

Centers for Disease Control and Prevention

National Center on Birth Defects and Developmental Disabilities

National Centers on Health Promotion for People with Disabilities
CDC-RFA-DD16-1602
Application Due Date: 01/15/2016

National Centers on Health Promotion for People with Disabilities

CDC-RFA-DD16-1602

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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-DD16-1602. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

National Centers on Health Promotion for People with Disabilities

C. Announcement Type: New - Type 1

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

D. Agency Funding Opportunity Number:

CDC-RFA-DD16-1602

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

93.184

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**01/15/2016**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**12/03/2015**

An informational conference call will take place on December 3rd, 2015 from 3:00 pm to 4:00 pm EST. The conference call can be accessed by calling the following toll free number 1- 877- 931-8815 and entering the participant passcode #7157577.

G. Executive Summary:

1. Summary Paragraph:

The purpose of this 5-year Funding Opportunity Announcement (FOA) will be to fund and support state controlled institutions of higher education, non-government organizations and private colleges and universities that work with people with mobility limitations and/or intellectual disabilities (ID) and have national reach through a network of 15 or more state/local programs, chapters and/or affiliates across the United States. These national centers or organizations (referred to as National Centers on Disability) may apply to develop, implement, evaluate, and disseminate non-research activities aimed at reducing health disparities and improving the health of people with mobility limitations and/or intellectual disabilities across their lifespans. This new FOA will provide support to up to three National Centers on Disability to: (1) improve knowledge and awareness about the usefulness and effectiveness of health promotion programs and policy, systems and environmental improvements for people with mobility limitations and/or intellectual disabilities, (2) develop, implement, evaluate, and disseminate multi-level strategies (e.g., programmatic, policy, systems and environmental changes) that improve the health and quality of life of people with mobility limitations and/or intellectual disabilities, (3) implement the Healthy Athletes Program for people with ID, and (4) collaborate with and support states and academic centers to improve the health of people with mobility limitations and/or intellectual disabilities.

a. Eligible Applicants:	Limited
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	3
d. Total Project Period Funding:	$32,500,000
e. Average One Year Award Amount:	$2,166,667
f. Number of Years of Award:	5
g. Estimated Award Date:	03/31/2016
h. Cost Sharing and / or Matching Requirements:	N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Disabilities affect over 53 million adults in the United States -- cutting across the boundaries of age, race, sex, and socioeconomic status. State-level disability estimates range from a low of 16.4% to a high of 31.5%. People with functional disabilities experience numerous health disparities and are more likely than people without disabilities to have higher rates of chronic conditions and related risk factors. Adults living with disabilities are more likely than people without disabilities to report poorer health and are more likely to be obese (38.4% vs 24.4%), smoke (30.3% vs 16.7%), have high blood pressure (41.7% vs 26.3%) and be physically inactive (36.3% vs 23.9%).

People with disabilities need public health programs and health care services for the same reasons anyone does—to be healthy, active, and a part of the community. Individuals with disabilities are best served by public health when they are included in mainstream public health activities. Disability inclusion allows for people with disabilities to take full advantage of the benefits of the same health promotion activities experienced by people who do not have a disability. Examples of these activities include: educational programs and policies that promote physical activity, improve nutrition, or reduce tobacco use; and screening and referrals for diabetes or heart disease. It also involves identifying and eliminating barriers to participation. As an example, many barriers can be eliminated through the use of universal design, which involves the creation of environments that are usable by the largest number of people, regardless of their abilities.

People with mobility disabilities and those with intellectual disabilities (ID) represent a large segment of the disability population. Men, women, and children of all backgrounds live with complications associated with these conditions. Therefore, the priority populations for activities supported by this announcement are people with mobility disabilities and/or ID. This FOA is intended to support the development, implementation, evaluation, and dissemination of non-research activities aimed at: (1) raising knowledge and awareness of the health needs of people with mobility limitations and/or ID; (2) developing and disseminating health promotion models, strategies, tools, and health promotion materials; (3) providing training and education to health care professionals and others that provide support and/or services to people with mobility limitations and/or ID; (4) improving access to health care screenings and services; and (5) promoting the adoption of healthy behaviors aimed at reducing health disparities for people with mobility limitations and/or ID.

State controlled institutions of higher education, non-government organizations and private colleges and universities that work with people with mobility and/or intellectual disabilities and have national reach through a network of 15 or more state/local programs, chapters and/or affiliates may apply for this announcement. These National Centers on Disability are uniquely positioned to have a significant impact on the nation's health. Given their widespread visibility, political acumen, broad reach through a network of local and state affiliates, programs and partners, and established infrastructure, Category A and B awardees will be expected to individually and collectively improve inclusion and accessibility for people with disabilities through health promotion programs.

Recipient activities will vary by category and address the following priority topic areas:

Category A – Mobility Disabilities

- Physical activity, nutrition, healthy weight

Category B- Healthy Athletes Program and Intellectual Disabilities

- Physical activity, nutrition, healthy weight, tobacco use and exposure, hypertension, oral health

Applicants may only apply for one category of funding.

b. Statutory Authorities

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

c. Healthy People 2020

This program addresses the *Healthy People 2020* focus areas of Disability and Health (DH) and Physical Activity (PA). This FOA specifically supports the following *Healthy People* objectives: DH-2 "Increase the number of States and the District of Columbia that have health promotion programs for people with disabilities," DH-4 "Reduce the proportion of people with disabilities who report delays in receiving primary and periodic preventive care due to specific barriers," DH-8 "Reduce the proportion of people with disabilities who report (encountering) physical or program barriers to local health and wellness programs," DH-13 "Increase the proportion of people with disabilities who participate in social, spiritual, recreational, community, and civic activities to the degree they wish," and PA-1, "Reduce the proportion of adults who engage in no leisure-time physical activity." Additional information on *Healthy People 2020* is available at http://www.healthypeople.gov.

d. Other National Public Health Priorities and Strategies

This FOA supports NCBDDD's strategic goals and priorities which are are available at: http://www.cdc.gov/ncbddd/aboutus/documents/ncbddd_strategicplan_2-10-11.pdf.

e. Relevant Work

This Funding Opportunity Announcement (FOA) builds on 15 years of CDC-funded disability programs in chronic disease prevention and health promotion as well as the experience of national disability organizations and state programs nationwide. Specifically, this FOA is an extension of the lessons learned that supports making programmatic, policy, systems, and environmental changes to impact the health and well-being of people with disabilities. As emphasized in the Health Impact Pyramid, public health interventions will achieve greater impact when changing the environmental context so that individuals can easily take healthy actions in the normal course of their lives. In addition, the Socio-Ecological Model denotes the importance of influencing factors within and across levels (i.e., individual, intrapersonal, organizational, community, societal) that affect personal health. Each level provides potential support for the initiation and maintenance

of healthy behaviors; however, individual behavior change is best achieved if reinforced and supported by organizational and community level improvements. This FOA supports the implementation of multi-level public health programs that can advance sustainable impact on the health and well-being of people with disabilities as well as the need for evaluation and dissemination of best practices.

2. CDC Project Description

a. Approach

Bold indicates project period outcome.

The following logic model outlines strategies and outcomes for each component addressed in this FOA.

CDC-RFA- DD16-1602 Logic Model: National Centers on Health Promotion for People with Disabilities

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Overarching Strategy Improve inclusion and accessibility for people with disabilities in health promotion programs **Category A** • Assess, develop and disseminate community models, tools, and resources • Deploy evidence-based health promotion programs adapted for people with mobility limitations **Category B** • Conduct health screening assessments and events • Enhance data collection activities • Deploy evidence-based health promotion programs adapted for people with ID **Category A and B** • Enhance and expand partnerships • Provide training and education • Promote evidence-based and innovative programmatic,	• **Increased availability and use of community models, tools, and resources** • **Increased access to health care screenings and referrals for other health care services** • **Improved data collection methods** • **Increased knowledge and awareness of health risk factors** • **Improved collaborations with partners**	• **Increased screening for health risk factors** • **Improved evidence-base for health promotion programs** • **Increased use of programmatic, policy, systems, and environmental changes** • **Increased participation in evidence-based and innovative health promotion programs** • **Improved organizational capacity**	• Increased healthy behaviors • Decreased prevalence of chronic disease risk factors • Decreased prevalence of chronic diseases • Improved sustainability of programmatic, policy, systems, and environmental improvements

policy, systems, and environmental changes • Develop and disseminate inclusion strategies, resources and tools • Provide technical assistance • Evaluate program impact			

Bold indicates outcomes expected to be achieved during the project period.

Category A - Mobility Disabilities (priority topics include: physical activity, nutrition, healthy weight)

Category B - Healthy Athletes Program and Intellectual Disabilities (priority topics include: physical activity, nutrition, healthy weight, tobacco use and exposure, hypertension, oral health)

i. Purpose

The overarching strategy for this FOA is to improve inclusion and accessibility for people with disabilities in health promotion programs in the following two categories:

Category A - Mobility Disabilities

- This FOA will support national organizations to implement, evaluate, and disseminate non-research activities aimed at reducing health disparities and improving the health of people with mobility limitations across their lifespans.

Category B - Healthy Athletes Program and Intellectual Disabilities

- This FOA will support national organizations to implement, evaluate, and disseminate non-research activities aimed at reducing health disparities and improving the health of athletes and people with intellectual disabilities across their lifespans.

ii. Outcomes

Awardees will be responsible for measuring ***short-term and intermediate outcomes***. *Monitoring progress on short-term and intermediate outcomes provides an opportunity for awardees to make adjustments to strategies to ensure increased long-term health impact. The following key outcomes are expected to be achieved by the end of the project period:*

Category A - Mobility Disabilities

Short-term Outcomes

- *Increased availability and use of community models, tools, and resources*
- *Increased knowledge and awareness of health risk factors*
- *Improved collaborations with partners*

Intermediate Outcomes

- *Improved evidence-base for health promotion programs*
- *Increased use of programmatic, policy, systems, and environmental changes*
- *Increased participation in evidence-based and innovative health promotion programs*
- *Improved organizational capacity*

Category B - Healthy Athletes Program and Intellectual Disabilities

Short-term Outcomes

- *Increased access to health care screenings and referrals for other health care services*
- *Improved data collection methods*
- *Increased knowledge and awareness of health risk factors*
- *Improved collaborations with partners*

Intermediate Outcomes

- *Increased screenings for health risk factors*
- *Improved evidence-base for health promotion programs*
- *Increased use of programmatic, policy, systems, and environmental changes*
- *Increased participation in evidence-based and innovative health promotion programs*
- *Improved organizational capacity*

As part of the National Center Evaluation Plan, CDC will be responsible for estimating ***long-term outcomes*** *for both categories including:*

- *Increased healthy behaviors*
- *Decreased prevalence of chronic disease risk factors*
- *Decreased prevalence of chronic diseases*
- *Improved sustainability of programmatic, policy, systems, and environmental improvements*

iii. Strategies and Activities

Applicants for this award must implement strategies and activities to achieve and measure the outcomes described in the logic model above. Strategies for Category A and B are listed below and include examples of potential activities.

Category A

- *Assess, develop and disseminate community models, tools, and resources*

    - assess gaps in community models, information and resources aimed at improving nutrition and increasing physical activity (e.g., models and guidelines for creating an inclusive community)
    - promote access and inclusion through development, evaluation and dissemination of community models (e.g., inclusive fitness centers)
    - develop models and recommendations that can be scaled and replicated in various settings (e.g., develop and evaluate physical activity and nutrition guidelines for people with mobility limitations)
    - implement policy, systems, and environmental improvements (e.g., universal design approaches that increase access to physical activity, nutritional guidelines that increase availability of healthy food options in group homes)
- *Deploy evidence-based health promotion programs adapted for people with mobility limitations*
    - use existing guidelines and recommendations to customize evidence-based programs for people with mobility limitations (e.g., adapt Common Community Measures for ObesityPrevention for people with mobility limitations)

Category B

- *Conduct health screening assessments and events*
    - train health care professionals about the health needs of people with ID
    - host health promotion screening events for athletes and people with ID
    - develop and implement a referral program linking people with ID to appropriate health care services
    - provide an annual report summarizing screening events
- *Enhance data collection activities*
    - improve tracking and monitoring of key health indicators for people with ID
    - promote the use of standardized questions and protocols for health screenings (e.g., develop health assessment guide)
- *Deploy evidence-based health promotion programs adapted for people with ID*
    - implement the Healthy Athletes Program (e.g., host state or national screening events)
    - implement health promotion programs (e.g., adaptive physical activity programs, nutrition policy to restrict the availability of less healthy foods and beverages)

Category A and B

- *Enhance and expand partnerships*
    - expand collaborations between National Centers on Disability and other CDC-funded programs, including State-based Disability and Health Programs (e.g., disseminate referral toolkit through CDC-funded partners)
    - initiate joint projects with CDC State-based Disability and Health Programs (e.g., inclusive fitness center model implemented in multiple states and/or communities)
    - establish an advisory committee, including representation from people with disabilities
- *Provide training and education*
    - train select audiences (e.g., state health departments, advocates, public) about health risk factors, health disparities, and policies that affect people with disabilities
    - train health care professionals to provide quality health screenings and assessments (e.g., build professional competencies, identify adaptive equipment)
- *Promote evidence-based and innovative programmatic, policy, systems, and environmental changes*
    - develop/pilot innovative strategies (e.g., adapt Common Community Measures for Obesity Prevention for people with mobility limitations)
    - implement/disseminate evidence-based strategies (e.g., inclusion policy)
    - test a new program model in multiple states and/or communities
- *Develop and disseminate inclusion strategies, resources and tools*

- disseminate key findings and lessons learned through multiple communication modes (e.g., conference presentations, manuscripts, tweets/social media, webinars, and websites)
- create and disseminate success stories and policy briefs (e.g., promote programs and policies that improve the health of people with disabilities among disability stakeholders)

- *Provide technical assistance*
  - support people with disabilities and their families, health care providers, organizations serving people with disabilities, state health departments, and the general public
- *Evaluate program impact*
  - utilize tools to document and monitor program performance (e.g., assess intervention reach, track outcomes)

Awardees may not use funds for research or clinical care.

1.Collaborations

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

Applicants are expected to collaborate with other National Centers on Disability supported under this award and with CDC-funded programs, including the state-based disability and health programs. Applicants are encouraged to initiate at least one collaborative project with at least one or more disability and health state programs.

b. With organizations not funded by CDC:

Collaborations between consumer groups, national or community-based organizations, clinicians, and researchers are encouraged. If collaborations are proposed, it is expected that the nature of these collaborations are clearly described in the proposal and letters of support, and/or MOUs/MOAs are included in the appendix. If contractual agents or agencies will be used, describe potential contractors, how contractors will be selected, and the role of the applicant as compared to those of the contractor.

2. Target Populations

The target populations for the proposed projects are as follows:

Category A - People with mobility disabilities, their families, health care providers, organizations serving people with disabilities, and the general public.

Category B - People with intellectual disabilities, healthy athletes, people who influence and/or guide a person with ID (e.g., a family member, friend, coach (life, job, athletic, or health), health professional, service provider, advocate or caregiver other than family), and the general public.

It is expected that applicants will describe the specific target population, identify applicable health disparities, and develop and evaluate program objectives and related activities to reduce or eliminate these disparities.

a. Inclusion

Funded programs must include people with disabilities in all aspects of the program (e.g., advisory boards, planning committees, project staff, consultants, etc.) Where appropriate, applicants are encouraged to also include: tribal organizations; rural populations; non-English speaking populations; lesbian, gay, bisexual, and transgender (LGBT) populations; and people with limited health literacy.

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

Multiple funding streams will be used to support Category A and Category B components. Applicants may only apply for one category of funding. Annual funds available are as follows:

Category A - Mobility Disabilities; up to $1,500,000 is available for this category. The ceiling for individual awards is $1,500,000.

Category B - Healthy Athletes Program and Intellectual Disabilities; up to $5,000,000 is available for this category. The ceiling for individual awards is $4,500,000.

Awardees may not use funds for research or clinical care.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurements help demonstrate achievement of program objectives; build a stronger evidence base for specific program interventions; clarify applicability of the evidence base to different populations, settings, and contexts; drive continuous program improvement; and help determine if program strategies are scalable and effective at reaching target populations.

As part of their evaluation plan, awardees will be responsible for measuring short-term and intermediate outcomes. Monitoring progress on short-term and intermediate outcomes provides an opportunity for awardees to make adjustments to strategies to ensure increased long-term health impact. All awardees will be expected to measure and report short-term outcomes (including reach, or number of people impacted by an intervention) that align to objectives included in their work plans.

If selected for funding, CDC staff will work with the grantees to finalize program specific measures. These will include both process and outcome measures, such as:

Process evaluation measure examples:

- *Assess, develop and disseminate community models, tools, and resources*
    - Summary list of current models, tools, and resources, numbers and types of materials developed, language and literacy of materials, methods of dissemination, audiences reached, numbers of resources requested and distributed, quality assessment of materials, web metrics
- *Deploy evidence-based health promotion programs adapted for people with mobility limitations*
    - Summary of current literature, list of evidence-based programs, description of adaptations
- *Conduct health screening assessments and events*
    - Number and location of screening events hosted, list of assessment tools, number of healthy athletes and people with ID screened
- *Enhance data collection activities*
    - List available data sources
- *Deploy evidence-based health promotion programs adapted for people with ID*
    - Summary of health programs being implemented, location and accessibility of activities, type of recruitment, evidence of reaching targeted audience (i.e., healthy athletes), number of participants engaged
- *Enhance and expand partnerships*
    - List of collaborators and their roles and responsibilities, type of interagency agreements
- *Provide training and education*
    - List and types of training provided, number of people who received training
- *Promote evidence-based and innovative programmatic, policy, systems, and environmental changes*
    - Summary of literature on evidence-based programs, policy, system, or environmental changes, summary of promotional activities and events, documentation of reach
- *Develop and disseminate inclusion strategies, resources and tools*
    - List of resources, tools and strategies, number of resources disseminated, documentation of reach

- *Provide technical assistance*
    - Number of technical assistance requests, list of organizations requesting assistance, summary of technical assistance provided,
- *Evaluate program impact*
    - Documentation of an evaluation plan and logic model, documentation of program reach

Short-term outcome evaluation measure examples:

- *Increased availability and use of community models, tools, and resources*
    - Pre/post evaluation of knowledge or models implemented, key informant interviews, focus groups
- *Increased access to health care screenings and referrals for other health care services*
    - Pre/post survey of participants, volunteers, and health care providers, number of people screened, number of people referred for follow-up care, reasons for referral
- *Improved data collection methods*
    - Standardized protocols, analyses and documentation of findings
- *Increased knowledge and awareness of health risk factors*
    - Pre/post evaluation of knowledge and awareness
- *Improved collaboration with partners*
    - Pre/post assessment of number of partners or joint projects, activities conducted and meetings held

Intermediate outcome evaluation measure examples:

- *Increased screening for health risk factors*
    - Numbers of consumers screened, number of people referred for follow-up care, number of people receiving follow-up care, changes in provider practices
- *Improved evidence-base for health promotion programs*
    - Pre/post evaluation of knowledge, key informant interviews, focus groups
- *Increased use of programmatic, policy, systems, and environmental changes*
    - Pre/post survey of inclusive policy, systems, and accessible environments, key informant interviews, number of accessibility assessments, new policies initiated
- *Increased participation in evidence-based and innovative health promotion programs*
    - Pre/post evaluation of participant behavior
- *Improved organizational capacity*
    - Pre/post survey of staff competencies, key informant interviews

CDC emphasis will be supporting awardees to measure process, short-term, and intermediate outcomes, as outlined in the logic model. As part of the National Center Evaluation Plan, CDC will be responsible for estimating overall FOA impact based on performance monitoring and progress achieved by all awardees.

CDC will also have routine calls with grantees to track progress of objectives outlined in the work plans and provide feedback or guidance around issues, such as finalizing logic models and evaluation plans and measuring program impact. CDC will use evaluation findings and performance measures for continuous program quality improvement and demonstrate the impact of the FOA.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. 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).

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).

Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting Section of this FOA.

Applicants must provide an evaluation and performance measurement plan that is consistent with the CDC strategy. The plan must:

- Affirm their ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy
- Describe how key program partners will participate in the evaluation and performance measurement planning process
- Describe how evaluation findings will be used for continuous program quality improvement
- Describe the type of evaluation (i.e., process, outcome, or both) and timeline
- Describe key evaluation questions to be addressed by these evaluations
- Identify available data sources and discuss the feasibility of collecting these data
- Explain how the evaluation and performance measures will contribute to developing an evidence base for programs that employ strategies lacking strong evidence

c. Organizational Capacity of Awardees to Implement the Approach

Applicants must demonstrate the ability to execute the CDC strategies and activities and meet project period outcomes.

Applicants should:

- Describe the current status of programs conducted by their organization, and describe their understanding of the need for this program as well as their agency's capacity in implementing and evaluating the activities within the proposed plan.
- Describe the anticipated level of organizational capacity applicants will need in order to implement the award. Organizational capacity includes skill sets such as: program planning, program evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management.
- Applicants should demonstrate relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes, experience and capacity to implement the evaluation plan, and a staffing plan and project management structure sufficient to

achieve the project outcomes and clearly define staff roles.

- Applicants are encouraged to submit up to three success stories that demonstrate program accomplishments. Each success story should not exceed one page and may be included in the appendix.
- Applicants must be capable of managing the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations, and meet reporting requirements related to federal programmatic, financial, and management benchmarks as required in the FOA.

d. Work Plan

Applicants must provide a detailed work plan for the first year of the project period and a high-level description that covers the remaining four years of the project period. The work plan must cross walk to the strategies and activities, short-term and intermediate outcomes, and performance measures presented in the logic model and narrative sections of the FOA. The workplan should include the objectives and associated performance measures, program strategies and activities, target dates for completion, and person(s) responsible for the activities. Applicants are strongly encouraged to use the sample Excel-based workplan available at http://www.cdc.gov/ncbddd/disabilityandhealth/funding-opportunity-announcements.html. The sample work plan includes several tabs which relate to strategies that should be captured in the work plan--infrastructure, models, programs, training, technical assistance, tools and dissemination. Within each tab is a project period objective that further describes the strategy and related annual objectives. All proposed objectives must be specific, measurable, achievable, realistic and time-phased (SMART). Proposed measures can be summarized in this template under the "measures" tab and should align to the short-term and intermediate outcomes.

e. CDC Monitoring and Accountability Approach

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

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

Monitoring may also include the following activities:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Other activities deemed necessary to monitor the award, if applicable.
These activities may include monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

Other than those listed above, no additional monitoring activities are required.

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

CDC will have substantial involvement throughout the project period. To ensure the success of the cooperative agreement, CDC will provide the following:

Technical Assistance:

- CDC staff will provide access to subject matter experts in disability, public health practice and evaluation.
- CDC staff will conduct routine conference calls with grantees and will assist, as needed, with program planning, work plan development, implementation, performance measurement and evaluation.
- Where appropriate, CDC staff will collaborate in the development of health promotion materials, presentations, and publications associated with these activities.

Information Dissemination:

- CDC staff will share information, best practices, and lessons learned among partners through meetings, conferences, listservs, webinars, and other social media.
- CDC staff will also share information between awardees through routine conference calls and facilitate information exchanges between grantees and the existing state disability and health programs.

Additional Support

- CDC staff will provide regular feedback on work plans, evaluation plans and required reports.

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: U-27

3. Fiscal Year: 2016

Estimated Total Funding: $6,500,000

4. Approximate Total Fiscal Year Funding: $6,500,000

This amount is subject to the availability of funds.

5. Approximate Project Period Funding: $32,500,000

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

7. Expected Number of Awards: 3

8. Approximate Average Award: $2,166,667 Per Budget Period

This amount is subject to the availability of funds.

9. Award Ceiling: $4,500,000 Per Budget Period

- The award ceiling for **Category A** is $1,500,000.
- The award ceiling for **Category B** is $4,500,000.

10. Award Floor: $500,000 Per Budget Period

11. Estimated Award Date: 03/31/2016

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length: 12 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

Public and State controlled institutions of higher education
Native American tribal organizations (other than Federally recognized tribal governments)
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

Other:

Private colleges and universities

2. Additional Information on Eligibility

N/A.

The award ceiling for this FOA is $4,500,000. CDC will consider any application requesting an award higher than this amount as non- responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf)

3. Justification for Less than Maximum Competition

This announcement is limited to state controlled institutions of higher education, non government organizations and private colleges and universities that work with people with mobility limitations and/or intellectual disabilities and have national reach through a network of 15 or more state/local programs, chapters and/or affiliates. These National Centers on Disability are uniquely positioned to have a significant impact on the nation's health. Given their widespread visibility, political acumen, broad reach through a network of local and state affiliates, programs and partners, and established infrastructure, awardees will be expected to individually and collectively improve inclusion and accessibility for people with disabilities through health promotion programs.

This FOA will limit applicants to state controlled institutions of higher education, non-government organizations and private colleges and universities. These centers and organizations have: national reach though local affiliates, chapters, and programs; credibility and influence in their targeted communities (e.g., developed and/or participated in existing community coalitions, events, and activities); direct access to targeted audiences; a variety of existing communication platforms (e.g., websites, newsletters, conferences, special events, etc.); demonstrated ability to inform a national dialogue and garner the attention of national and local media; and demonstrated ability to leverage additional resources and partnerships.

Applicants that do not demonstrate the appropriate infrastructure and resources necessary to fulfill the requirements of this project as described above, will be limited in their ability to achieve the goals and objectives of this project.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

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

1. Required Registrations

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

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

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

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

b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process 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 atwww.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 the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CRR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not 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 www.fsd.gov/US 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 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 on 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 PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

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

N/A

b. Application Deadline

Due Date for Applications: **01/15/2016**, 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: 12/03/2015

An informational conference call will take place on December 3rd, 2015 from 3:00 pm to 4:00 pm EST. The conference call can be accessed by calling the following toll free number
1- 877- 931-8815 and entering the participant passcode #7157577.

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.

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

An LOI is not requested or required as part of the application for this FOA.

8. Table of Contents

(No page limit and not included in Project Narrative limit): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

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

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section. Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov.

a. Background

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

b. Approach

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

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

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

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

Applicants must file letters of support, as appropriate, name the file "Letters of Support", and upload it as a PDF file at www.grants.gov.]

Applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grants.gov.

2. Target Populations
Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. Refer back to the Target Population section 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 awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. 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. See Section E (pages 4 and 5) at http://www. hhs.gov/ asfr/ogapa/ aboutog/ogpoe/ gpd2-02.pdf. 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, 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).

Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting Section of this FOA.

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

d. Organizational Capacity of Applicants to Implement the Approach

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

Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov.

11. Work Plan

Included in the Project Narrative Page limits:

Multiple components: maximum of 15 pages for the base and up to 4 additional pages per component)
Single component: maximum of 20 pages)

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

12. Budget Narrative

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Implement the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

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

Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).
For guidance on completing a detailed budget, see Budget Preparation Guidelines at:http:// www.cdc.gov /grants /interested in applying /application resources.html .
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

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

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

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

whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically Pro-Children Act of 2001, 20 U.S.C. Sections 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care,or early childhood development services are provided to children.

Tobacco Policies:

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

Nutrition Policies:

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

http://www.cdc.gov/ nccdphp/dnpao/hwi/ toolkits/ tobacco/index.htm
http://www. thecommunityguide.org/ tobacco/index.html
http:// www.cdc.gov /obesity /strategies /food-serv-guide.html

14. Health Insurance Marketplaces

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

15. Intergovernmental Review

Executive Order 12372 does not apply to this program.

16. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16a. 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). Grantees will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide grantees 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.

16b. 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.

16c. 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 grantee 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 grantee did not pay any taxes during the reporting period.]

2) Quarterly Report: The grantee 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. grantee 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 grantee must include this reporting requirement in all applicable subgrants and other subagreements.

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the awardee.
- 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 awardees.
- 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.

- 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.

Other than those listed above, there are no additional restrictions on the use of funds.

18. Other Submission Requirements

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

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

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

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Applicant User Guide, Version 1.1, page 102. http:// www.grants.gov /documents /19/18243 /Grantsgov ApplicantUserGuide .pdf /ce754626 -c2aa-44bc-

b701 -30a75bf428c8

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@www.grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.
e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail 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, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase I Review

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

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach ii. Evaluation and Performance Measurement iii. Applicant's Organizational Capacity to Implement the Approach

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.

Approach	Maximum Points: 50

i. Approach

Evaluate the extent to which the applicant:

- Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model.
- Describes an overall strategy and activities consistent with the CDC Project Description and logic model.
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).

- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes.
- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC.

Evaluation and Performance Management	Maximum Points: 25

ii. Evaluation and Performance Measurement

Evaluate the extent to which the applicant:

- Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach.
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the FOA and for continuous program quality improvement.
- Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.
- Describes any evaluation studies they are to undertake. Describe in sufficient detail to identify the key evaluation questions, and data sources and analysis methods.

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

iii. Applicant’s Organizational Capacity to Implement the Approach

Evaluate the extent to which the applicant addresses the items below:

- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes.
- Demonstrates experience and capacity to implement the evaluation plan.
- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles. Provides an organizational chart.

Budget	Maximum Points: 0

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

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel.

The following factors may also affect the funding decision:

- Availability of funds
- Relevance of the proposed project to program priorities

2. Announcement and Anticipated Award Dates

The anticipated award date is March 31, 2016.

F. Award Administration Information

1. Award Notices

Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC PGO. The NOA shall be the only binding, authorizing document between the awardee and CDC. The NOA will be signed by an authorized GMO and emailed to the Awardee Business Officer listed in application and the Program Director.
Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.
Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

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

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

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

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

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

ARs applicable to awards related to conferences:

- AR-27: Conference Disclaimer and Use of Logos

Organization-specific ARs:

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

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

3. Reporting

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

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

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

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	No later than120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes

Other than those listed above, no additional post-award reporting is required.

a. Awardee Evaluation and Performance Measurement Plan (required)

With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award.

This plan should provide additional detail on the following:

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

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

- **Performance Measures:** Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
    - Awardees must report progress on completing activities and progress towards achieving the project period outcomes described in the logic model and work plan.
    - Awardees must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Awardees must describe success stories.
- **Challenges**
    - Awardees must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
    - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
    - Awardees must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

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

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

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

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

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

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

- Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
- Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
- Impact/Results/Success Stories – Awardees must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

Other than the information requested above, no additional information is 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:

- http://frwebgate. access.gpo.gov/ cgi-bin/getdoc.cgi ?dbname= 109_cong_bills &docid=f:s2590enr .txt.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov /asfr/ogapa/aboutog /Grants%20Management %20Information/ ffata_guidelines.html.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:
Mary Helen Witten, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway
Atlanta, GA 30341-3717
Telephone: (404) 498-3023
Email: muw4@cdc.gov

Grants Management Office Information

For **financial, awards management, or budget assistance,** contact:
Kathy Raible, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road
Atlanta, GA 30341
Telephone: (770) 488-2045
Email: kcr8@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: pgotim@cdc.gov

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

H. Other Information

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

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

Optional attachments, as determined by CDC programs:

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

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additional requirements/index.html. Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

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

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

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

CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables

data and funding tracking and transparency.

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

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

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

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

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

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

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

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

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

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to

the public on a single website at www.USAspending.gov.

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

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

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

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

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

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

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

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

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

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

to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

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

Functional Types of Disability: Self-reported difficulties with certain activities and functions, including serious difficulty walking or climbing stairs (mobility), serious difficulty concentrating, remembering or making decisions (cognitive), serious difficulty seeing (vision), difficulty dressing of bathing (self-care), difficulty doing errands alone (independent living).

National Centers or Organizations (referred to as National Centers on Disability): Centers or organizations that work with people with disabilities and have a national reach through a network of 15 or more state/local programs, chapters and/or affiliates across the United States.