

Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion

Improving Student Health and Academic Achievement through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools

CDC-RFA-DP18-1801

Application Due Date: 03/05/2018

Improving Student Health and Academic Achievement through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools

CDC-RFA-DP18-1801

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DP18-1801. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

Improving Student Health and Academic Achievement through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools

C. Announcement Type: New - Type 1

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP18-1801

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

93.981

F. Dates:

1. Due Date for Letter of Intent (LOI):	**02/01/2018**
Is a LOI:	Recommended but not Required
2. Due Date for Applications:	**03/05/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**01/25/2018**

An informational Conference Call will be held January 25, 2018, 3:00PM - 4:00PM Eastern Standard Time.

Conference Call Information

Conference Call Number: 1-866-730-1290

Passcode: 42127644

G. Executive Summary:

1. Summary Paragraph:

The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 2018 funds to implement *CDC-RFA-DP18-1801*, *Improving Student Health and Academic Achievement through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools*. This Notice of Funding Opportunity (NOFO) is limited to state governments, specifically, State Education Agencies (SEAs). Approximately $7 million per

year is available. The period of performance is 5 years with a 12-month budget period and an anticipated start date of June 30, 2018. The purpose of this project is to (1) Increase the number of students who consume nutritious food and beverages (i.e., those aligned with the *Dietary Guidelines for Americans*); (2) Increase the number of students who participate in daily physical education and physical activity; and (3) Increase the number of students who can effectively manage their chronic health conditions.

There are two priority areas SEAs can apply for:

- **Priority 1: Improving Student Health and Academic Achievement through Nutrition, Physical Activity and the Management of Chronic Health Conditions in Schools**
- **Priority 2: National Professional Development and Training to Improve Student Health**

Priority 1 Strategies

Approximately 19 SEAs will be funded to implement Priority 1 and will be responsible for implementing three strategies:

Strategy 1. Infrastructure Development

Strategy 2. **Professional Development and Training**

Strategy 3. Technical Assistance

SEAs will be expected to implement these strategies using a comprehensive, statewide approach over the 5-year period of performance. While activities are expected to be implemented statewide, each SEA will select between 5 and 10 Local Education Agencies (LEAs) with which to prioritize their work. SEAs should work with the majority of schools within these LEAs at the elementary, middle, and high school levels.

Priority 2 Strategy

One SEA will be funded to implement Priority 2 which focuses on building the capacity of Priority 1 SEAs. The recipient will plan, develop and deliver quality professional development and training to Priority 1 SEAs. Quality professional development is consciously designed to actively engage learners and includes CDC's Professional Development Practices: (1) sustain, (2) design, (3) marketing, (4) delivery, (5) follow-up, and (6) evaluation of professional development offerings.

The Priority 2 SEA will be responsible for implementing one strategy:

Strategy 1: National Professional Development and Training

Applicants seeking funding for Priority 2 must also apply for Priority 1 funding. Priority 2 applicants must compete and successfully be awarded Priority 1 funding in order to also be awarded Priority 2 funding.

a. Eligible Applicants:	Limited
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	20

Priority 1: 19 awards

Priority 2: 1 award

d. Total Period of Performance Funding: $35,000,000
e. Average One Year Award Amount: $350,000
Priority 1: $350,000

Priority 2: $450,000

f. Number of Years of Award: 5
g. Estimated Award Date: 05/30/2018
h. Cost Sharing and / or Matching Requirements: N
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

Executive Summary

The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 2018 funds to implement *CDC-RFA-DP18-1801*, *Improving Student Health and Academic Achievement through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools*. This Notice of Funding Opportunity (NOFO) is limited to state governments, specifically, State Education Agencies (SEAs). Approximately $7 million per year is available. The period of performance is 5 years with a 12-month budget period and an anticipated start date of June 30, 2018. The purpose of this project is to (1) Increase the number of students who consume nutritious food and beverages (i.e., those aligned with the *Dietary Guidelines for Americans*); (2) Increase the number of students who participate in daily physical education and physical activity; and (3) Increase the number of students who can effectively manage their chronic health conditions.

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Applicants seeking funding for Priority 2 must also apply for Priority 1 funding. Priority 2 applicants must compete and successfully be awarded Priority 1 funding in order to also be awarded Priority 2 funding.

A. Funding Opportunity Description

1. Background

a. Overview

Heart disease, cancer, and stroke are leading causes of death among adults in the U.S. These diseases are influenced, in part, by dietary and physical activity behaviors. Children and adolescents establish patterns of behavior and make lifestyle choices early in life that can affect their health throughout adulthood. Some children and adolescents have difficulty adopting behaviors that could decrease their risk of developing a chronic health condition in the future such as consuming healthy food and beverages and engaging in physical activity. Others may already struggle with a chronic health condition such as poor oral health, asthma, food allergies, seizure disorders, diabetes and other diseases, disabilities or conditions. Health promoting behaviors, effective chronic disease management, and positive health outcomes are influenced at the individual, peer, family, school, community, and societal levels. Social determinants such as poverty, race/ethnicity, and access to health care contribute to significant health disparities among youth. These health disparities are also related to inequities in education. Dropping out of school is associated with multiple social and health problems. Overall, individuals with less education are more likely to experience poor health compared with individuals with more education. Higher levels of education are associated with longer life expectancy and an increased understanding of basic health information and services. Adoption of policies, practices, and programs within school settings and during out-of-school time can play a critical role in improving health promoting and health protecting behaviors. Currently, about one in five school-aged children (ages 6–19) is obese. Most children and adolescents do not consume adequate amounts of fruits

and vegetables and do not participate in at least 60 minutes of physical activity daily. Healthy eating and physical activity have been associated with increased life expectancy, increased quality of life, and reduced risk for many chronic diseases. In addition to improving health among children and adolescents, there is substantial evidence that healthy eating, physical activity, and effective management of chronic health conditions can help improve academic achievement. Providing access to safe, free drinking water can help students maintain adequate hydration, which is associated with improved cognitive functioning. Multiple studies suggests that physical activity can have an impact on academic performance, including improved grades, school attendance, concentration and attention, and classroom behavior. Studies have also shown that students who are able to manage their chronic health condition tend to have better academic performance, including reduced absenteeism, improved grades, and improved test scores. This NOFO supports evidence-based strategies and activities to reduce the risk of children and adolescents developing obesity, chronic disease in childhood and adulthood, and management of chronic health conditions prevalent in student populations.

There are two priority areas applicants can apply for under this NOFO:

- **Priority 1: Improving Student Health and Academic Achievement through Nutrition, Physical Activity and the Management of Chronic Health Conditions in Schools**
- **Priority 2: National Professional Development and Training to Improve Student Health and Academic Achievement**

Priority 1 Strategies:

Priority 1 State Education Agencies (SEAs) will focus strategies and activities within the context of the Whole School, Whole Community, Whole Child, model (WSCC). The WSCC model, expands on the eight components of CDC's Coordinated School Health (CSH) model and combines it with ASCD's whole child framework. CDC and ASCD jointly developed the WSCC model in collaboration with key health, public health, education, and school health experts. The WSCC model has 10 components, with the effect on children as the focus: health education; physical education and physical activity; nutrition environment and services; health services; counseling, psychological, and social services; social and emotional climate; physical environment; employee wellness; family engagement; and community involvement. Schools, health agencies, parents, and communities share a common goal of supporting the health and academic achievement of children and adolescents. Local Education Agencies (LEAs) and schools within the awarded SEAs will implement evidence-based school health policies, practices and programs that increase opportunities for healthy eating, physical activity and management of chronic health conditions during the school day as well as during out-of-school time.

Approximately 19 SEAs will be funded to implement Priority 1 and will be responsible for implementing three strategies:

Strategy 1. Infrastructure Development

Strategy 2. **Professional Development and Training**

Strategy 3. Technical Assistance

SEAs will be expected to implement these strategies using a comprehensive, statewide approach

over the 5-year period of performance. While activities are expected to be implemented statewide, each SEA will select between 5 and 10 LEAs with which to prioritize their work. SEAs should work with the majority of schools within these LEAs at the elementary, middle, and high school levels.

Priority 1 SEAs must submit Letters of Support (LOS) from each of the LEAs they plan to work with. LOS should describe how the LEA will help the SEA achieve the goals of the NOFO. LOS will be a criterion used in evaluating the application.

Priority 1 SEAs are also required to also submit a Memorandum of Agreement (MOA) with the appropriate State Health Department with their application. Priority 1 SEAs are expected to direct part of their award to the State Health Department to support staff positions and activities associated with the NOFO. The MOA should clearly define the mutual goals, relationship, and responsibilities of the SEA and State Health Department. MOAs will be a criteria used in evaluating the application. Specific details of what should be included in the MOA can be found on page 14 of this NOFO.

Priority 2 Strategies

One SEA will be funded to implement Priority 2 which focuses on building the capacity of Priority 1 SEAs. The recipient will plan, develop and deliver quality professional development and training to Priority 1 SEAs.

The Priority 2 SEA will be responsible for implementing one strategy:

Strategy 1: National Professional Development and Training

Applicants seeking funding for Priority 2 must also apply for Priority 1 funding. Priority 2 applicants must compete and successfully be awarded Priority 1 funding in order to also be awarded Priority 2 funding.

b. Statutory Authorities

Section 301(a) and 317(b)(k)(2) of the Public Health Service Act (PHS Act), 42 U.S.C. 247(b)(k)(2)

c. Healthy People 2020

This program addresses the "Healthy People 2020" topics and objectives related to:

- Adolescent Health
- Access to Healthcare
- Educational and Community-Based Programs
- Environmental Health
- Nutrition and Weight Status
- Social Determinants of Health

d. Other National Public Health Priorities and Strategies

National Prevention Strategy: https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html

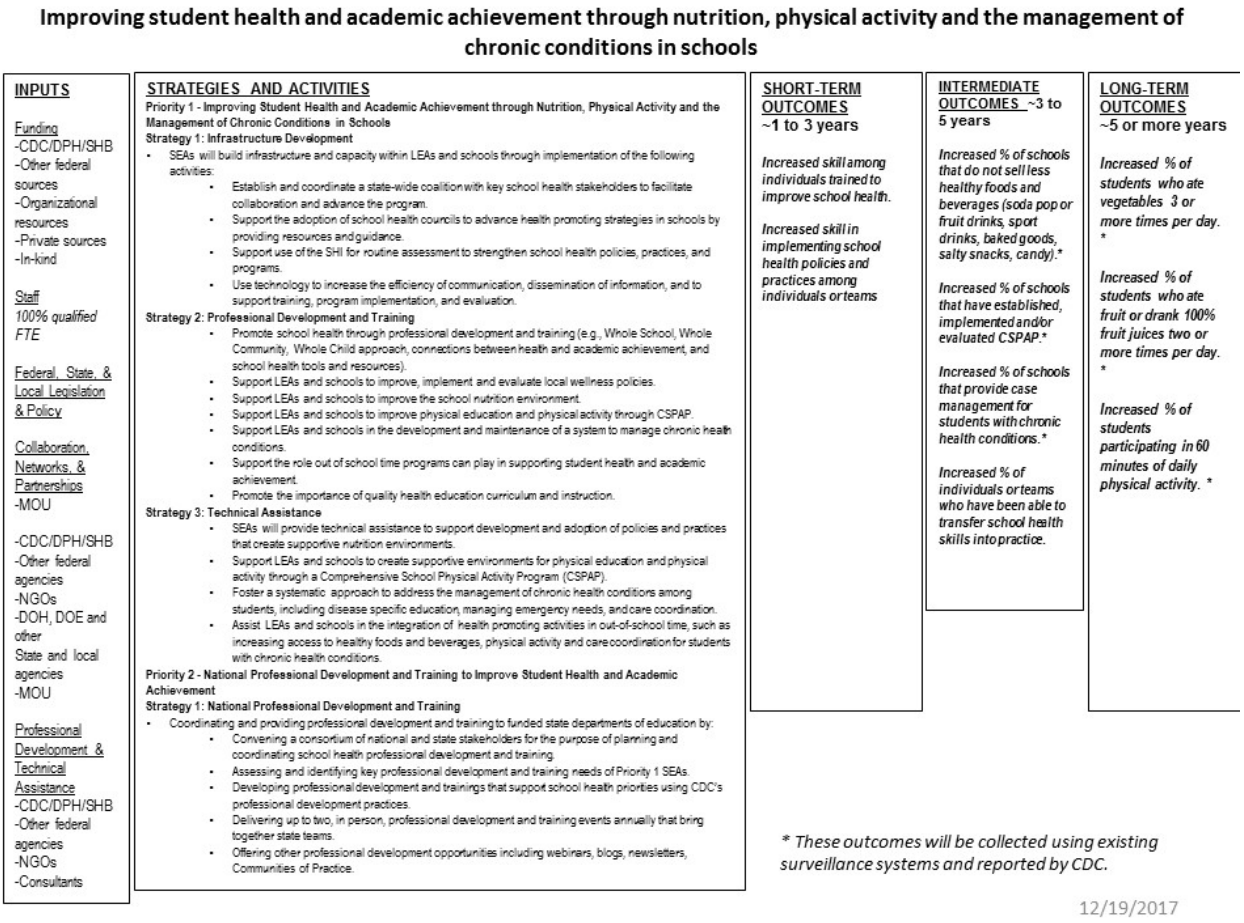
e. Relevant Work

For almost 30 years the CDC has provided scientific leadership, technical expertise, and funding to state health and education agencies to assist with building capacity to develop, deliver, and implement chronic disease prevention and health promotion programs that have measurable impact. This NOFO builds upon the successes of CDC-RFA-DP13-1305, *State Public Health Actions to prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health* as well as infrastructure and capacity developed through previous cooperative agreements with CDC over the past three decades. This NOFO is also related to CDC-RFA-DP16-1601, N*ational Collaboration to Promote Health, Wellness, and Academic Success of School-Age Children* which funds five national non-governmental organizations (NGOs). These CDC-funded NGOs provide training and technical assistance to current recipients funded under CDC-RFA-DP13-1305 and will continue to provide to future SEAs funded under CDC-RFA-DP18-1801. Training and technical assistance focuses on four school health priority areas: (1) Physical Education and Physical Activity; (2) School Nutrition Environment and Services; (3) Out of School Time Healthy Eating and Physical Activity; and (4) School Health Services for Managing Chronic Health Conditions.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.



i. Purpose

The purpose of this project is to (1) Increase student access to nutritious food and beverages; (2) Increase opportunities for student participation in daily physical education and physical activity; and (3) increase access to case management services for students with chronic health conditions. Funding will support the implementation and evaluation of evidence-based strategies and activities to prevent obesity and reduce the risk of children and adolescents developing chronic disease in adulthood, and managing chronic health conditions prevalent in student populations including poor oral health, asthma, food allergies, seizure disorders, diabetes and other disease, disabilities or conditions.

ii. Outcomes

As a result of the implementation of the strategies funded through this NOFO (i.e., infrastructure development, professional development and training, technical assistance), the following outcomes are expected to be achieved over the 5-year period of performance and are bolded in the logic model:

SHORT-TERM OUTCOMES (~ 1 to 3 years)

- **Priority 1**: Increased skill among individuals trained to improve student health.
- **Priority 2:** Increased percentage of individuals or teams whose skill in implementing

school health policies and practices has increased.

INTERMEDIATE OUTCOMES (~ 3 to 5 years)

- **Priority 1:** Increased percentage of schools that do not sell less healthy foods and beverages.*
- **Priority 1:** Increased percentage of schools that have established, implemented and/or evaluated a Comprehensive School Physical Activity Program.*
- **Priority 1:** Increased percentage of schools that provide case management for students with chronic health conditions.*
- **Priority 2:** Increased percentage of individuals or teams who have been able to transfer school health skills into practice.

LONG-TERM OUTCOMES (~ 5 or more years)

- **Priority 1:** Increased percentage of students who ate vegetables 3 or more times per day. *
- **Priority 1:** Increased percentage of students who ate fruit or drank 100% fruit juices two or more times per day. *
- **Priority 1:** Increased percentage of students participating in 60 minutes of daily physical activity. *

* These outcomes will be collected using existing surveillance systems [i.e., School Health Profiles (Profiles), Youth Risk Behavior Survey (YRBS)] and reported by CDC.

iii. Strategies and Activities

Priority 1: SEAs will be expected to implement the following strategies and activities using a comprehensive, statewide approach over the 5-year period of performance. While all strategies and activities are expected to be implemented statewide, each SEA will select between 5 and 10 LEAs with which to prioritize their work. SEAs should work with the majority of schools within these LEAs at the elementary, middle, and high school levels.

Strategy 1: Infrastructure Development

SEAs will build infrastructure and capacity within LEAs and schools through implementation of the following activities:

Activity: Establish and coordinate a state-wide coalition with key school health stakeholders to facilitate collaboration and advance the program.

- Lead and regularly facilitate a state-wide coalition to promote healthy schools through policy, practices and programs.
- Through the coalition, increase awareness and promote the adoption of national standards and guidelines related to school-based health education, physical education/physical activity, healthy eating, and management of chronic health conditions.
- Increase public and decision-maker awareness of the childhood obesity epidemic and other chronic health conditions and the evidence-based strategies and activities to address disease, disability and premature death.

- Coordinate to address other school health priorities for the state (e.g., social emotional learning, mental health, alcohol, tobacco, and other drug use prevention).

Activity: Support the development of school health councils to advance health promoting strategies in schools by providing resources (e.g., funding, training, time, materials) and guidance to LEAs and schools on the following:

- Identifying a school health coordinator who manages and coordinates health-related policies and practices, serves on the school health council and communicates the council's decisions and actions to school-level health coordinators and teams, staff, students, and parents.
- Developing and maintaining a school health council which serves as a planning, advisory, and decision-making group for school health policies and practices.
- Identifying and including representatives from different segments of the school and community on the council including health and physical education teachers, nutrition service staff members, students, families, school administrators, school nurses and other health-care providers, social worker service professionals, religious and civic leaders and other members of the community.

Activity: Support use of the *School Health Index* for routine assessment to strengthen school health policies, practices, and programs.

- Provide resources and guidance to priority LEAs and schools in promoting the School Health Index within elementary and secondary schools to (1) Identify strengths and weaknesses of health and safety policies, practices, and programs; (2) Develop an action plan for improving student health, which can be incorporated into the School Improvement Plan and can inform revisions to the local wellness policy; (3) Engage teachers, parents, students, and the community in promoting health-enhancing behaviors and better health.
- Ensure trainers that conduct *School Health Index* trainings for schools follow the School Health Index Training Manual and/or the eLearning module.
- Monitor and document how school health councils use *School Health Index* results and other data to inform school boards and garner community support to improve health education, school nutrition, physical education and physical activity programs, and health services.

Activity: Use technology to increase the efficiency of communication, dissemination of information, and to support training, program implementation, and evaluation.

- Develop a system to communicate with stakeholders and partners through email, listservs, social media and other methods of exchanging, promoting, and disseminating information
- Use existing online resources for training such as CDC's E-Learning Series: Training Tools for Healthy Schools.
- Develop webinars and other online methods to provide professional development and training.

Strategy 2: Professional Development and Training

Activity: Promote school health through professional development and training (e.g., Whole School, Whole Community, Whole Child approach, connections between health and academic achievement, and school health tools and resources).

- Establish a cadre of trainers to provide professional development and training. Trainers should be familiar with CDC's Professional Development and Training Tools, Professional Development Practices and be comfortable with providing training in group settings and through one-on-one consultation.

Activity: Support LEAs and schools to improve, implement, and evaluate local wellness policies by providing professional development and training on:

- The use of WellSat 2.0 or equivalent tool to assess local school wellness policies. *
- How data can be used to support changes in wellness policy and practices within schools, develop action plans, and track implementation.

*The WellSat 2.0 is the primary tool recommended by the USDA for wellness policy assessment. This free, relatively short (i.e., ~45 minutes) assessment tool aligns with USDA requirements and conveniently stores information that can easily be updated as needed.

Activity: Support LEAs and schools to improve the school nutrition environment by providing professional development and training on:

- CDC's Comprehensive Framework for Addressing the School Nutrition Environment and Services to schools, including out of school time staff, to help them assess and improve their nutrition environment (i.e. Smart Snacks in School, access to safe, free drinking water, Smarter Lunchrooms).

Activity: Support LEAs and schools to improve physical education and physical activity through Comprehensive School Physical Activity Programs by providing professional development and training on:

- Assessing physical education curriculum through the Physical Education Curriculum Analysis Tool to ensure priority LEAs and schools have a quality physical education curriculum.
- Comprehensive School Physical Activity Programs using the Comprehensive School Physical Activity Programs: A Guide for Schools, School Health Guidelines to Promote Healthy Eating and Physical Activity, Strategies for Recess in Schools, Recess Planning in Schools, Parents for Healthy Schools and other evidence-based resources to implement physical education and physical activity during the school day (e.g., recess and classroom physical activity), physical activity before and after school, school staff involvement and wellness, and parent/community engagement.

Activity: Support LEAs and schools in the development and maintenance of a system to manage chronic health conditions by providing professional development and training on:

- Establishing systems for the management and support of students with chronic health conditions, and delivering disease specific education and awareness programs for students and school staff.
- Coordinating health services with community health care providers to better manage emergency and routine needs of students identified with chronic health conditions. This includes coordinating communication about care plans to ensure continuation of care between school and out-of-school settings.

Activity: Support the role out-of-school time programs can play in supporting student health and academic achievement by providing professional development and training on:

- The Healthy Eating and Physical Activity (HEPA) in Out-of- School Time Standards and/or other evidence-based guidelines for promoting healthy eating and physical activity in out-of-school settings for school administrators, out-of-school time administrators and frontline staff.
- Policies and practices to address the needs of students with chronic health conditions during out-of-school time activities.

Activity: Promote the importance of quality health education curriculum and instruction by providing professional development and training on:

- *The Health Education Curriculum Analysis Tool, National Health Education Standards, Characteristics of an Effective Health Education Curriculum to help schools assess and select appropriate and effective health education curricula.*

Strategy 3: Technical Assistance

Activity: Provide technical assistance to support development and adoption of policies and practices that create supportive nutrition environments including:

- Implementing federal nutrition standards for competitive foods consistent with Smart Snacks in School, ensuring foods and beverages sold or served offered outside of school meal programs are nutritious, and prohibiting the use of foods and beverages as rewards or punishment.
- Restricting marketing of foods and beverages that do not meet the Smart Snacks in School standards, and promoting foods and beverages that support healthy diets (e.g., fruits and vegetables, safe, free drinking water) including placing nutritious items where they are easy for students to access.
- Using verbal prompts, parental outreach, and point-of-purchase promotions; supporting access to safe, and free drinking water.

Activity: Support LEAs and schools to create supportive environments for physical education and physical activity through a Comprehensive School Physical Activity Program (CSPAP) by providing technical assistance on:

- The components (e.g., physical education, physical activity during recess, classroom and before/after school; staff involvement; family and community) and process of developing

and implementing a CSPAP.
- Implementation of the *Physical Education Curriculum Analysis Tool* and other evidence-based resources for physical education and physical activity.

Activity: Foster a systematic approach to address the management of chronic health conditions among students, including disease specific education, managing emergency needs, and care coordination by providing technical assistance on:

- Establishing a system for the management and support of students with chronic health conditions in schools.
- Selecting and providing disease specific education and awareness programs for students and school staff.
- Coordinating school, family, and community efforts to better manage emergency and routine care needs of students identified with chronic health conditions.

Activity: Assist LEAs and schools in the integration of health promoting activities in out-of-school time, such as increasing access to healthy foods and beverages, physical activity and care coordination for students with chronic health conditions by providing technical assistance on:

- Implementation of evidence-based policies and practices (e.g., HEPA standards).
- Assessment of current activities and development and implementation of an action plan that reflects local assets, constraints, context, and readiness.

Priority 2: National Professional Development and Training to Improve Student Health and Academic Achievement.

The recipient will plan, develop and deliver quality professional development and training to Priority 1 SEAs.

Strategy 1: National Professional Development and Training

The selected applicant will collaborate with the CDC-funded NGOs to coordinate and provide professional development and training events to Priority 1 SEAs by:

Activity: Coordinating and providing professional development and training to funded SEAs by:

- Convening a consortium of national and state stakeholders for the purpose of planning and coordinating school health professional development and training.
- Assessing and identifying key professional development and training needs of Priority 1 SEAs.
- Developing professional development and trainings that support school health priorities using CDC's professional development practices.
- Delivering up to two, in person, professional development and training events annually that bring together state teams.
- Offering other professional development opportunities such as webinars, blogs, newsletters, and Communities of Practice.

1. Collaborations

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

Priority 1 Applicants: Applicants are expected to collaborate with relevant CDC-funded programs and organizations such as State Health Departments (e.g., chronic disease/health promotion, school health, surveillance and epidemiology programs) and NGOs. Priority 1 SEAs are expected to direct part of their award to the State Health Department to support staff positions and activities associated with the NOFO. Priority 1 applicants are required to submit a MOA with their State Health Department outlining collaborative activities and data sharing expectations. The MOA must be detailed, specific, binding, and outline who, what, where and when. The MOA should include:

- Names of agencies entering the agreement.
- An effective date range that spans the length of the proposed project.
- Commitment of the State Health Department to work with the SEA and other collaborative partners to address program requirements and implement project activities, delineating specific roles in achieving the goals of the NOFO.
- Commitment to work collaboratively to: (1) Assess the needs and existing capacity to achieve goals; (2) Select and implement activities described in the NOFO; (3) Share relevant surveillance data and other risk factor data; (4) Monitor implementation progress; (5) Participate in meetings and conference calls with SEA and CDC as appropriate.
- Commitment of the SEA to work with the State Health Department to address project requirements, including the designation of point(s) of contact.
- While this is not a contract, the budget and justification should be outlined along with deliverables/services to be provided.
- Counter-signatures for both parties by authorized representatives.

Applicants are also expected to work closely with CDC's Division of Adolescent and School Health (DASH) to support data collection via the YRBS and Profiles. Funding is available for the administration of the YRBS and Profiles through DASH. All states are encouraged to apply for this funding.

Priority 2 Applicants: Applicants will collaborate with CDC-funded NGOs to coordinate and provide professional development and training to Priority 1 SEAs.

b. With organizations not funded by CDC:

Priority 1 Applicants: Applicants are encouraged to collaborate as appropriate on federal initiatives that support healthier schools such as the United States Department of Agriculture's child nutrition programs and Team Nutrition initiative; United States Department of Education's initiatives; Substance Abuse and Mental Health Services Administration's Safe Schools, Healthy Students; Environmental Protection Agency's, Healthy Schools, Healthy Kids and non-CDC funded NGOs.

Priority 2 Applicants: Applicants are encouraged to collaborate with other partners deemed necessary to carry out the activities outlined in the NOFO.

2. Target Populations

Priority 1 Applicants: Applicants should ensure that data, including burden data, are used to select LEAs and schools located in areas disproportionately affected by chronic diseases and the risk factors that cause them. Emphasis should be placed on child and adolescent populations that have a high prevalence of overweight or obesity, have limited access to healthy foods and beverages, do not obtain adequate physical activity, who lack access to care for consistent and appropriate management of chronic health conditions, and who lack access to quality, healthy out-of-school time programs.

Priority 2 Applicants: Applicants will address target populations and health disparities through professional development and training. This will be based on assessments to determine professional development and training needs of Priority 1 SEAs.

a. Health Disparities

Applicants will address health disparities by working with LEAs and schools located in areas disproportionately impacted by chronic disease and the risk factors that cause them. Emphasis should be placed on areas with high rates of poverty, racial/ethnic minorities, and populations living in rural/urban areas.

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

NA

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Priority 1 Applicants: Evaluation and performance measurement help demonstrate achievement of project outcomes, build a stronger evidence base for specific interventions; clarify applicability of the evidence base to different populations, settings, and contexts; and drive continuous improvement. Evaluation and performance measurement can also determine if strategies and activities are scalable and effective at reaching target populations. Priority 1 SEAs are required to allocate at least 10% of their award to support evaluation activities (i.e., including surveillance and data collection), and are encouraged to work with professional evaluators to help ensure that a comprehensive evaluation is used and public health objectives are met.

Throughout the 5-year period of performance, CDC will work individually and collectively with each funded Priority 1 SEA to answer the following evaluation questions based on the program logic model, strategies, and activities:

1. To what extent have Priority 1 SEAs provided quality professional development, training and technical assistance to LEAs and schools?
2. To what extent have Priority 1 SEAs developed a strong school health infrastructure throughout the state and among LEAs and schools?
3. To what extent have Priority 1 SEAs supported the development and implementation of school health policies and practices, including during out-of-school time?
4. To what extent have Priority 1 SEAs increased healthful behaviors and improved the

management of chronic health conditions among students?

CDC will use an evaluation approach that consists of ongoing monitoring and evaluation. Priority 1 SEAs will (1) Develop an evaluation and performance measurement plan that addresses the evaluation questions being asked; (2) Report on evaluation results and performance measures annually; and (3) Report on successes and challenges. This evaluation approach will provide information on the progress made toward activities that promote health and support and reinforce healthful behaviors among students. CDC will use evaluation results from reports and the 5-year period of performance to assess the progress of Priority 1 SEAs and to establish key recommendations on program impact, sustainability, and continued program improvement that can be shared with decision makers and other stakeholders.

While Priority 1 SEAs are expected to use a state-wide, comprehensive approach, they will also be expected to select between a minimum of 5 LEAs, and a maximum of 10 LEAs, within which to prioritize and monitor the NOFO strategies and activities for the duration of the 5-year period of performance. Priority 1 SEAs should work with the majority of schools within these LEAs at the elementary, middle, and high school level; however, monitoring via CDC surveillance systems (i.e., YRBS and Profiles) will only occur among middle and high schools. For this reason, Priority 1 applicants should ensure that among LEAs, a significant portion of the schools they have chosen to work with are at the middle and high school level to monitor progress.

Priority 1 SEAs will to work with CDC project officers and CDC evaluators on ways to collect information to help them monitor progress, communicate results, and identify technical assistance needs. All performance measure data captured by CDC surveillance systems among LEAs and schools will be reported by CDC on behalf of states. School-level performance measures will be measured through Profiles items in even-numbered years and student-level performance measures will be measured through YRBS items in odd-numbered years. Surveillance data collected by CDC through sampling of LEAs and schools will be limited to the LEAs identified by Priority 1 SEAs at the beginning of the NOFO and cannot be modified throughout the 5-year period of performance.

Priority 1 SEAs will report annually on progress and activity information not captured by CDC surveillance systems. CDC will help Priority 1 SEAs develop specific activity and progress reporting processes and templates. CDC will manage and analyze activity and progress information in order to target areas for quality improvement and technical assistance needs. As resources permit, CDC may also identify and conduct additional evaluation projects (analytic studies, case studies, etc.) to evaluate program activities and outcomes. CDC will lead the design, data collection, analysis, and reporting for these studies in collaboration with Priority 1 SEAs. All information will be collected via a secure system to be developed.

Specific short-term, intermediate, and long-term performance measures for Priority 1 are listed in the table below. Priority 1 SEAs are expected to report on all (i.e., Tier 1) performance measures.

	Short-term Performance Measures	**Intermediate Performance Measures**	**Long-term Performance Measures**
Priority 1 - Improving Student Health and Academic Achievement			

through Nutrition, Physical Activity and the Management of Chronic Health Conditions in Schools			
	(Tier 1) Percentage of individuals whose skill in improving school health has increased as a result of receiving professional development and training.	(Tier 1) Percentage of schools that do not sell less healthy foods and beverages (soda pop or fruit drinks, sport drinks, baked goods, salty snacks, candy). *(Reported by CDC)* (Tier 1) Percentage of schools that have established, implemented and/or evaluated Comprehensive School Physical Activity Programs. *(Reported by CDC)* (Tier 1) Percentage of schools that provide case management for students with chronic health conditions. *(Reported by CDC)*	(Tier 1) Percentage of students who ate vegetables 3 or more times per day. *(Reported by CDC)* (Tier 1) Percentage of students who ate fruit or drank 100% fruit juices two or more times per day. *(Reported by CDC)* (Tier 1) Percentage of students participating in 60 minutes of daily physical activity. *(Reported by CDC)*

Priority 2 Applicants: Evaluation and performance measurement help demonstrate achievement of project outcomes, build a stronger evidence base for specific interventions; clarify applicability of the evidence base to different populations, settings, and contexts; and drive continuous improvement. Evaluation and performance measurement can also determine if strategies and activities are scalable and effective at reaching target populations. Priority 2 SEAs are required to allocate at least 10% of their award to support evaluation activities (i.e., including surveillance

and data collection), and are encouraged to work with professional evaluators to help ensure that a comprehensive evaluation is used and public health objectives are met.

Throughout the 5-year period of performance, CDC will work individually and collectively with the funded Priority 2 SEA to answer the following evaluation questions based on the program logic model, strategies, and activities:

1. To what extent has providing national professional development and training increased the capacity of Priority 1 SEAs to deliver effective professional development and training?
2. To what extent has providing national professional development and training supported the development and implementation of school health policy, practices and programs?

To answer these questions, CDC will use an evaluation approach that consists of routine monitoring and evaluation. The Priority 2 SEA will be required to (1) Report on CDC developed performance measures as specified in the performance measure table below; (2) Develop an evaluation and performance measurement plan, and (3) report evaluation results. This evaluation approach will provide data on the progress made with professional development and training activities to improve student health and academic achievement.

The Priority 2 SEAs will work with CDC project officers and CDC evaluators on ways to collect information to help them monitor progress, communicate results, and identify technical assistance needs. The Priority 2 SEAs will report annually on progress and activity information not captured by CDC surveillance systems. CDC will help the Priority 2 SEA develop specific activity and progress reporting processes and templates. CDC will manage and analyze activity and progress information in order to target areas for quality improvement and technical assistance needs. As resources permit, CDC may also identify and conduct additional evaluation projects (analytic studies, case studies, etc.) to evaluate program activities and outcomes. CDC will lead the design, data collection, analysis, and reporting for these studies in collaboration with the Priority 2 SEA. All information will be collected via a secure system to be developed.

Specific short-term and intermediate performance measures for Priority 2 are listed in the table below. The Priority 2 SEA is expected to report on all (i.e., Tier 1) performance measures.

	Short-term Performance Measures	**Intermediate Performance Measures**
Priority 2 - National Professional Development and Training to Improve Student Health and Academic Achievement		
	(Tier 1) Percentage	(Tier 1) Increased percentage of individuals or teams who have been able to transfer school health skills into practice.

	of individuals or teams whose skill in implementing school health policies and practices has increased.	

Priority 1 and 2 Applicants: All performance measure data will be collected via a secure data system that will be developed. Priority 1 and 2 SEAs will report their performance measures data annually via the data system and will only have access to their data. Over the 5-year performance period, data will be secured with limited access to authorized CDC program and evaluation staff.

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.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, 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 a DMP, within the first 6 months of award, as described in the Reporting Section

of this NOFO.

Priority 1 and 2 Applicants: Evaluation and performance measurement plans must be developed separately for Priority 1 and Priority 2**.** With support from CDC, recipients will elaborate on their initial applicant evaluation and performance measurement plan. 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 CDC, or other guidance otherwise applicable to this cooperative agreement. For information on how to develop an evaluation and performance management plan, please refer to CDC's Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide.

c. Organizational Capacity of Recipients to Implement the Approach

Priority 1 Applicants: Priority 1 applicants must have the organizational capacity to carry out the strategies and activities outlined in this NOFO. Specifically, applicants must have:

- Sufficient staffing levels within the SEA that have the necessary skills and competence to ensure project success. This includes a program coordinator/manager (100% FTE) within the SEA with the skills, experience and authority to carry out the activities identified in the work plan. The program coordinator/manager should have the ability to manage programs and resources ensuring the administrative, financial, and staff support necessary to sustain activities, distribute funding to subcontractors/grantees in a timely manner, and hire or contract with skilled personnel.
- Capacity to use data to engage LEAs, schools, decision-makers and the public about the risk factors associated with chronic diseases, disability, and death and the role of nutrition, physical education/physical activity and management of chronic health conditions in mitigating these factors among youth and adolescents.
- Experience providing professional development and training on policy, practices, programs, and assessment tools and resources related to school nutrition, physical education/physical activity, and managing chronic health conditions among students.
- Ability to attend required trainings, including those offered by CDC-funded NGOs, meetings and events and other training opportunities recommended by CDC.

Priority 2 Applicants: Priority 2 applicants must have the organizational capacity to implement national professional development and training events to improve school health programs. Specifically, applicants must have:

- A full-time staff position (100% FTE) with advanced professional development knowledge, responsibility, and organizational authority for coordinating professional development and training activities.
- Ability to convene a national professional development consortium consisting of Priority 1 SEAs, NGOs, CDC, and other stakeholders as applicable.

- Ability to lead, in partnership with CDC, at least two national professional development consortium meetings each budget year of the 5-year period of performance, for the purpose of planning and coordinating Priority 1 SEA professional development and training.
- Ability to develop and implement a professional development plan, using the CDC's Professional Development Practices.
- Possess a strong fiscal management system that is able to monitor, track, and make payments associated with the costs associated with coordination of professional development and training events.

d. Work Plan

Priority 1 and 2 Applicants: Applicants should provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years. Work plans help project officers monitor implementation of activities and progress on period of performance outcomes. No specific work plan format is required, as long as it is clear how the components in the work plan crosswalk to the strategies and activities, outcomes, and evaluation and performance measures presented in the logic model and the narrative sections of the NOFO.

Sample work plan templates are available at https://www.cdc.gov/chronicdisease/about/foa/healthystudents/index.htm

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.

CDC will monitor the cooperative agreement in partnership with the awarded applicants. Monitoring milestones and performance measures ensures the mutual success of CDC and Priority 1 and Priority 2 recipients in achieving the NOFO outcomes. Recipients and CDC staff will work together to assess key capacity areas aligned with strategies to establish a baseline for monitoring program improvement over time. The proposed work plan will be reviewed by the project officer and evaluation staff and may need to be altered to better reflect program activities as outlined in the NOFO. Monitoring will occur routinely through ongoing communication between CDC and recipients, site visits, and reporting mechanisms (i.e., work plans, performance measures, and financial reporting). Post-award cooperative agreement monitoring and provision of technical assistance and training will include:

- Ensuring the adequacy of systems that underlie and generate data and reports.
- Ensuring that work plans are feasible, fiscally responsible, consistent with the intent of the award, and have acceptable milestones and timelines.
- Ensuring that the activities outlined in the NOFO are being conducted.
- Adjusting work plan activities based on achieving objectives and budget changes.
- Communicating as needed, or at minimum monthly, with the project coordinator and the project officer on conference calls/webinars.
- Participating in webinars, conference calls and other meetings associated with the NOFO.
- Providing tools/resources aligned with program activities and NOFO outcomes, assessment and implementation support.

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

Priority 1 Applicants: The CDC programs that are involved with this NOFO will provide substantial involvement beyond site visits and regular performance and financial monitoring during the 5-year period of performance. Substantial involvement means that recipients can expect federal programmatic partnership during the cooperative agreement. The CDC program will work in partnership with recipients to ensure the success of the cooperative agreement by:

- Providing technical assistance to revise work plans and evaluation plans.
- Providing technical assistance related to surveillance, epidemiology and state-specific data collected by CDC.
- Providing scientific subject matter expertise and resources.
- Providing professional development and training opportunities – either in person or through virtual web-based training formats – for the purpose of sharing the latest science, best practices, success stories, and program models.

Priority 2 Applicants: Hosting a meeting during the first year of the 5-year period of performance and subsequently later in the period of performance for a total of up to eight meetings.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

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

2. Award Mechanism: U58

- **Activity Code:** U58
- **Category:** Cooperative Agreements
- **Title**: Chronic Disease Control Cooperative Agreement
- **Description:** In cooperation with State and local public health agencies and other public or private organizations to assist in controlling and preventing chronic diseases. Efforts are directed at the integrated application of surveillance; applied epidemiology; laboratory sciences; evaluation; health education; dynamic and productive relationships; training; and extensive applied management of effective disease control programs.

3. Fiscal Year: 2018

Estimated Total Funding: $35,000,000

4. Approximate Total Fiscal Year Funding: $7,000,000

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding: $35,000,000

6. Total Period of Performance Length: 5

06/30/2018 - 06/29/2023

7. Expected Number of Awards: 20

Priority 1: 19 awards

Priority 2: 1 award

8. Approximate Average Award: $350,000 Per Budget Period

Priority 1: $350,000

Priority 2: $450,000

This amount is subject to the availability of funds.

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

Priority 1: $400,000

Priority 2: $500,000

10. Award Floor: $300,000 Per Budget Period

Priority 1: $300,000

Priority 2: $400,000

11. Estimated Award Date: 05/30/2018

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).

12. Budget Period Length: 12 month(s)

06/30/2018 - 06/29/2019

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: State governments

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)

2. Additional Information on Eligibility

Funding is limited to State Education Agencies (SEAs).

The award ceiling for each component under Section B. Award Information is $500,000. CDC will not consider any application requesting an award higher than the specified amount. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/gpd2-04.pdf)

3. Justification for Less than Maximum Competition

Funding eligibility is limited to SEAs since these agencies have the greatest likelihood of impacting schools and the youth they serve. SEAs are uniquely qualified with the specialized

expertise to provide students with the knowledge and skills needed to affect positive changes in health behaviors, academic performance and to perform the activities under the NOFO. Justification for limiting funding to SEAs is specific to programmatic need as described below:

The implementation of the evidence-based strategies central to this NOFO requires a full working knowledge of education policy and requirements of LEAs. In order to create sustainable changes in schools to support healthy environments for students, it is critical to support only those agencies, i.e., SEAs, responsible for providing policy and curriculum guidance. Staff in other government agencies are not trained educators (teachers, school nurses) and do not have the expertise to implement the evidence-based strategies outlined in the NOFO. Other agencies can bring content, disease, and public health expertise but they cannot change school environments, the intended goal of this NOFO.

Education agencies are the entities within each state responsible for providing policy guidance, curricula, information, resources, and technical assistance on educational matters to schools. Health agencies do not determine school curricula, policies, and services. When SEAs lead the partnership, priority health programs are implemented within education goals and priorities, thereby, increasing the likelihood of implementation and measurable outcomes. Critical school health staff are located in SEAs. For example, the State Physical Education Consultant, School Health Nurse Coordinator, and State School Nutrition Director play significant roles in supporting health in schools. These positions are integral to ensuring tools and professional development reach school staff. Providing professional development to school staff is a core function of SEAs and a foundational strategy in this NOFO. SEA staff understand the alignment of professional development with education standards, how to address barriers in the school setting, and how to connect learning and health within the context of the education system.

The spirit of the recently passed Every Student Succeeds Act (ESSA - education action reauthorization, with full implementation in school year 2017/18) provides new opportunities to collaborate with the education sector in states on the Branch's primary focus of addressing obesity through schools. Additional details about the ESSA can be found at: https://www.ed.gov/essa?src=rn.

Education accountability and funding is restructured with a much greater emphasis on the role of the SEA and LEA control and implementation. Direct funding to entities other than SEAs reduces the assurance that there would be proper recognition of the unique strategies needed for effective school-based work. Conversely, when education agencies lead the partnership with other entities, priority health programs are implemented with greater compatibility with schools and school districts.

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. Required Registrations

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

1. Required Registrations

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

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

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

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

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

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 "Get Registered" option at www.grants.gov.

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow instructions to obtain your DUNS 9-digit # 4. Request appropriate staff	1-2 Business Days	To confirm that you have been issues a new DUNS number check online at (http:// fedgov.dnb. com/ webform) or call 1-866-705-5711

		member(s) to obtain DUNS number, verify & update information under DUNS number		
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the Account is set up the E_BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit the applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying to grants.gov)	Register early! Log into Grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be

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

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

Due Date for Letter of Intent: **02/01/2018**

b. Application Deadline

Due Date for Applications: **03/05/2018** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Informational Conference Call: 01/25/2018

An informational Conference Call will be held January 25, 2018, 3:00PM - 4:00PM Eastern Standard Time.

Conference Call Information

Conference Call Number: 1-866-730-1290

Passcode: 42127644

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http:// wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) / Homepage.aspx.
Applicants may follow either of the following processes:

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

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

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

Is a LOI: Recommended but not Required
Submission of a LOI is optional. This will allow CDC program staff to estimate the number of, and plan for, the review of submitted applications.

The LOI must be sent via U.S. Priority Mail Express, fax, or email to:

Penny Tanner

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health

4770 Buford Hwy MS: F-78

Atlanta, GA 30341-3717

Telephone number: 770-488-2693

Fax: 770-488-5965

Email address: evm7@cdc.gov

8. Table of Contents

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

documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

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

A separate project abstract should be developed for Priority 1 and Priority 2, if applying for both.

10. Project Narrative

Multi-component NOFOs may have a maximum of 15 pages for the “base” (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages.

Page limits include work plan; content beyond specified limits may not be reviewed. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. 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 separate project narrative should be developed for Priority 1 and Priority 2, if applying for both.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

model in the Approach section of the CDC Project Description.)

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

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

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

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

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

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

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

- Priority 1 and 2 applicants should submit separate budget narratives if applying for both priority areas.
- Priority 1 applicants are expected to direct part of their award to the State Health Department to support staff positions and activities associated with the NOFO.
- Priority 1 and 2 applicants are expected budget for a 100% FTE Program Manager/Coordinator.
- Priority 1 and 2 applicants are expected to allocate at least 10% of their award to support evaluation activities (i.e., including surveillance and data collection), and are encouraged to work with professional evaluators to collect and use quality process and outcome evaluation data**.**
- Priority 1 and 2 applicants should budget for up to three persons to attend an orientation meeting for recipients September 18 - 20, 2018 in Atlanta, GA.

13. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: http://www.whitehouse.gov/omb/grants_spoc/.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

14a. 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 2 CFR 200 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.

14b. 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.

14c. 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.

14d. Data Management Plan
As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information: https://www.cdc.gov/grants/additionalrequirements/ar-25.html

15. Funding Restrictions

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

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

- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

- Recipients may not use funds for construction.

16. Other Submission Requirements

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

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

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

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

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred.

Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https://www.grants.gov/ help/html/help/ index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.
   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase I Review
All applications will be initially reviewed for eligibility and completeness by the Office of Grants Services. Complete applications will be reviewed for responsiveness by 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.

Priority 1 - Approach	Maximum Points: 50

Background, Purpose, and Outcomes (5 points)

- The extent to which the applicant provides a description of relevant background information that includes the context of the problem identified in the NOFO.
- The extent to which the applicant describes specifically how their application will address the public health problem described in the NOFO.
- The extent to which the applicant clearly identifies the outcomes described in the NOFO they expect to achieve by the end of the 5-year period of performance.

Strategies and Activities (10 points)

- The extent to which the applicant provides a clear and concise description of how they will implement the strategies and activities described in this NOFO to achieve the 5-year period of performance outcomes.

Collaborations (20 points)

- The extent to which the applicant describes how they will collaborate with relevant CDC funded programs and organizations such as State Health Departments (e.g.,chronic disease/health promotion, school health, surveillance and epidemiology programs) and NGOs
- The extent to which the applicant submitted a MOA with the appropriate State Health Department outlining collaborative activities and data sharing.
- The extent to which the applicant described how they will work closely with CDC's Division of Adolescent and School Health to support data collection via the YRBS and Profiles.
- The extent to which the applicant describes how they will collaborate on federal initiatives that support healthier schools as appropriate.

Target Populations and Health Disparities (15 points)

- The extent to which the applicant describes the LEAs and schools they plan on working and if they are located in areas disproportionately affected by chronic diseases and the risk factors that cause them.

- The extent to which the applicant describes prioritizing child and adolescent populations that have a high prevalence of overweight or obesity, have limited access to healthy foods and beverages, do not obtain adequate physical activity, who lack access to care for consistent and appropriate management of chronic health conditions, and who lack access to quality, healthy out of school time programs.
- The extent to which the applicant submitted LOS from LEAs they plan to work with and how they will help applicant achieve the goals of the NOFO.

Priority 1 - Evaluation and Performance Measurement Maximum Points: 25

- The extent to which the applicant describes allocation of at least 10% of their award to support evaluation activities (i.e., including surveillance and data collection).
- The extent to which the applicant provides a plan that demonstrates how they will fulfill the evaluation and performance measurement requirements of the NOFO.
- The extent to which the applicant describes how they will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- The extent to which the applicant describes how key program partners will participate in the evaluation and performance measurement planning processes.
- The extent to which the applicant describes available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan, and other relevant data information.

Priority 1 - Applicant's Organizational Capacity to Implement the Approach Maximum Points: 25

- The extent to which the applicant describes their staffing levels within the SEA and their skills and competence to ensure project success. This includes having a program coordinator/manager (100% FTE) within the SEA with the skills, experience and authority to carry out the activities identified in the work plan.
- The extent to which the applicant describes how they will use data to engage LEAs, schools, decision-makers and the public about the risk factors associated with chronic diseases, disability, and death and the role of nutrition, PE/PA and management of chronic health conditions in mitigating these factors among youth and adolescents.
- The extent to which the applicant describes their experience providing professional development and training events on policy, practices, programs, and assessment tools and resources related to school nutrition, physical education/physical activity, and managing chronic health conditions among students.
- The extent to which the applicant describes their ability to attend required trainings, including those offered by NGOs, meetings and events and other training opportunities recommended by CDC.

Priority 2 - Approach Maximum Points: 30

Background, Purpose, and Outcomes (5 points)

- The extent to which the applicant provides a description of relevant background information related to Priority 2.
- The extent to which the applicant describes specifically how their application will implement the work in Priority 2.
- The extent to which the applicant clearly identifies the outcomes they expect to achieve by the end of the 5-year period of performance under Priority 2.

Strategies and Activities (5 points)

- The extent to which the applicant provides a clear and concise description of how they will implement the strategy and activity described in under Priority 2 to achieve the 5-year period of performance outcomes.

Collaborations (10 points)

- The extent to which the applicant describes how they will collaborate with CDC and CDC-funded NGOs to coordinate and provide professional development and training events to Priority 1 SEAs.

Target Populations and Health Disparities (10 points)

- The extent to which the applicant describes how they will address target populations and health disparities through professional development and training events based on Priority 1 SEA assessments.

Priority 2 - Evaluation and Performance Measurement	Maximum Points: 20

- The extent to which the applicant provides a plan that demonstrates how the Priority 2 SEA will fulfill the evaluation and performance measurement requirements of the NOFO.
- The extent to which the applicant describes how they will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- The extent to which the applicant describes how key program partners will participate in the evaluation and performance measurement planning processes.
- The extent to which the applicant describes available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan, and other relevant data information.

Priority 2 - Applicant's Organizational Capacity to Implement the Approach	Maximum Points: 50

- The extent to which the applicant describes how they fill a full-time staff position (100% FTE) with advanced professional development knowledge, responsibility, and

organizational authority for coordinating professional development and training events.

- The extent to which the applicant describes how they will convene a national professional development consortium consisting of Priority 1 SEAs, NGOs, CDC and other stakeholders as applicable.
- The extent to which the applicant describes their ability to lead, in partnership with CDC, up to two national professional development consortium meetings each budget year of the 5-year period of performance, for the purpose of planning and coordinating Priority 1 SEA professional development and training events.
- The extent to which the applicant describes their ability to develop and implement a professional development plan, using the CDC's Professional Development Practices.
- The extent to which the applicant describes how their fiscal management system is able to monitor, track, and make payments associated with the costs of coordinating professional development and training events.

CDC project officers will assess whether the budget aligns with the proposed work plan.

c. Phase III Review

Two separate objective review panels will be conducted for Priority 1 and Priority 2 applications. Objective review panels will evaluate complete, eligible applications in accordance with the "Phase II Criteria" section of the NOFO. Applications will be funded in order by score and rank determined by the review panel. Priority 2 applicants must compete and successfully be awarded Priority 1 funding in order to also be awarded Priority 2 funding.

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

1. Informational Conference Call: January 25, 2018, 3:00PM Eastern Standard Time
2. Due Date for Optional Letter of Intent: February 1, 2018
3. Due Date for Applications: March 5, 2018
4. Anticipated Award Date: May 30, 2018
5. Anticipated Project Start Date: June 30, 2018

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 NOFO will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.
Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

- AR-7: Executive Order 12372 Review
- AR-8: Public Health System Reporting Requirements
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-24: Health Insurance Portability and Accountability Act Requirements
- AR-25: Data Management and Access
- AR-26: National Historic Preservation Act of 1966
- AR-27: Conference Disclaimer and Use of Logos
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-32: Enacted General Provisions
- AR-34: Language Access for Persons with Limited English Proficiency

For more information on the CFR visit http://www. access.gpo.gov/ nara/cfr/cfr-table-search.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 NOFO outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings,

and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	Annual Performance Report	Yes
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports.	Yes

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

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:
Performance Measurement
• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation
• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.
HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov 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 weblinks 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 recipient must submit the Annual Performance Report via www.Grantsolutions.gov 120 days prior to the end of the budget period.

Recipients may submit carryover requests as part of the APR. The carryover request must:

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

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.

Priority 1 and 2 SEAs must report on performance measures for each budget period and update measures, if needed.

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

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the period of performance. 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).

No additional documents required.

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

Melissa Fahrenbruch, Project Officer
Department of Health and Human Services

Centers for Disease Control and Prevention
4770 Buford Hwy MS: F-78
Atlanta, GA 30341-3717
Telephone: (770) 488-6167
Email: eya6@cdc.gov

Grants Management Office Information

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

Stephanie Latham, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Rd
Atlanta, GA 30341-3717
Telephone: 770.488.2917
Email: fzv6@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: ogstims@cdc.gov

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications

- 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)

- Applicants must submit a MOA with the state health department.
- Applicants must submit letters of support from the LEAs they plan to work with over the course of the project period.

If applying for more than one priority area, a separate project abstract, project narrative, work plan, and budget narrative must be submitted with the application forms. Applicants should name the files "ProjectAbstract.Priority1.NameofAgency", "ProjectNarrative.Priority1.NameofAgency", "WorkPlan.Priority1.NameofAgency", and "BudgetNarrative.Priority1.NameofAgency". If also applying for Priority 2, the same naming mechanism applies, for example " ProjectAbstract.Priority2.NameofAgency".

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for

approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
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.
Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
CFDA Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not

know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

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

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

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

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

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

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

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

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

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their

determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.
Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.
Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.
Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.
Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or

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

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

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

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

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

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

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

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

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

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

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

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

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

decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-Specific Glossary and Acronyms

Activity: Actual tasks the program undertakes (e.g. development of materials, training, briefs, etc.)

Advertising: This item is defined through and measured by the School Health Profiles surveillance system. Within the questions used from Profiles to measure/assess this (questions 32a through 32e), there are specific examples used to represent the term "advertising", advertisements for candy, fast food, soft drinks placed in school buildings, on school playing fields, busses, school publications, curricula or education materials.

Before and After School Physical Activity: Before and after school physical activity could include walking and biking to school programs, physical activity clubs, intramural programs (i.e., organized sports by the school or community that any child can participate in if they want), informal play on school grounds, physical activity in school-based child care programs, and interscholastic sports (i.e., sports offered to students at school).

Capacity: An organization’s ability to achieve its mission effectively and to sustain itself over the long term.Capacity also refers to the skills and capabilities of individuals.

Capacity Building: The process of improving an organization’s ability to achieve its mission. It includes increasing skills and knowledge; increasing the ability to plan and implement programs, practices, and policies; increasing the quality, quantity, or cost-effectiveness of programs, practices, and policies; and increasing sustainability of infrastructure or systems that support programs, practices, and policies.

Chronic Health Condition: Any illness, disease, disorder, or disability that is of long duration or frequently recurs and is either not curable or has residual features that result in limitations in daily living requiring adaptation in function or special assistance. These may include, but are not limited to, asthma, food allergies, obesity, tooth decay, and diabetes.

Classroom Physical Activity: Classroom physical activity includes any physical activity done in the classroom during the school day. It can last from 5–15 minutes and can be done all at one time or several times during the school day. Teachers can include physical activity into their

planned academic lessons and/or provide short breaks in class.

Collaboration: Two or more partners actively engaged in planning, implementing and evaluating programs, practices, and policy activities with defined roles and responsibilities.

Competitive Foods: Any foods or beverages sold or served outside of the school meal program in various school-based venues including a la carte in the cafeteria, vending machines, school stores, snack bars, concession stands, fundraisers on school grounds, classroom-based activities. The Smart Snacks in School standards apply to competitive foods that are sold during the school day.

Comprehensive School Physical Activity Program (CSPAP): Before, during and after-school physical activity through recess and other physical activity breaks, intramural and physical activity clubs, interscholastic sports, walk- and bicycle-to-school initiatives, and quality physical education.

Evidence-Based: The development, implementation, and evaluation of effective programs and policies in public health through the application of principles of scientific reasoning, including systematic uses of data and information systems and appropriate use of behavioral science theory and program planning models.

Family and Community Engagement: Family engagement is families and school staff working together to support and improve the learning, development, and health of children and adolescents through physical education and physical activity. Community engagement allows maximum use of school and community resources and creates a connection between school and community-based physical activity opportunities.

Joint Use Agreement: A joint use agreement is a formal agreement, such as a memorandum of agreement or understanding, between the school or school district and another public or private entity to jointly use or share either school facilities or community facilities to share costs and responsibilities. For example, joint use agreements might be designed to increase access to spaces for recreation and physical activity, library services, school health centers, preschool programs, child care centers, before- or after-school programs, adult education, or other programs that benefit students and the community. These could be indoor or outdoor education or recreational facilities.

Less Healthy Foods: The term "less healthy foods" is defined through and measured by the School Health Profiles surveillance system. Within the questions used from Profiles (question 30a through 30L), "less healthy foods" are those that do not align with Dietary Guidelines (e.g., foods high in sodium, fat, excess sugar) and do not align with Smart Snacks in Schools standards.

Local Education Agency: A local education agency (LEA) may be a single- or multi-school district, a vocational program, a charter operator, a regional or county office of education, an alternative education program, or other office of education supporting schools and students in a particular region.

Local Wellness Policy: A written document that guides a local educational agency or school district’s efforts to create supportive school nutrition and physical activity environments. Each local education agency participating in the National School Lunch Program or the School Breakfast Program is required to develop and implement a wellness policy as established by the

Child Nutrition and WIC Reauthorization Act of 2004, and more recently by the Healthy, Hunger-Free Kids Act of 2010.

Non-Governmental Organization (NGO): A non-profit, voluntary citizens' group which is organized on a local, national or international level.

Notice of Award (NoA): The only binding, authorizing document between the recipient and CDC confirming issue of award funding. The NoA will be signed by an authorized Grants Management Officer, and provided to the recipient fiscal officer identified in the application.

Out-of-School Time Programs: Programs offered to students on the school site outside of school hours (e.g., before school, after school, during the summer). These programs may be run by the school, school district, or community-based organizations and may include programs focused on any discipline including academics, athletics, arts, music, extended learning programs, or care during out of school hours.

Partnerships: A group of individuals or organizations working together to address common goals. Partnerships involve a relationship of mutual respect, coordination of administrative responsibility, establishment of reciprocal roles, shared participation in decision-making, mutual accountability, and transparency.

Physical Education: Physical education is an academic subject characterized by a planned, sequential K-12 curriculum (course of study) that is based on the national standards for physical education. Physical education provides cognitive content and instruction designed to develop motor skills, knowledge, and behaviors for healthy active living, physical fitness, sportsmanship, self-efficacy, and emotional intelligence.

Professional Development: The systematic process used to strengthen the professional knowledge, skills, and attitudes of those who serve youth to improve the health, education and well-being of youth. Professional Development is consciously designed to actively engage learners and includes the sustaining, designing, marketing, delivery, evaluation, and follow-up of professional development offerings (events, information sessions, and technical assistance).

Recess: Discretionary time during the school day (i.e., 20 minutes daily) that allows elementary school students to engage in physical activity.

School Health Services: Services provided by the school district to appraise, protect, and promote student health, typically led by registered nurse(s). Key services include treatment and management of chronic and acute conditions, preventive services, emergency care, health promotion, counseling and health education, referrals and care coordination. School nurses, physicians, and allied health professionals typically provide these services.

Schools: Kindergarten, elementary, and secondary (i.e., middle/junior high school and high school) grade levels.

School Nutrition Environment and Services: The school nutrition environment refers to: 1) the foods and beverages that are available to students throughout the school day, and 2) information and messages about food, beverages, and nutrition that students encounter on school grounds. School nutrition services provide meals that meet federal nutrition standards for the National School Lunch and Breakfast Programs, accommodate the health and nutrition needs of all students, and help ensure that foods and beverages sold outside of the school meal programs meet Smart Snacks in School nutrition standards.

School Meals: Meals provided to students through programs including the National School Lunch Program and School Breakfast Program administered by the United States Department of Agriculture's Food and Nutrition Service.

Staff Involvement: School employees play an integral role in a healthy school environment. When school staff commit to good health practices, they are positive role models for students and may show increased support for student participation in physical activity. Support for school-employee wellness and leadership support for student participation in physical activity. Support for school-employee wellness and leadership training contributes to the overall culture of physical activity at a school.

State Health Department: The governing entity with primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by state constitution, statutes or regulations, or established by Executive Order. State Health Departments may be part of an umbrella organization, super public health agency, or super agency that oversees public health functions as well as other government functions.

Strategy: Means by which policy, practices, and programs are put into effect as population-based approaches (e.g., offering healthy food and beverage options in schools, implementing activity breaks in the classroom) versus individual-based approaches (e.g., health fairs, disseminating brochures, etc.).

Whole School, Whole Community, Whole Child: The Whole School, Whole Community, Whole Child approach expands on the eight elements of CDC's coordinated school health approach and is combined with the whole child framework. CDC and ASCD developed this expanded model—in collaboration with key leaders from the fields of health, public health, education, and school health—to strengthen a unified and collaborative approach designed to improve learning and health in our nation's schools.