcomes.	• Policies and activities that guide the physical development of a community including land use and zoning policies and plans; jurisdiction-relevant pedestrian, bicycle, and parks and recreation plans; and housing, conservation, or economic development plans that include equitable and inclusive access to physical activity.
Community-Clinical Linkages	Effective community-clinical linkages improve chronic disease outcomes by increasing access to and utilization of preventive services in local communities.	• Policies and activities that increase access to programs (e.g., **Diabetes Self-Management Education and Support**) that are a covered benefit for Medicaid beneficiaries. • Policies and systems to increase uptake and completion of Centers for Medicare & Medicaid Services (CMS) referrals for Medicaid beneficiaries. • Policies and activities to increase access to health care screening and referral programs in communities that leverage the housing and transportation sectors.
Food and Nutrition Security	Enhancing durable access to and routine consumption of adequate, nutritious food	• Policies that establish or update food service or charitable food distribution in

SDOH Domains	Impact on Public Health	Example PSE Interventions
	supports overall health, reduces morbidity and mortality associated with chronic disease, and decreases health care utilization.	community institutions, such as hospitals, government worksites, colleges and universities, food banks and pantries, or parks and recreation centers to align with the federal food service guidelines.
Social Connectedness	Social connectedness is a significant determinant of mental, emotional, and physical health and serves as a key factor in protecting, improving, and maintaining individual and community well-being. A high degree of social connectedness can increase the likelihood of individuals engaging in positive health behaviors, ultimately improving chronic disease outcomes and increasing longevity. It can also moderate the negative health effects of psychological conditions such as stress, trauma, anxiety, and depression.	• Policies and activities that create environments that increase opportunities for safe gathering in community settings (e.g. parks, recreation centers, community centers). • Policies and activities that increase support and access to organizations that offer programs that foster social connectedness and community-based activities. • Policies and systems that increase screening for social factors that impact health, including social support.

B. Multisectoral partners engaged in implementing the ACTion project

- Describe an established multisector Leadership Team that will guide the implementation of the ACTion project. Recipients will manage and convene the Leadership Team in person or virtually throughout the ACTion project. Refer to the required collaboration section below for required membership of the multisector leadership team.
- Describe multisectoral partner roles, responsibilities, and goals.
- Describe how the recipients will utilize a community-based participatory approach in engaging the Leadership team that includes shared decision making and builds upon the collective assets of the community.
- Describe how recipient will collaborate with Medicaid offices at the state or county level (department of public social services) and/or Medicaid Managed Care organizations (MCOs)as appropriate to ensure ACTion projects improve the health of Medicaid beneficiaries in their community.

- Describe method used to engage diverse and inclusive new and existing partners in implementation and evaluation efforts.

Strategy 2. Develop an ACTion Project Evaluation Plan
CDC is funding an evaluation technical assistance partner (hereafter referred to as "Evaluation/TA Partner") to support rapid evaluation of the 3-year ACTion projects and provide evaluation technical assistance to recipients. Recipients are required to collaborate with CDC and the Evaluation/TA Partner. Refer to Appendix A to review additional information about roles and responsibilities for evaluation.)

- Applicants will propose "draft evaluation plans" in the NOFO application in the section below titled "Applicant Evaluation and Performance Measurement Plan." CDC and the Evaluation/TA Partner will work with recipients to finalize the draft evaluation plans. Recipients are required to submit the final ACTion Project Evaluation plans to CDC 6 months post-award.
- Recipients are required to participate in technical assistance provided by CDC and the Evaluation/TA Partner to finalize the draft ACTion project evaluation Plan (i.e., NOFO section "Applicant Evaluation and Performance Measurement Plan").

Strategy 3. Evaluate the ACTion Project
Recipients will conduct process and outcome evaluation in collaboration with CDC and the Evaluation/TA Partner. Process evaluation will be conducted throughout the 3-year period of performance.

- Monitor and track ACTion project implementation processes.
- Collect and report data on implementation processes using performance measures reporting tools provided by the Evaluation/TA Partner and via other methods developed by the Evaluation/TA Partner (e.g., key informant interviews).
- Develop a dissemination plan to ensure that findings and lessons learned are broadly shared to inform ongoing PSE strategies and support sustainability of efforts. Dissemination plans will be due to CDC at the end of year two of the project period. CDC-funded technical assistance partners will support recipients in their development of dissemination plans.

1. Collaborations

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

Required Collaborations:

- Recipients are required to collaborate with CDC designated Evaluation/TA and SDOH Domain/TA providers that will support the implementation and evaluation of PSEs described in their ACTion project.
- If CDC-funded state and/or local chronic disease prevention programs exist, applicants are **required to collaborate with those programs (as appropriate) throughout the ACTion period of performance including but not limited to those listed below**. Applicants should submit at least one letter of support that describes how they will collaborate with the CDC-funded chronic disease prevention program(s) as appropriate. The letter(s) must be signed by the applicant and the program director of the CDC-funded

program. Applicants must name the file **"CDC_Letter_of_Support_Required"** and upload to www.grants.gov.

CDC-funded chronic disease and health promotion programs include the following.

- State Public Health Approaches to Addressing Arthritis
- National Breast and Cervical Cancer Early Detection Program
- National Comprehensive Cancer Control Program
- National Program of Cancer Registries
- Colorectal Cancer Control Program
- Cancer Genomics Program
- National Diabetes Prevention Program
- A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes
- Good Health and Wellness in Indian Country
- Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke
- Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes, Heart Disease, and Stroke
- Wise Women
- Mississippi Delta Health Collaborative
- State Physical Activity and Nutrition (SPAN)
- High Obesity Program (HOP)
- Racial and Ethnic Approaches to Community Health (REACH)
- State Actions to Improve Oral Health
- Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM)
- Maternal and Child Health Epidemiology Program, (MCHEP)
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry
- Improving School Health and Academic Achievement Through Nutrition, Physical Activity and the Management of Chronic Conditions in School
- Community Health Workers for COVID Response and Resilient Communities (CCR)

Encouraged Collaborations:

If it is relevant to the SDOH domain selected, recipients are asked to collaborate with CDC-funded programs outside of chronic disease that focus on population health approaches to reduce health disparities and address the social determinants of health (e.g., injury prevention, mental health promotion, and sexually transmitted disease prevention). These collaborations are especially essential for implementing efforts that strengthen community resilience. This will ensure proposed activities are complementary with other CDC-funded programs operating in the same area and avoid duplication of efforts. Applicants are encouraged to submit a letter of support that describes how they will collaborate with the relevant non-chronic disease CDC-funded program(s) if appropriate. The letter must be signed by the applicant and the program director of the CDC-funded program. Applicants must name the file **"CDC_Letter_of_Support"** and upload the letter to www.grants.gov.

b. With organizations not funded by CDC:
Required Collaborations:

- Recipients are required to strengthen existing multi sector partnerships, identify and collaborate with key partners who have existing community or social service delivery programs for population groups experiencing health disparities and inequities.
- Applicants are required to collaborate with Medicaid offices at the state or county level (department of public social services) and/or Medicaid Managed Care Organization as appropriate to ensure ACTion projects improve the health of Medicaid beneficiaries in their community. Applicants are required to submit a letter of support that describes how they will collaborate with the Medicaid provider(s). The letter (s) must be signed by the applicant and the related Medicaid provider(s) leadership. Applicants must name the file **"Medicaid Letter_of_Support"** and upload it to www.grants.gov.
- Applicants should describe how they will collaborate with additional state and local health care providers, in addition to required Medicaid providers (above), to ensure that ACTion project activities are coordinated and synergistic. Letter of support should describe how they will collaborate with other relevant the health care providers (as appropriate), i.e., Federal Qualified Health Centers, hospitals, insurance plans). The letter (s) should be signed by the applicant and the related partner's organizational leader. Applicants must name the file **"Health_care_Sector_Letter_of_Support"** and upload it to www.grants.gov.
- Applicants should describe how they will integrate innovative or best practices for coordinating with diverse and inclusive multisectoral partners on their Leadership Team. The applicant is required to submit at least four letters of support from Leadership Team members detailing the individuals'/represented organization's commitment to the implementation of the ACTion project. The applicant will name the file "**Leadership_Team_Letters_of_Support**" and upload it to www.grants.gov.

Encouraged Collaborations:

- As appropriate, recipients should describe their collaborations with other non-public health sectors such as, transportation, housing, to implement PSE interventions as appropriate that are not already on the Leadership Team. Additional partners may include:
    - Governmental organizations focused on non-health services (e.g., Coordinating Council on Access and Mobility – Department of Transportation, Supportive housing for the elderly – Housing and Urban Development; Community Development Financial Institutions Fund - Department of the Treasury)
    - Social services providers and organizations, including those that address social determinants of health (e.g., community transportation; anti-discrimination organizations legal services; service providers for persons with disabilities)
    - Community health centers (e.g., federally qualified health centers, (FQHCs), Rural Health Clinics (RHCs))
    - Community-based and civic organizations (e.g., community gardens, literacy organizations)
    - Tribes, tribal or native serving organizations and health systems, urban Indian organizations

- Academic institutions, and universities (e.g., Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs)
- Asian American, Native Hawaiian, and Pacific Islander Serving Institutions (AAPI)
- Faith-based organizations
- Public and private non-governmental organizations (e.g., Area Agencies on Aging, Boys and Girls Club)
- Correctional facilities and institutions
- Local governmental agencies and community leaders (e.g., libraries, pools, parks)
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups or associations)
- Labor Unions and other employee organizations
- Health care providers and related professionals (e.g., physicians, nurses, community health workers, pharmacists)
- Health-related organizations, (e.g., pharmacies, testing centers)
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs)
- Health care facilities (e.g., Critical Access Hospitals (CAHs), children's hospitals, urgent care clinics)
- Community and Economic Development organizations

2. Population(s) of Focus

This NOFO, including funding and eligibility, is not limited based on, and does not discriminate on the basis of race, color, national origin, disability, age, sex (including gender identity, sexual orientation, and pregnancy) or other constitutionally protected statuses.

a. Health Disparities

The goal of health equity is for everyone to have a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Broadly defined, social determinants of health are non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. See content below and in other sections (e.g., Approach, Collaborations, Populations of Focus) for information on how this specific NOFO affects social determinants of health.

A health disparity is a preventable difference in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged. Health disparities

are inextricably linked to a complex blend of social determinants that influence which populations are most disproportionately affected by these diseases and conditions.

CDC recognizes that social and economic opportunities, health behavior, and the physical environment in which people live greatly impact health outcomes. Health disparities represent preventable differences in the burden of disease, disability, injury or violence, or in opportunities to achieve optimal health. Applicants must describe the population they intend to work in, including relevant health disparities, and how their ACTion project will improve health and reduce or eliminate one or more identified chronic disease health disparities.

iv. Funding Strategy
N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will work with the Evaluation/TA Partner and recipients to conduct rapid evaluation of the 3-year ACTion Project. This will involve providing technical assistance (including reporting templates) to recipients both individually and collectively to finalize evaluation plans by 6 months post-award.

Evaluation plan components are described below in the Applicant Evaluation and Performance Measurement Plan section of the NOFO. Evaluation will occur throughout the period of performance and focus on both **process** (i.e., implementation of the ACTion project) and **outcomes** (i.e., intervention success in achieving of project-specific short-term outcomes aligned to NOFO logic model outcomes).

Over the 3-year period of performance, data will be secured with limited access to authorized CDC program and evaluation staff. CDC will publish summative reports on individual and aggregate performance measurement data to internal and external stakeholders.

Throughout the 3-year period of performance, CDC will seek to answer the following overarching evaluation questions based on the program logic model, strategies, and activities:

- To what extent were recipients successful in implementing their ACTion projects? (process evaluation)
- What obstacles and/or challenges did recipients encounter in conducting their ACTion project, developing an evaluation plan, and evaluating their ACTion project? (process evaluation)
- What factors facilitated successful implementation of the ACTion project? (process evaluation)
- To what extent did ACTion project PSE Interventions achieve intended PSE changes and short-term outcomes? (outcome evaluation)

Process Evaluation
Process evaluation will focus on implementation of the ACTion project and will involve collecting standardized data across all recipients. The process evaluation plan will be developed by the Evaluation/TA Partner in collaboration with CDC. The contractor will provide orientation and training to recipients on the process evaluation plan, conduct the process evaluation, and

provide ongoing technical assistance to recipients on their participation in the process evaluation (e.g., data collection and reporting). Recipients will be expected to participate in evaluation activities such as surveys, interviews, case studies, and other data collection efforts to ensure there is a robust evaluation of the ACTion project implementation process. CDC and the Evaluation/TA Partner will use findings from these evaluation efforts to refine technical assistance, compile lessons learned, and inform future CDC efforts to support and sustain implementation of plans to address SDOH.

Draft process measures for the ACTion project include the following:

- Number of multisector partners involved
- Type of multisector partners involved
- Role of multisector partners in implementing the PSE intervention
- % of population of focus which are Medicaid beneficiaries
- (Note: Additional process measures to be developed and shared with recipients by 6-months post-award as part of the final process evaluation plan.)

Process measures will be reported by all recipients to CDC and the Evaluation/TA partner throughout the 3-year period of performance. Specific reporting requirements and frequency for the process measures will be determined and will be shared with recipients within 6 months post-award. The Evaluation/TA partner will also manage and analyze the data to identify recipient program improvements, respond to broader technical assistance needs, and to report to stakeholders. CDC and the Evaluation/TA Partner will analyze recipient submitted performance measure data and develop aggregate performance measure reports to be disseminated to recipients and other key stakeholders, including federal partners, non-funded partners, and policy makers, as appropriate. These aggregate findings may also be presented during site visits and recipient meetings.

Outcome Evaluation

Outcome evaluation will focus on ACTion project PSE intervention success in achieving short-term outcomes identified in the NOFO logic model. The short-term outcomes in the NOFO logic model are intentionally broad to encompass recipients' project-specific outcomes to be achieved by their PSE interventions and associated performance measures for those outcomes. Applicants will propose project-specific outcomes (aligned to NOFO logic model short-term outcomes) and performance measures as part of their draft evaluation plan submitted with their application (see the Application Evaluation and Performance Measurement Plan section in this NOFO). Recipients will conduct outcome evaluation according to their final evaluation plans and will receive technical assistance from CDC and the Evaluation/TA Partner throughout the 3-year period of performance.

Sample performance measures for this NOFO are provided in the table below. These performance measures correspond to the strategy categories and short-term outcomes described in the logic model. Recipients can select relevant performance measures from the table below or work collaboratively with CDC and the Evaluation/TA Partner within the first 6-months of award to develop project-specific performance measures. Recipient evaluation plans, including project-specific short-term outcomes and performance measures must be finalized 6-months post-award and approved by CDC prior to conducting evaluation. Performance measures will be

reported by recipients annually in the Annual Project Report (APR). CDC and the Evaluation/TA Partner will work with recipients to finalize their evaluation plans, including a Data Management Plan (DMP), in accordance with CDC program guidance. Applicants must include a Data Management Plan (DMP) that includes, but is not limited to, the type of data that will be collected, procedures for collecting the data, how data will be stored, procedures for providing access to the data, provisions for maintaining data privacy, confidentiality, and data security. If all of these items cannot be addressed comprehensively, applicants should include a DMP that is as complete as possible.

Short-Term Outcomes	**Sample Performance Measures**
Increased strengthening of existing policies	number and type of existing policies strengthened to enhance chronic disease prevention and promotion
Increased adoption of new policies	number and type of new policies that enhance chronic disease prevention and promotion number and % of jurisdictions that have adopted new policies
Increased organizational behavior and norms that promote healthy practices	number and type of organizational behavior and norms changes that improve chronic disease prevention number and type of organizational behavior and norms changes that improve chronic disease management
Increased organizational behaviors and norms that reduce health risks	number and type of health care and/or community services number and % of population utilizing health care and community services
Increased accessibility (e.g., screening, referrals) of health care and community services	number and type of health care and/or community services made more accessible number and % of population linked to health care and community services proportion of Medicaid beneficiary population linked to health care services (# of Medicaid beneficiaries /total catchment area population) utilizing health care services) proportion of Medicaid beneficiary population linked community services (# of Medicaid

	beneficiaries /total catchment area population) utilizing community services)
Increased availability of health care and community services	number and type of health care and/or community services made more available number and % of population utilizing health care and community services proportion of Medicaid beneficiary population utilizing health care services (# of Medicaid beneficiaries /total catchment area population) utilizing health care services) proportion of Medicaid beneficiary population utilizing community services (# of Medicaid beneficiaries /total catchment area population) utilizing community services)
Increased improvements in community design	number and type of community design improvements made available number and % of population potentially impacted by community design improvements proportion of Medicaid beneficiary population (# of Medicaid beneficiaries /total catchment area population) with access to community design improvements
Increased accessibility to community infrastructure	number and type of community infrastructure (e.g., pedestrian, bicycle, public transit) made accessible number and % of population with increased access to community infrastructure proportion of Medicaid beneficiary population (# of Medicaid beneficiaries /total catchment area population) increased access to community infrastructure

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance

Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement, including, as applicable to the award, how findings will contribute to reducing or eliminating health disparities and inequities.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).
- How evaluation findings will be disseminated to communities and populations of interest in a manner that is suitable to their needs.
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

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

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

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

- Applicants must submit a draft Evaluation and Performance Measurement Plan (hereafter referred to as an "ACTion Project Evaluation Plan" with the NOFO application. The **ACTion Project Evaluation Plan** must be included within the Project Narrative and required 20-page limit.

CDC and the Evaluation/TA Partner will provide technical assistance to recipients to complete their evaluation and Data Management Plans by 6-months post-award.

The draft ACTion Project Evaluation Plan must include the following:

- A draft ACTion project logic model.
    - The logic model must include inputs, activities, short-term outcomes, intermediate outcomes, and long-term outcomes.

    - Short-term outcomes must align to short-term outcomes in the NOFO logic model. (Note: The project-specific logic model (i.e., ACTion project logic model) short-term outcomes are expected to be more detailed than the NOFO logic model outcomes.)
    - Short-term outcomes must represent the intended PSE changes the PSE intervention intends to achieve during the 3-year period of performance.

- Draft performance measures for measuring short-term outcomes in the ACTion project logic model.
- Data sources for performance measures.
- Proposed methods for collecting performance measures data.
- A timeline for collecting performance measures data based on expected achievement of short-term outcomes (i.e., PSE changes).

Note: The Evaluation/TA Partner will develop a process evaluation that will collect standardized data across all recipients. Recipients will receive technical assistance from the CDC and the Evaluation/TA Partner on recipient participation in the process evaluation post-award.

c. Organizational Capacity of Recipients to Implement the Approach

- Applicants need to demonstrate the capacity to complete all activities proposed. Organizational capacity demonstrates the applicant's ability to successfully execute the funding opportunity strategies and meet project outcomes.
    - Describe experience conducting a community health needs assessment (CHA) and/or state health needs assessment (SHA) within the past 5 years, AND experience coordinating and integrating information from existing strategic planning resources.
    - Describe previous experience of successfully working with multisectoral partnerships, including approach to engagement of subject matter experts.
    - Describe experience implementing evidenced based PSE intervention(s) strategies in collaboration with multisectoral partners to address NCCDPHP SDOH Domains.
    - Describe experience collaborating with Medicaid offices at the state or county level (department of public social services) and/or Medicaid managed care organization(s).
    - Given the emphasis on rapid evaluation, the applicant should allocate 1 FTE to lead and carry out the evaluation strategies and activities outlined in this NOFO.
    - Applicants should describe their staffing plan by providing an organization chart, CVs/Resumes for key personnel, position descriptions and project management structure that will be sufficient to meet the goal of the proposed project. Applicants must name the files **"Organizational_Chart", "CVs/Resumes", "Position_Description",** and **"Project_Managment_Structure"** and upload them to www.grants.gov.

- Applicants should describe an existing established multisector Leadership Team that will guide the implementation and evaluation of the ACTion project. Describe the Leadership Team, including the organization, tribe, community, or catchment area each member represents, and their role in carrying out the ACTion project. Applicants must name the

file **"Leadership Team"** and upload to www.grants.gov.
Examples of multisector Leadership Team members are listed below:

- Accountable care organizations (ACOs)
- Health care systems
- Health care providers and related professionals (e.g., physicians, nurses, community health workers, pharmacists)
- Health care related organizations, (e.g., pharmacies, testing centers; urgent care clinics)
- Health care facilities (e.g., Critical Access Hospitals (CAHs), children's hospitals, urgent care clinics)
- Social services providers and organizations, including those that address social determinants of health (e.g., community transportation; anti-discrimination organizations legal services; service providers for persons with disabilities)
- Asian American, Native Hawaiian, and Pacific Islander Serving Institutions (AAPI)
- Tribes, Tribal organizations and health systems, Urban Indian organizations
- Community and economic development organizations and programs
- State and locally funded recipients of Federal Programs including:
    - Administration for Children and Families (ACF) (e.g., Social Services and Childcare)
    - Administration for Community Living (ACL) (e.g., Area Agencies on Aging, Meals on Wheels)
    - Health Resources and Services Administration (HRSA) (e.g., Health Service Centers, FQHCs, State Offices of Rural Health (SORH), State Rural Health Associations (SRHAs)
    - Centers for Medicare and Medicaid Services (CMS)
    - Governmental organizations focused on non-health services (e.g., Coordinating Council on Access and Mobility – Department of Transportation, Supportive housing for the elderly – Housing and Urban Development; Community Development Financial Institutions Fund-Department of the Treasury)
    - Local governmental agencies and community leaders (e.g., libraries, pools, parks)
    - Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups or associations)
    - Labor Unions and other employee organizations
    - Community-based and civic organizations (e.g., community gardens, literacy organizations)
    - Academic institutions, and universities (e.g., Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs)
    - Faith-based organizations

        - Public and private non-governmental organizations (e.g., Boys and Girls Club)
        - Correctional facilities and institutions

- To ensure that recipients have the capacity to execute CDC program requirements and meet period of performance outcomes, applicants must describe and/or include the following in their application:
    - Readiness and ability to begin program activities with 45 days of award
    - "ACTion Project Plan" that describes the implementation of at least 1 PSE intervention(s) that will address at least 1 SDOH NCCDPHP domain.
    - Letters of support from all required collaborations to carry out the strategies and activities included in this NOFO.
        - CDC_Letter_of_Support_Required
        - Medicaid_Letter_of_Support
        - Health_care_Sector_Letter_of_Support
        - Four Leadership_Team_Letters_of_Support
    - Expertise in program evaluation and performance monitoring to implement and evaluate the recipient's evaluation plan and maintain programmatic quality, consistency and fidelity.
    - Experience using data to identify populations and tribes, communities, or other areas most affected by chronic diseases and SDOH
    - Experience developing performance measures and collecting/analyzing performance measurement data
    - Experience engaging communities in public health planning and implementation processes addressing SDOH that improve outcomes for chronic disease, including current activities
    - Experience developing and maintaining multisectoral partnerships
    - Experience implementing strategies and activities in collaboration with multisectoral partners to reduce health disparities and improve health equity
    - Experience with budget management and administration capacity to establish financial procedures and track, monitor, and report expenditures (at minimum this should include a fiscal manager).
    - Ability to virtually attend CDC-sponsored trainings, meetings, and events

d. Work Plan

Applicants must submit a detailed work plan for Year 1 of the award and provide a general summary of work plan activities for Year 2-3 in narrative form. The workplan should describe how the applicant plans to implement all the necessary activities to achieve expected outcomes. The work plan should describe the PSE change(s) the intervention is intended to achieve, associated short-term outcomes in the logic model, and the primary NCCDPHP SDOH domain being addressed. (NOTE: Additional domains may be impacted by the PSE intervention.)

For Year 1, applicants are not required to use the sample work plan template, but applicants are required to include all the elements listed within the sample work plan template, provided below. CDC will provide feedback and technical assistance to recipients to finalize the Year 1 work plan activities post-award. The work plan is part of the 20-page limit allowed for the Project

Narrative. Applicants must name the file **"Work_Plan"** and upload it as a PDF file to www.grants.gov. A work plan example is provided below.

The work plan should include the following components:

- Period of Performance Outcome
- Strategies and Activities
- Performance Measures
- Responsible Party
- Completion Date

Period of Performance Outcomes: [from Outcomes section and/or logic model]		**Outcome Measures:** [from Evaluation and Performance Measurement section]	
Strategies and Activities	**Process Measure** [from Evaluation and Performance Measurement section]	**Responsible Position / Party**	**Completion Date**

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

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

- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

The proposed work plan and performance measure targets will be reviewed annually by CDC Project Officers and Evaluators and may need to be altered to better align with or achieve progress on the program strategies outlined in the NOFO. A brief needs assessment will be conducted at the beginning of each budget period, as needed, via the CDC selected technical assistance provider. Findings from the assessment(s) will be used to inform training and technical assistance needed to support recipients. In addition, CDC will analyze programmatic and performance measure data, on an annual basis, to assess areas of improvement, identify additional technical assistance needs and report progress and outcomes.

Post-award cooperative agreement (CoAg) monitoring will include, but is not limited to:

- Routine and ongoing communication as needed, or at minimum monthly
- Site visit or reverse site visit during the period of performance (in person or virtual)
- Establishing a process for monitoring continuous program improvement over time to ensure proposed activities and deliverables are on track for completion
- Reviewing Annual Progress Report (APR) including documentation of successes, challenges and lessons learned as prescribed by CDC and provide feedback to the recipient

f. CDC Program Support to Recipients

CDC will work in partnership with recipients to ensure the success of the CoAg by:

- Providing programmatic and evaluation subject matter expertise and resources in support of the selected strategies
- Providing recipients with rapid feedback based on monitoring, performance, and evaluation data
- Hosting and participating in relevant trainings, webinars, peer learning opportunities, and other working group meetings related to the CoAg requirements to achieve outcome
- Provide tools/resources aligned with program activities and NOFO outcomes, implementation and evaluation support

B. Award Information

1. Funding Instrument Type:
CA (Cooperative Agreement)
CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:
U58 Chronic Disease Control Cooperative Agreement

3. Fiscal Year:
2023

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

5. Total Period of Performance Funding:
$7,500,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$7,500,000

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

year(s)

7. Expected Number of Awards:
5

8. Approximate Average Award:

$500,000
Per Budget Period

9. Award Ceiling:
$500,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$0
Per Budget Period

11. Estimated Award Date:
August 31, 2023

12. Budget Period Length:
12 month(s)

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

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

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

07 (Native American tribal governments (Federally recognized))

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

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

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

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

2. Additional Information on Eligibility

- Eligibility is limited to State Governments, County Governments, City or Township Governments, Special District Governments, Native American tribal governments (Federally recognized), Native American tribal organizations (other than Federally recognized tribal governments), State governments or their bona fide agents (includes the District of Columbia), Local governments or their bona fide agents, Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin

Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, American Indian or Alaska Native tribal governments (federally recognized or state-recognized) and American Indian or Alaska Native tribal governments (federally recognized or state-recognized).

  - Eligibility is delineated in Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill, 2023, House Report 117-403 page 82, which directed CDC to award competitive grants to state, tribal, local and territorial (STLT) jurisdictions to support the development of Social Determinants of Health Accelerator Plans, the implementation of those plans, and to improve the health of Medicaid beneficiaries.

- Applicants must provide a statement that identifies and defines the community in which the applicant will do the proposed work. This documentation must be labeled **"Proposed_Work_Statement"** and uploaded as a PDF file at www.grants.gov. Applications that do not include a "**Proposed_Work_Statement**" will be considered non-responsive and will not receive further review.
- If the applicant is **NOT** a health department, the applicant is required to submit a letter of support from the community's jurisdictional health authority stating they support the applicant working as a bona fide agent for the STLT health authority to carry out this NOFO. The letter should outline the represented organization's specific role in carrying out the ACTion project and their relationship to the "Community Health Needs Assessment (CHA) or State Health Needs Assessment (SHA)". The applicant will name the file "**Health_Authority_Letter_of_Support**" and upload it to www.grants.gov.
- Any application requesting an award higher than the ceiling will be deemed by CDC as nonresponsive and will not be reviewed.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

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

b. System for Award Management (SAM):

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

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and create an Electronic Business Point of Contact (EBiz POC). You will need to have an active SAM account before you can register on grants.gov). The UEI is	7-10 Business Days but may take longer and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/

		generated as part of your registration.		home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an account in Grants.gov, then add a profile by adding the organization's new UEI number. 2. The EBiz POC can designate user roles, including Authorized Organization Representative (AOR). 3. AOR is authorized to submit applications on behalf of the organization in their workspace.	Allow at least one business day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

2. Request Application Package

Applicants may access the application package at www.grants.gov. Additional information about applying for CDC grants and cooperative agreements can be found here: https://www.cdc.gov/grants/applying/pre-award.html

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

06/07/2023

b. Application Deadline

06/30/2023

11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

Due Date for Information Conference Call

Date: May 11, 2023
Time: 2:00p.m - 3:30pm Eastern Standard Time (EST)
Topic: Addressing Conditions to Improve Population Health (ACTion) Informational Call

Register in advance for this webinar:
https://cdc.zoomgov.com/webinar/register/WN_yqFKIGElTcyJ1IlckX9jEA

Or an H.323/SIP room system:
H.323: 161.199.138.10 (US West) or 161.199.136.10 (US East)
Meeting ID: 161 610 1857
Passcode: 24447318
SIP: 1616101857@sip.zoomgov.com
Passcode: 24447318

After registering, you will receive a confirmation email containing information about joining the webinar. Please visit the ACTion NOFO website at https://www.cdc.gov/populationhealth/sdoh/funding/action/ACTion-NOFO.htm for more information.

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

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

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

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

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

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

7. Letter of Intent

A letter of intent (LOI) is requested but optional. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. Applicants should indicate where they are physically located and the primary SDOH that would be impacted by their ACTion project.

The LOI must be sent via email to:
SDOH ACTion Program
CDC, National Center for Chronic Disease Prevention and Health
Email address: ACTion@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

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

9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed

project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Population(s) of Focus and Health Disparities

Applicants must describe the specific population(s) of focus in their jurisdiction and explain how to achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Population(s) of Focus and Health Disparities requirements as described in the CDC Project Description, including (as applicable to this award) how to address health disparities in the design and implementation of the proposed program activities.

Identification of the population of focus should be based on data showing the population is disproportionately affected.

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

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

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

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

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

There is not a specific budget and narrative template, or format applicants should use when submitting their application. Applicants are strongly encouraged to follow the CDC Budget Preparation Guidelines for guidance, but applicants should use their judgement on how to best present the information in their application.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub

accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

14. Employee Whistleblower Rights and Protections

Employee Whistleblower Rights and Protections: All recipients of an award under this NOFO will be subject to a term and condition that applies the requirements set out in 41 U.S.C. § 4712, "Enhancement of contractor protection from reprisal for disclosure of certain information" and 48 Code of Federal Regulations (CFR) section 3.9 to the award, which includes a requirement that recipients and subrecipients inform employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. § 4712. For more information see: https://oig.hhs.gov/fraud/whistleblower/.

15. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the

CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

16. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on anti-lobbying restrictions for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Generally, recipients may not use funds for food or meals. Any such proposed spending must be identified in the budget and consistent with applicable federal regulations and HHS policies. See https://www.hhs.gov/grants/contracts/contract-policies-regulations/spending-on-food/index.html. Recipients must make a determination of reasonableness and organization approved policies must meet the requirements of 45 CFR Part 75.432

Recipients may use funds for incentives (e.g., gift cards, gas cards, stipends, honorarium) for leadership team members participation in meetings and others participating in the ACTion project as appropriate. Any such proposed spending must be identified in the budget and the cumulative cost does not exceed 5% of the total grant award.

17. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additional-requirements/ar-25.html.

18. Other Submission Requirements

a. Electronic Submission:

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

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or review the Applicants section on www.grants.gov.

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent

by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach **Maximum Points:** 35

Applicants will be scored on the extent to which their project narrative and work plan:

- Includes an implementation ready "ACTion Project Plan" (Strategy 1) that describes the implementation of at least 1 PSE intervention(s) that will address at least 1 SDOH NCCDPHP domain. **(5 points)**
- Uses cited data sources to define and describe the population(s) for the ACTion project:
    - Describes how the population is disproportionately affected by disparities or inequities related to chronic disease and related risk factors (e.g., particularly those who have been affected by poverty, lack economic resources including communities with high rates of income inequity or low employment opportunities, etc.). **(5 points)**
    - Demonstrates that the catchment area of ACTion project includes a jurisdiction in which at least 50% of residents are considered priority populations including Medicaid beneficiaries. **(10 points)**
- Describes a minimum of 1 PSE intervention (refer to Strategy 1A) to be implemented in at least 1 or more NCCDPHP SDOH domains and includes evidence of effectiveness for the PSE(s) proposed. (5 **points**).
- Describe how recipient will collaborate with Medicaid offices at the state or county level (department of public social services) and/or Medicaid managed care organization(s) as appropriate to ensure ACTion projects improve the health of Medicaid beneficiaries in their community **(10 points).**

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

Applicants will be scored on the extent to which their draft ACTion Project Evaluation Plan:

- Includes a logic model specifying inputs, activities, short-term outcomes, intermediate outcomes, and long-term outcomes. **(4 points)**
- Includes short-term outcomes specific to the proposed PSE intervention(s) to be accomplished within the 3-year period of performance that are aligned with the short-term outcomes in the NOFO logic model. **(5 points)**
- Includes performance measures for each short-term outcome. **(4 points)**
- Includes proposed data sources for performance measures. **(4 points)**
- Includes proposed methods for collecting performance measures data. **(4 points)**
- Includes a timeline for collecting performance measures data based on expected achievement of short-term outcomes (i.e., PSE changes). **(4 points)**
- Includes a preliminary Data Management Plan (DMP) describing, at a minimum, required information as outlined in the NOFO. **(0 points)**

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 40

Applicants will be scored on the extent to which their project narrative:

Project Management Structure and Staffing (12 points)

- Describes a staffing plan, including an organizational chart, CVs/resumes, position descriptions and project management structure that will be sufficient to meet the goals of the proposed ACTion project. **(4 points)**

- Describes at least 1 dedicated staff person (FTE) to lead and carry out evaluation strategies and activities outlined in this NOFO. **(5 points)**
- Describes an established multisector Leadership Team (including the organization, tribe, community, or catchment area each member represents, and their role in carrying out the ACTion project) that will guide the implementation of the ACTion project. **(3 points)**

Readiness (28 points)

- Describes applicants experience conducting a community health needs assessment (CHA) and/or state health needs assessment (SHA) within the past 5 years, AND experience coordinating and integrating information from existing strategic planning resources. **(10 points)**
- Describes previous experience of successfully working with multisectoral partnerships, including approach to engagement of subject matter experts. **(3 points)**
- Describes experience implementing the proposed evidenced based PSE intervention (s) strategies and related activities in collaboration with multisectoral partners to address the NCCDPHP SDOH Domain(s). **(4 points)**
- Includes letters of support from all required collaborations to carry out the strategies and activities included in this NOFO.
    - CDC funded state/local chronic disease prevention programs, "CDC_Letter_of_Support_Required" **(3 points)**
    - Medicaid Partner, "Medicaid_Letter_of_Support" **(2 points)**
    - Health_care_Sector_Letter_of_Support (2 points)
    - Four letters of support from multisector leadership team members, "Leadership_Team_Letters_of_Support" **(4 points)**

Budget **Maximum Points:** 0

Describes budget management and administration capacity to establish financial procedures and track, monitor, and report expenditures. Although not scored, applicants must ensure their proposed budget aligns with their proposed work plan and NOFO objectives.

c. Phase III Review

Applications will be scored and ranked as determined through a merit review process. The following criteria may be applied to the funding decision:

- At least one project for each of the four NCCDPHP SDOH domains (i.e., Built Environment, Community-Clinical Linkages, Food and Nutrition Security, and Social Connectedness).
    - For example, if none of the top 5 ranked applicants propose ACTion projects that address Community-Clinical Linkages (CCL), CDC may fund out of rank order to ensure at least 1 ACTion project focuses on CCL.
- At least one STLT health jurisdiction will be funded that proposes an ACTion project serving a rural area/setting. For this purpose, CDC will be using HRSA's Federal Office of Rural Health Policy (FORHP) Rural definition listed below.
    - All non-metro counties

    - All metro census tracts with RUCA codes 4-10 and
    - Large area Metro census tracts of at least 400 sq. miles in area with population density of 35 or less per sq. mile with RUCA codes 2-3.
    - Information regarding HRSA's FORHP's designation of rural is publicly available on its website.

- No more than two (2) applicants within the same state (Please note: only one applicant within the same state would be funded to work in a specific geographic area)
- Only applicants proposing to work in a location that they are physically located or operate.

CDC will provide justification for any decision to fund out of rank order.

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

The anticipated posting date is April 28, 2023, on www.grants.gov. Applicants will have up to 60 days to respond. Applicants are encouraged to apply early. The anticipated award date is August 31, 2023 for selected applicants.

Notification of unsuccessful applications will be sent no later than five calendar days after the issuance of the first notice of award under this NOFO.

F. Award Administration Information

1. Award Notices

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

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to annual 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.

2. Administrative and National Policy Requirements

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

Brief descriptions of relevant provisions are available at https://www.cdc.gov/grants/additional-requirements/index.html.

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

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in

which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider- obligations/index.html and https://www.hhs.gov/civil-rights/for- individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

3. Reporting

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

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

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

Report	When	Required?
Recipient Evaluation and Performance Measurement plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before the end of the budget period? Serves as the yearly continuation application.	Yes
Data on Performance Measures	Annually in APR	Yes
Financial Drawdown and Forecasting Report	Quarterly	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes

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

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

Performance Measurement

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

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).

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

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

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

This report must include the following:

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

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

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

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

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

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

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

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

- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).
- Challenges/Obstacles - Recipients are encouraged to describe any challenges and/or obstacles that hindered their ability to complete the work plan activities and achieve the period of performance outcomes
- Recipients are required to submit a health impact statement from their ACTion project that describes the implementation and short-term outcomes achieved by the PSE intervention and SDOH impacted. Recipients should use CDC's National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP) Developing a Strong Health Impact Statement: A Guide for Funded Programs (cdc.gov) This resource provides step-by-step instructions to create a health impact statement.

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

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

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $30,000.

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

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

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

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

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

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign

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

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Candice
Last Name:
Floyd
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:

Telephone:
770-488-5395

Email:
ACTion@cdc.gov

Grants Staff Contact

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

First Name:
Pamela

Last Name:
Render
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:

Telephone:

Email:

plr3@cdc.gov
For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

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

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

H. Other Information

Following is a list of acceptable application attachments that can be submitted using PDF, Word, or Excel file formats as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Resumes / CVs

Position descriptions

Letters of Support

Organization Charts

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

Additional attachments determined by the CDC program are listed below. Refer to the NOFO to determine which attachments are required or optional.

- ACTion Project Plan
- Proposed Work Statement
- Letters of Support

    - Medicaid Letter of Support
    - Leadership Team Letters of Support
    - Health care Sector Letter of Support
    - Health Authority Letter of Support

- ACTion Project Evaluation Plan
- Position Description
- Project Management Structure
- Leadership Team

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see https://www.cdc.gov/grants/additional-requirements/index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings: A government-wide collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

Assistance Listings Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

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

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

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

Community engagement: The process of working collaboratively with and through groups of people to improve the health of the community and its members. Community engagement often involves partnerships and coalitions that help mobilize resources and influence systems, improve relationships among partners, and serve as catalysts for changing policies, programs, and practices.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. https://www.cdc.gov/grants/additional-requirements/index.html.

Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment (from Executive Order 13985).

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged.

Health Equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Health Inequities: Particular types of health disparities that stem from unfair and unjust systems, policies, and practices and limit access to the opportunities and resources needed to live the healthiest life possible.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: The act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. An inclusive and welcoming climate embraces differences and offers respect in words and actions for all people.

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

operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

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

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

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

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

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

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

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

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

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

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

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

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

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

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

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).

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

Social Determinants of Health: The non-medical factors that influence health outcomes. The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. https://www.cdc.gov/about/sdoh/index.html

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.

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Built Environment: Human-made surroundings that influence overall community health and individual behaviors that drive health.

CDC Social Vulnerability Index (CDC SVI): A score that uses 15 U.S. census variables to help local officials identify communities that may need support before, during, or after disasters.

Community-Clinical Linkages: Connections made among health care systems and services, public health agencies, and community-based organizations to improve population health.

Food and Nutrition Security: Exists when all people, at all times, have physical, social and economic access to food, which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life.

Health Disparity: A known difference in health outcomes or drivers of health between groups of people.

Health Equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities.

Health Inequity: A health disparity that is systematic, unfair, and avoidable. Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to power, opportunities, resources, and/or medical care, treatment, and medicines.

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

Multisector Partnerships: Those that meaningfully include partners and allies from across multiple industries and groups (e.g., government, non-profit, private, and public organizations, community groups, and individual community members with lived experience), across geographic sectors (e.g., community/locality, county, multi-county level, state, multi-state) with

varying sociodemographic characteristics (e.g., race, ethnicity, age, education, income), perspectives, and approaches to addressing SDOH among disproportionately impacted population groups in a community, tribe, or catchment area.

Policy, Systems, Environmental (PSE) Changes: Policy interventions are informal or formal and take several forms such as laws, ordinances, regulations, and rules. Systems interventions are changes that impact all areas of an organization, institution, or community. Environmental interventions involve changes to the economic, social, or physical environment. Policy, systems, and environmental (PSE) change interventions have a great potential to improve a community's health by addressing socioeconomic factors and by making healthy choices more accessible.

Social Connectedness: The degree to which individuals or groups of individuals have and perceive a desired number, quality, and diversity of relationships that create a sense of belonging and being cared for, valued, and supported (e.g., community involvement; social involvement for older adults).

Social Determinants of Health: The nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping daily life. These forces and systems include, but are not limited to, economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems.