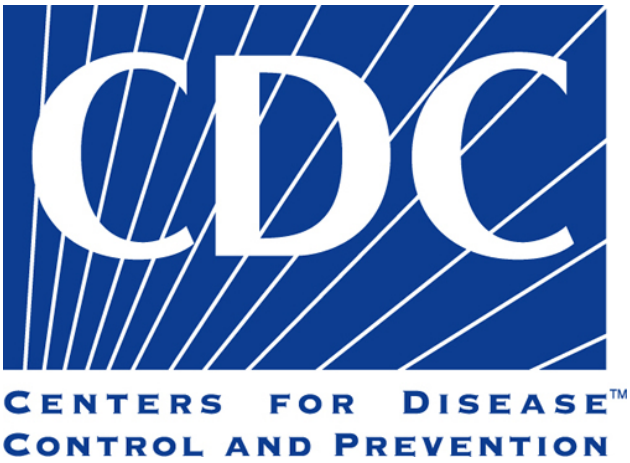


Centers for Disease Control and Prevention

NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

Improving Health of Americans with Mobility Limitations Through Evidence-Based Health Promotion Programs

CDC-RFA-DD21-2104

Application Due Date: 06/01/2021

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DD21-2104. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Improving Health of Americans with Mobility Limitations Through Evidence-Based Health Promotion Programs

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DD21-2104

E. Assistance Listings Number:

93.184

F. Dates:

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

N/A

2. Due Date for Applications:
06/01/2021
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
NA

G. Executive Summary:

1. Summary Paragraph
The National Center on Health, Physical Activity and Disability (NCHPAD) plays an important role in encouraging healthier lifestyles for people with disabilities by mobilizing national networks to provide technical assistance, training community leaders and organizations on health promotion strategies, and disseminating effective tools for disability service providers. For over 15 years this organization has worked with the National Center on Birth Defects and Developmental Disabilities (NCBDDD) on large-scale disability and health efforts. Core organizational capabilities include extensive technical and administrative infrastructure delivering services to diverse organizations serving people with mobility limitations (ML) and a unique relationship with (and access to) the Lakeshore training facility. Proposed activities funded under this Cooperative Agreement will be restricted to public health practice, with translation of evidence-based health promotion programs adapted to the unique needs of individuals with ML in community settings. This NOFO is intended to support the development, implementation, evaluation, and dissemination of non-research activities aimed at: 1) raising awareness of the health needs of people with ML; 2) developing and disseminating health promotion models, strategies, tools, and health promotion materials; 3) providing training and education to health care professionals and others who provide support and/or services to people with ML; and 4) promoting the adoption of healthy behaviors aimed at reducing health disparities for people with ML.

a. Eligible Applicants:
Single

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
1

d. Total Period of Performance Funding:
$ 25,462,145

e. Average One Year Award Amount:
$ 5,092,429

f. Total Period of Performance Length:
5

g. Estimated Award Date:
July 01, 2021

h. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

This NOFO addresses health disparities among children and adults with mobility limitations (ML). In addition, this NOFO focuses on health promotion and wellness among this population.

Mobility, including the ability to walk and/or climb stairs, is a general expectation in human functioning and participation in daily living within most contexts.[1] Restricted mobility can greatly affect quality of life, and is associated with negative health outcomes.[2] Mobility limitations are estimated to affect over 13% of the U.S. population, and 30% of older adults.[2,3]

A growing body of data indicate that individuals with disabilities, as a group, experience health disparities in routine public health arenas such as engagement in positive health behaviors, access to clinical preventive services, and are at higher risk for chronic disease and mental health conditions.[4,5] Compared to individuals without disabilities, individuals with disabilities are:

- More likely to engage in unhealthy behaviors that put their health at risk, such as cigarette smoking and poor diet,
- Less likely to engage in positive health behaviors such as physical activity,
- Less likely to have access to healthcare providers and receive recommended preventive healthcare services, such as routine dental care and cancer screenings,
- At a higher risk for health conditions such as asthma, cardiovascular disease, diabetes, hypertension, hyperlipidemia, and stroke,[4] and
- More likely to have behavioral health conditions such as depression and anxiety.[5]

To address these and other health determinants, the following World Health Organization (WHO) principles of action[6] are recommended to achieve health equity among individuals with disabilities:[7]

1. Improve the conditions of daily life—the circumstances in which people are born, grow, live, work, and age—by encouraging communities to be accessible so all can live in, move through, and interact with their environment;
2. Tackle the inequitable distribution of resources—the structural drivers of those conditions of daily life—by increasing appropriate healthcare for individuals with disabilities, social participation, and access to needed technologies and assistive supports; and
3. Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.

The eligible applicant, through appropriations from Congress, has received federal funding from CDC over the past decade to develop a comprehensive program of non-research health promotion activities aimed at reducing health disparities and improving the health of people with mobility limitations. NCBDDD's Division of Human Development and Disability (DHDD) proposes this NOFO for NCHPAD to continue this established collaboration with CDC. The applicant will propose strategies and activities for improving the health of individuals with ML across the lifespan, while addressing the WHO principles of action.

b. Statutory Authorities
The program is authorized under the Public Health Service Act, Section 317C (42 U.S.C. 247b-4, as amended).

c. Healthy People 2030
This NOFO primarily addresses Healthy People 2030 topic areas for *Disability and Health*; and *Access to Health Services*.

d. Other National Public Health Priorities and Strategies
Additionally, this NOFO aligns with the following national agendas and strategies:

- *The Current State of Healthcare for People with Disabilities* (National Council on Disability, 2009)
- *The Future of Disability in America* (Institute of Medicine, 2007)
- *U.S. Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities* (DHHS, 2005)
- *Disability and Public Health Competencies* (Association of University Centers on Disability, 2018)
- *Core Competencies on Disability for Healthcare Education* (Nisonger, 2019)
- *The Guide to Clinical Preventive Services* (AHRQ)
- *The Community Guide* (CDC)
- *Division of Human Development and Disability Strategic Plan FY 2021-2025* (CDC)

e. Relevant Work
This NOFO builds on the previous CDC-RFA-DD16-1602, which funded organizations of national scope to develop, implement, evaluate, and disseminate non-research activities aimed at reducing health disparities and improving the health of people with mobility limitations or intellectual disabilities across the lifespan.

REFERENCES
1. Härkänen T, Sainio P, Stenholm S, et al. Projecting long-term trends in mobility limitations: impact of excess weight, smoking and physical inactivity. J Epidemiol Community Health 2019;73:443-450..
2. Musich S, Wang SS, Ruiz J, Hawkins K, Wicker E. The impact of mobility limitations on health outcomes among older adults. Geriatric Nursing 2018; 39:162-169.
3. Okoro CA, Hollis ND, Cyrus AC, Griffin-Blake S. Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults - United States, 2016. MMWR 2018; 67:882-887.
4. Reichard A, Stolzle H, Fox MH. Health disparities among adults with physical disabilities or cognitive limitations compared to individuals with no disabilities in the United States. Disabil Health J. 2011; 4:59-67.
5. Okoro CA, McKnight-Eily LR, Strine TW, Crews JE, Holt JB, Balluz LS. State and local area estimates of depression and anxiety among adults with disabilities in 2006. Disabil Health J 2011;4(2):78-90.
6. World Health Organization, Commission on Determinants of Health. Closing the gap in a generation: Health equity through action on the determinants of health. Final report. Geneva, Switzerland: WHO; 2008.

7. Solar O, Irwin A. A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 2 (Policy and Practice). Geneva, World Health Organization, 2010.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DD21-2104 Logic Model: Improving Health of Americans with Mobility Limitations Through Evidence-Based Health Promotion Programs

Strategies	Short-term Outcomes	Long-term Outcomes
Strategy 1: Health Screening, Referral, and Data-Based Monitoring Strategy 2: Health Promotion Programs Strategy 3: Capacity Building	**Among people with ML:** **- Increased health screening** **- Increased person-centered referral and linkage to services** **- Increased health check-ups** **- Increased management and control of health conditions** **- Increased knowledge of healthy lifestyle behaviors** **- Increased participation in health promotion programs** **- Increased knowledge of personal risk factors** **- Increased adoption of healthy lifestyle behaviors** **- Improved life satisfaction and perceived social-emotional support** **- Increased utilization of and satisfaction with telehealth technology** **Increased opportunities for professionals and volunteers to engage people with ML in health-related screening** **Improved data collection methods and increased availability and quality of data for continuous program improvement** **Increased capacity to compare health indicators collected through health screenings with health indicators for people with ML in national health surveys**	Reduced prevalence of chronic disease among people with ML Reduced prevalence of mental health conditions among people with ML Improved physical, mental, and emotional wellness among people with ML Reduced prevalence of acute secondary conditions among people with ML Reduced utilization of emergency medical care and emergency dental procedures among people with ML Reduced prevalence of vaccine-preventable illness among people with ML Improved sustainability of inclusive health promotion programs, policies, systems, and environments

	Expanded application of telehealth technology in health promotion and wellness programs **Increased awareness about the effectiveness of health promotion and wellness programs for people with ML** **Improved quality of health promotion programs and services for people with ML and their caregivers** **Increased knowledge and awareness of the unique health needs of people with ML** **Increased number of providers committed to delivering prevention and healthcare services to people with ML** **Increased frequency and reach of disseminated communications** **Completion of at least two assessments to identify needs among local, state, and territorial health agencies for training, technical assistance, and resources to improve the health of people with ML** **Increased availability of community models, tools and resources to inform inclusive health promotion programs, policies, systems, and environments** **Increased use of community models, tools, and resources to improve the health of people with ML** **Increased knowledge, skill, and competency of staff at local, state, and territorial health agencies** **Strengthened capacity of local, state, and territorial health agencies to sustain health promotion programs for people with ML**	

	Strengthened capacity of communities to provide accessible, high-quality healthcare and related services to people with ML **Increased delivery of high-quality health promotion programs and services to people with ML** **Increased number and quality of strategic partnerships with local, state, and territorial health agencies**	

i. Purpose

To maximize health, prevent chronic disease, improve social and environmental living conditions, and promote full community participation, choice, health equity, and quality of life among people with mobility limitations, the applicant will propose strategies and activities to:
1) Expand capacity for health screening of people with ML and analyze health screening data to inform health and wellness programs;
2) Adapt, implement, disseminate, and evaluate educational programs and resources that promote healthy lifestyle behaviors; and
3) Deliver educational programs and resources on the unique health needs of people with ML.

ii. Outcomes

Short-term and intermediate outcomes *resulting from the activities funded under this NOFO include:*

Health Screening, Referral, and Data-Based Monitoring

1.1.1 Among people with ML, increased health screening to assess risk for chronic disease and mental health conditions (including, but not limited to diabetes, obesity, heart disease, hypertension, depression, and anxiety disorders) to assess need for follow-up care of acute conditions and to provide education about chronic disease prevention, healthy lifestyle behaviors, vaccinations, and routine dental care and health check-ups with primary care, including well-woman providers

1.1.2 Among people with ML, increased person-centered referral and linkage to appropriate prevention and healthcare resources and services

1.1.3 Among people with ML, increased receipt of routine health check-ups with primary care, including recommended vaccinations and screening for mental health conditions, as well as increased receipt of routine dental care

1.1.4 Among people with ML, increased adoption of healthy lifestyle behaviors such as physical activity, healthy eating, stress management and coping strategies, social connectedness, reduced tobacco use and exposure, and healthy sleep habits

1.1.5 Among people with ML, increased management and control of chronic disease and mental health conditions

1.1.6 Among people with ML, improved life satisfaction and perceived social-emotional support

1.1.7 Increased opportunities for professionals and volunteers to engage people with ML in health-related screening

1.2.1 Improved data collection methods to increase quality, timeliness, completeness, and availability of data for continuous program improvement

1.2.2 Increased capacity to compare health indicators collected through health screenings with health indicators for people with ML in national health surveys

Health Promotion Programs

2.1.1 Among people with ML, increased knowledge and awareness of healthy lifestyle behaviors

2.1.2 Among people with ML, increased participation in evidence-based, innovative risk-reduction and health promotion programs

2.1.3 Among people with ML, increased knowledge and awareness of personal risk factors for chronic disease and/or mental health conditions; among those at risk, increased awareness of the need for follow-up care

2.1.4 Among people with ML, increased adoption of healthy lifestyle behaviors such as physical activity, healthy eating, stress management and coping strategies, social connectedness, reduced tobacco use and exposure, and healthy sleep habits

2.1.5 Among people with ML, increased management and control of chronic disease and mental health conditions

2.1.6 Among people with ML, improved life satisfaction and perceived social-emotional support.

2.2.1 Among people with ML, increased utilization of and satisfaction with telehealth technology

2.2.2 Expanded application of telehealth technology in health promotion and wellness programs

2.3.1 Improved data collection methods to increase quality, timeliness, completeness, and availability of data for continuous program improvement

2.3.2 Increased awareness about the effectiveness of health promotion and wellness programs for people with ML

2.3.3 Improved quality of health promotion programs and services for people with ML and their caregivers

2.3.4 Increased capacity to compare health indicators collected through health promotion and wellness programs with health indicators for people with ML in national health surveys

Capacity Building

3.1.1 Increased knowledge and awareness of the unique health needs of people with ML among healthcare and allied health professionals; medical, dental, and allied health students; caregivers; health advocates; decision makers; and the public

3.2.1 Increased number of providers trained to deliver prevention and healthcare services to people with ML

3.2.2 Increased number of people with ML receiving prevention and healthcare services from providers with knowledge of the unique health needs of people with ML

3.3.1 Increased frequency and reach of disseminated communications that include up-to-date directories of healthcare providers and health promotion services committed to serving people with ML

3.4.1 Completion of at least two assessments, conducted through collaboration between organizations funded under CDC-RFA-DD21-2102, CDC-RFA-DD21-2103, and CDC-RFA-DD21-2104, to identify needs among local, state, and territorial health agencies for training, technical assistance, and resources to improve the health of people with ML

3.5.1 Increased availability of community models, tools, and resources to inform inclusive health promotion programs, policies, systems, and environments

3.5.2 Increased use of community models, tools, and resources to improve the health of people with ML

3.6.1 Increased knowledge, skill, and competency of staff at local, state, and territorial health agencies and their partners to deliver health promotion programs and services to people with ML and their caregivers

3.6.2 Strengthened capacity of local, state, and territorial health agencies to plan, integrate, implement, and sustain health promotion programs for people with ML and their caregivers

3.7.1 Strengthened capacity of local, state, and territorial health agencies to provide accessible, high-quality healthcare and related services to people with ML

3.7.2 Increased delivery of high-quality health promotion programs and services to people with ML and their caregivers by local, state, and territorial health agencies and their partners

3.7.3 Increased capacity of local communities to provide accessible, high-quality healthcare and related services to people with ML

3.8.1 Increased number and quantity of strategic partnerships with local, state, and territorial health agencies, established and enhanced through collaboration between organizations funded under FY2021 NOFOs CDC-RFA-DD21-2102, CDC-RFA-DD21-2103, and CDC-RFA-DD21-2104, to address health disparities experienced by people with ML and associated disabilities

Long-term outcomes *resulting from the activities funded under this NOFO include:*

- Reduced prevalence of chronic physical health conditions (including, but not limited to diabetes, obesity, heart disease, and hypertension) among people with ML
- Reduced prevalence of mental health conditions (including, but not limited to depression and anxiety disorders) among people with ML
- Improved physical, mental, and emotional wellness among people with ML

- Reduced prevalence of acute secondary conditions (including, but not limited to pain, pressure sores, dental problems, sleep disorders, and adjustment disorders) among people with ML
- Reduced utilization of emergency medical care and emergency dental procedures among people with ML
- Reduced prevalence of vaccine-preventable illness among people with ML
- Improved sustainability of inclusive health promotion programs, policies, systems, and environments

iii. Strategies and Activities

*The applicant is expected to propose **strategies and activities** under the following framework:*

Strategy 1: Health Screening and Referral

Activity 1.1 Expand capacity for health screening of people with ML to (1) assess risk for chronic disease and mental health conditions; (2) assess need for follow-up care to address acute conditions; (3) provide education about chronic disease prevention, healthy lifestyle behaviors, vaccinations, and routine dental care and health check-ups with primary care, including well-woman providers; and (4) provide person-centered referral and facilitate linkage to appropriate prevention, wellness, and healthcare resources and services

Activity 1.2 Collect data from health screenings and follow-up contacts, and analyze data on an ongoing basis to better support individual clients and improve the program overall

Strategy 2: Health Promotion Programs

Activity 2.1 Adapt, implement, disseminate, and evaluate educational programs and resources that (1) promote healthy lifestyle behaviors, (2) improve knowledge and awareness of health risk factors, and (3) increase utilization of routine health care among people with ML and persons in their support networks

Activity 2.2 Use and enhance telehealth technology in evidence-based health promotion and wellness programs that have been adapted for people with ML

Activity 2.3 Collect data from health promotion and wellness programs, and analyze data on an ongoing basis to better support individual needs and improve the program overall

Strategy 3: Capacity Building

Activity 3.1 Deliver educational programs and resources on the unique health needs of people with ML to select audiences such as healthcare and allied health professionals; medical, dental, and allied health students; caregivers; health advocates; decision makers; and the public

Activity 3.2 Expand referral networks of providers (including mental health professionals) to deliver follow-up prevention and healthcare services to people with ML

Activity 3.3 Disseminate up-to-date directories of healthcare providers and health promotion services in expanded communications to community partners, including state and local government agencies

Activity 3.4 Collaborate with organizations funded under CDC-RFA-DD21-2102 and CDC-RFA-DD21-2103 to conduct at least two assessments to identify needs among local, state, and territorial health agencies for training, technical assistance, and resources to improve the health of people with ML

Activity 3.5 Disseminate and promote programmatic, policy, systems, and environmental community models, tools, and resources to increase and normalize inclusion of people with ML in mainstream health care and health promotion services and activities

Activity 3.6 Develop and deliver training and resources to local, state, and territorial health agencies and provide technical assistance tailored to their specific needs, as identified through needs assessments

Activity 3.7 Provide technical assistance to local, state, and territorial health agencies delivering health promotion programs to people with ML and their caregivers, including enhanced technical assistance to agencies funded under CDC-RFA-DD21-2103

Activity 3.8 Collaborate with organizations funded under CDC-RFA-DD21-2102 and CDC-RFA-DD21-2103 to enhance and expand strategic partnerships with local, state, and territorial health agencies to address health disparities experienced by people with ML and associated disabilities (including, but not limited to intellectual and developmental disabilities)

1. Collaborations

a. With other CDC programs and CDC-funded organizations:
The funding recipient is expected to develop strategic partnerships to address health disparities experienced by people with ML and associated disabilities (including, but not limited to intellectual and developmental disabilities), emphasizing those forged through collaboration between organizations funded under FY2021 NOFOs CDC-RFA-DD21-2102, CDC-RFA-DD21-2103, and CDC-RFA-DD21-2104. In addition, and where it is instrumental to this NOFO, partnerships are encouraged between the recipient and other CDC-funded national organizations providing services and training to improve the health of children and adults with ML and associated disabilities (e.g., Special Olympics, Inc.; National Association of County and City Health Officials; Association of State and Territorial Health Officials; Association of University Centers on Disabilities).

b. With organizations not funded by CDC:
The funding recipient is further encouraged to collaborate with organizations that may not be funded by CDC, including but not limited to:

- National disability organizations (e.g., American Association on Health and Disability, TASH, United Cerebral Palsy, National Council on Independent Living, etc.)
- Statewide or jurisdictional disability organizations (e.g., the Arc, Easter Seals, Centers for Independent Living, Developmental Disabilities Councils, etc.)
- Community-based organizations (e.g., universities, hospitals, health departments, clinics [medical, dental, vision, hearing, veterinarian, etc.], tribes)

- Others (e.g., chronic disease programs, consortium, businesses, churches, parks and recreation etc.)

2. Target Populations
This NOFO addresses health disparities among children and adults with mobility limitations. Mobility limitations are estimated to affect over 13% of the U.S. population, and 30% of older adults. Restricted mobility can greatly affect quality of life, and is associated with negative health outcomes.

In addition, this NOFO involves partnerships with community-based organizations, disability service organizations, clinical practices, hospitals and universities. The success of this Cooperative Agreement hinges on the applicant having the ability to engage children and adults with ML, their families and caregivers, and their healthcare providers, through the strategies and activities funded under this award.

a. Health Disparities
A growing body of data indicate that individuals with disabilities, as a group, experience health disparities in routine public health arenas such as engagement in positive health behaviors, access to clinical preventive services, and are at higher risk for chronic disease and mental health conditions. Compared to individuals without disabilities, individuals with disabilities are:

- More likely to engage in unhealthy behaviors that put their health at risk, such as cigarette smoking and poor diet;
- Less likely to engage in positive health behaviors such as physical activity;
- Less likely to have access to appropriate healthcare providers and receive recommended preventive healthcare services, such as routine dental care and cancer screenings;
- At a higher risk for health conditions such as asthma, cardiovascular disease, diabetes, hypertension, hyperlipidemia, and stroke; and
- More likely to have behavioral health conditions such as depression and anxiety.

To address these and other health determinants, the following World Health Organization (WHO) principles of action are recommended to achieve health equity among individuals with disabilities:

1. Improve the conditions of daily life - the circumstances in which people are born, grow, live, work, and age - by encouraging communities to be accessible so all can live in, move through, and interact with their environment;
2. Tackle the inequitable distribution of resources - the structural drivers of those conditions of daily life - by increasing appropriate healthcare for individuals with disabilities, social participation, and access to needed technologies and assistive supports; and
3. Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.

This Notice of Funding Opportunity includes strategies and activities for improving the health of individuals with ML across the lifespan while addressing these WHO principles of action.

iv. Funding Strategy
NA

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC and the funding recipient will work together to evaluate and measure the performance of this project.

- CDC staff will monitor and evaluate:
    1. progress (i.e., using process measures, benchmarks, adherence to NOFO requirements and use of funds, and outputs such as products and materials); and
    2. the achievement of specified short-term and intermediate outcomes and targets (quantitative and qualitative measures).
- The funding recipient will propose and implement performance evaluation strategies and measures for the activities described in this NOFO.
    1. Performance measures proposed in the application will not be considered final. CDC staff and the funding recipients will have six months after the period of performance start date to finalize evaluation approaches and measurements for the activities described in this NOFO.
    2. The recipient will be expected to submit aggregate data from evaluation measures to CDC. The timing and content of these submissions will be established once evaluation approaches and measures are finalized.
    3. Guidance on collecting, reporting, and using data will be provided by CDC project staff throughout the period of performance. Such guidance might include recommendations for sharing aggregate data with CDC and other partners in public health.
    4. CDC may use aggregate data from these performance measures to produce annual reports describing accomplishments related to this NOFO, fact sheets, and other monitoring and evaluation reports. Results may be shared at conferences, through publication in professional journals, and via online reports.

Performance measurement will involve collecting information to monitor, evaluate, and continuously improve program performance. The funding recipient should use multiple steps, such as collection, analysis, and interpretation of quantitative and qualitative data on program implementation and performance; tracking of expenditures and outcomes achieved by the program. The funding recipient may add evaluation sub-activities to conduct in-depth, detailed evaluations of selected program activities or elements, either individually or in collaboration with other local and national partners. These special evaluation activities might compare the effectiveness of different health promotion approaches or strategies under specific circumstances.
The funding recipient will be required to provide project information through an annual work plan, performance report, and financial report routine, as well as teleconference and email communications with CDC staff (See below, CDC Monitoring and Accountability Approach, section e.). CDC staff will routinely monitor these reports and communications to:
(a) identify strategies to continuously improve overall project quality and performance;
(b) assess the value of the NOFO (e.g., improved public health outcomes, effectiveness of key

strategies and activities);
(c) demonstrate evidence for NOFO strategies and activities; and
(d) facilitate collaboration and information-sharing among national partners.

Expected Process and Outcome Measures
Presented below is an initial outline of outcome and process measures. During the first six months of the period of performance, CDC and the funding recipient will discuss and finalize the measures presented in the *CDC Evaluation and Performance Measurement* section. For each of the Strategies, the proposed Work Plan (see below, section d) should first lay out the short-term and intermediate outcomes and their associated measures, followed by the project activities and their associated process measures based on the *CDC Evaluation and Performance Measurement* table included below.

Strategy 1: Health Screening and Referral		
Activity 1.1: Expand capacity for health screening of people with mobility limitations (ML) to (1) assess risk for chronic disease and mental health conditions; (2) assess need for follow-up care to address acute conditions; (3) provide education about chronic disease prevention, healthy lifestyle behaviors, vaccinations, and routine dental care and health check-ups with primary care, including well-	**Outcome 1.1.1:** Among people with ML, increased health screening to assess risk for chronic disease and mental health conditions (including, but not limited to: diabetes, obesity, heart disease, hypertension, depression, and anxiety disorders) to assess need for follow-up care of acute conditions and to provide education about chronic disease prevention, healthy lifestyle behaviors, vaccinations, and routine dental care and health check-ups with primary care, including well-woman providers **Outcome 1.1.2:** Among people with ML, increased person-centered referral and linkage to appropriate prevention and healthcare resources and services **Outcome 1.1.3:**	**Outcome Measures:** ▪ Percentage of health screening participants who report receiving routine prevention and healthcare services (among those with follow-up data available) ▪ Percentage of health screening participants who report following up with specialty healthcare providers, as recommended, to address elevated risk for chronic disease and/or mental health conditions (among those with follow-up data available) ▪ Percentage of health screening participants who report receiving a health check-up within the past year ▪ Percentage of female health screening participants who report receiving a well-woman health check-up within the past year ▪ Percentage of health screening participants who report

woman providers; and (4) provide person-centered referral and facilitate linkage to appropriate prevention, wellness, and healthcare resources and services	Among people with ML, increased receipt of routine health check-ups with primary care, including recommended vaccinations and screening for mental health conditions, as well as increased receipt of routine dental care **Outcome 1.1.4:** Among people with ML, increased adoption of healthy lifestyle behaviors such as physical activity, healthy eating, stress management and coping strategies, social connectedness, reduced tobacco use and exposure, and healthy sleep habits **Outcome 1.1.5:** Among people with ML, increased management and control of chronic disease and mental health conditions **Outcome 1.1.6:** Among people with ML, improved life satisfaction and perceived emotional support **Outcome 1.1.7:** Increased opportunities for professionals and volunteers to engage people with ML through health-related screenings	receiving routine dental care within the past year ▪ Percentage of health screening participants who report receiving mental health screening within the past year ▪ Percentage of health screening participants who report receiving one or more recommended/age-appropriate health vaccinations within the past year ▪ Percentage of health screening participants reporting a change in status from the prior year regarding access to physical and mental health screening, routine preventive care, and specialty dental and healthcare providers. ▪ Percentage of health screening participants reporting improved life satisfaction and perceived social-emotional support (collected in a format consistent with national health surveys, to enable comparative analyses) **Process Measures:** ▪ Number of individuals receiving health screening ▪ Number of health screening participants referred to healthcare providers for routine prevention and healthcare services ▪ Number of individuals referred to specialty healthcare providers to address elevated risk for chronic disease and/or mental health conditions ▪ Number of trained health professionals and volunteers engaging people with ML in health-related screening

Activity 1.2: Collect data from health screenings and follow-up contacts, and analyze data on an ongoing basis to better support individual clients and improve the program overall	**Outcome 1.2.1:** Improved data collection methods and increased availability and quality of data for continuous program improvement **Outcome 1.2.2:** Increased capacity to compare health indicators collected through health screenings with health indicators for people with ML in national health surveys	**Outcome Measures:** ▪ Percentage of existing health screening and follow-up data collection tools and systems enhanced or expanded ▪ Percentage of health screening participants for whom follow-up data are available **Process Measures:** ▪ Number of new health screening and follow-up data collection tools and systems created ▪ Number of data analysis strategies implemented to inform health screening program improvement
Strategy 2: Health Promotion Programs		
Activity 2.1: Adapt, implement, disseminate, and evaluate educational programs and resources that (1) promote healthy lifestyle behaviors, (2) improve knowledge and awareness of health risk factors, and (3) increase utilization of routine health care among people with ML and people in their support networks	**Outcome 2.1.1:** Among people with ML, increased knowledge and awareness of healthy lifestyle behaviors **Outcome 2.1.2:** Among people with ML, increased participation in evidence-based, innovative risk-reduction and health promotion programs **Outcome 2.1.3:** Among people with ML, increased knowledge and awareness of personal risk factors for chronic disease and/or mental health conditions; among those at risk, increased awareness of the need for follow-up care **Outcome 2.1.4:** Among people with ML, increased adoption of healthy lifestyle behaviors such as physical activity, healthy	**Outcome Measures:** ▪ Percentage of individuals demonstrating increased knowledge of healthy lifestyle behaviors after utilizing educational programs and resources ▪ Percentage of individuals demonstrating increased knowledge of personal risk factors for chronic disease and/or mental health conditions after utilizing educational programs and resources ▪ Percentage of health promotion program participants who report following up with specialty healthcare providers, as recommended, to address elevated risk for chronic disease and/or mental health conditions (among those with follow-up data available) ▪ Percentage of individuals demonstrating increased

	eating, stress management and coping strategies, social connectedness, reduced tobacco use and exposure, and healthy sleep habits **Outcome 2.1.5:** Among people with ML, increased management and control of chronic disease and mental health conditions **Outcome 2.1.6:** Among people with ML, improved life satisfaction and perceived social-emotional support	adoption of healthy lifestyle behaviors after utilizing educational programs and resources ▪ Percentage of health promotion program participants reporting improved life satisfaction and perceived social-emotional support (collected in a format consistent with national health surveys, to enable comparative analyses) **Process Measures:** ▪ Number of individuals from people with ML participating in risk-reduction and health promotion programs
Activity 2.2: Use and enhance telehealth technology in evidence-based health promotion and wellness programs that have been adapted for people with ML	**Outcome 2.2.1:** Among people with ML, increased utilization of and satisfaction with telehealth technology **Outcome 2.2.2:** Expanded application of telehealth technology in health promotion and wellness programs	**Outcome Measures:** ▪ Percentage of individuals reporting satisfaction with telehealth technology in health promotion and wellness programs **Process Measures:** ▪ Number of individuals utilizing telehealth technology in health promotion and wellness programs ▪ Number of new health promotion and wellness programs using telehealth technology
Activity 2.3: Collect data from health promotion and wellness programs, and analyze data on an ongoing basis to better support individual needs	**Outcome 2.3.1:** Improved data collection methods and increased availability and quality of data for continuous program improvement **Outcome 2.3.2:** Increased awareness about the effectiveness of health promotion and wellness	**Outcome Measures:** ▪ Qualitative documentation of the types of new health promotion program data collection tools and systems created, enhanced, or expanded ▪ Percentage of health promotion program participants for whom follow-up data are available

and improve the program overall	programs for people with ML **<u>Outcome 2.3.3</u>:** Improved quality of health promotion programs and services for people with ML and their caregivers **<u>Outcome 2.3.4</u>:** Increased capacity to compare health indicators collected through health promotion and wellness programs with health indicators for people with ML in national health surveys	**<u>Process Measures</u>:** ▪ Number of new health promotion program data collection tools and systems created ▪ Percentage of existing health promotion program data collection tools and systems enhanced or expanded ▪ Number of data analysis strategies implemented to inform health promotion program improvement ▪ Qualitative documentation of enhancements to health promotion and wellness programs, emphasizing those informed by project data collection tools and systems
Strategy 3: Capacity Building		
<u>Activity 3.1</u>: Deliver educational programs and resources on the unique health needs of people with ML to select audiences such as healthcare and allied health professionals; medical, dental, and allied health students; caregivers; health advocates; decision makers; and the public	**<u>Outcome 3.1.1</u>:** Increased knowledge and awareness of the unique health needs of people with ML among healthcare and allied health professionals; medical, dental, and allied health students; caregivers; health advocates; decision makers; and the public	**<u>Process Measures</u>:** ▪ Number of universities with curriculum changes ▪ Number of professionals and students trained outside of healthy athlete events ▪ Number of family members/caregivers educated
<u>Activity 3.2</u>: Expand referral networks of providers	**<u>Outcome 3.2.1</u>:** Increased number of providers trained to deliver prevention and healthcare services to	**<u>Process Measures</u>:** ▪ Number of new local partners delivering prevention and

(including mental health professionals) to deliver follow-up prevention and healthcare services to people with ML	people with ML **Outcome 3.2.2:** Increased number of people with ML receiving prevention and healthcare services from providers with knowledge of the unique health needs of people with ML	healthcare services to people with ML
Activity 3.3: Disseminate up-to-date directories of healthcare providers and health promotion services in expanded communications to community partners, including state and local government agencies	**Outcome 3.3.1:** Increased frequency and reach of disseminated communications that include up-to-date directories of healthcare providers and health promotion services committed to serving people with ML	**Process Measures:** ▪ Number of healthy athletes/families reached in communications/newsletters ▪ Number of updated provider/service directories posted ▪ Number of downloads/views of newsletters, directories, etc.
Activity 3.4: Collaborate with recipient funded under CDC-RFA-DD21-2102 to conduct at least two assessments to identify needs among local, state, and territorial health agencies for training, technical assistance, and resources to improve the health of people with ML	**Outcome 3.4.1:** Completion of at least two assessments, conducted through collaboration between organizations funded under CDC-RFA-DD21-2102, CDC-RFA-DD21-2103, and CDC-RFA-DD21-2104, to identify needs among local, state, and territorial health agencies for training, technical assistance, and resources to improve the health of people with ML	**Outcome Measures:** ▪ Quality of needs assessments completed **Process Measures:** ▪ Number of needs assessments completed

Activity 3.5: Disseminate and promote programmatic, policy, systems, and environmental community models, tools, and resources to increase and normalize inclusion of people with ML in mainstream health care and health promotion services and activities	**Outcome 3.5.1:** Increased availability of community models, tools, and resources to inform inclusive health promotion programs, policies, systems, and environments **Outcome 3.5.2:** Increased use of community models, tools, and resources to improve the health of people with ML	**Process Measures:** ▪ Number of resources and recommendations posted ▪ Number of downloads/views of resources and recommendations posted
Activity 3.6: Develop and deliver training and resources to local, state, and territorial health agencies and provide technical assistance tailored to their specific needs, as identified through needs assessments	**Outcome 3.6.1:** Increased knowledge, skill, and competency of staff at local, state, and territorial health agencies and their partners to deliver health promotion programs and services to people with ML and their caregivers **Outcome 3.6.2:** Strengthened capacity of local, state, and territorial health agencies to plan, integrate, implement, and sustain health promotion programs for people with ML and their caregivers	
Activity 3.7: Provide technical assistance to local, state, and territorial health agencies delivering health promotion	**Outcome 3.7.1:** Strengthened capacity of local, state, and territorial health agencies to provide accessible, high-quality healthcare and related services to people with ML **Outcome 3.7.2:**	**Process Measures:** ▪ Number of presentations/trainings delivered to LHDs **Process Measures:** ▪ Number of wellness opportunities

programs to people with ML and their caregivers, including enhanced technical assistance to agencies funded under CDC-RFA-DD21-2103	Increased delivery of high-quality health promotion programs and services to people with ML and their caregivers by local, state, and territorial health agencies and their partners **Outcome 3.7.3:** Increased capacity of local communities to provide accessible, high-quality healthcare and related services to people with ML	
Activity 3.8: Collaborate with organizations funded under CDC-RFA-DD21-2102 and CDC-RFA-DD21-2103 to enhance and expand strategic partnerships with local, state, and territorial health agencies to address health disparities experienced by people with ML and associated disabilities (including, but not limited to intellectual and developmental disabilities)	**Outcome 3.8.1:** Increased number and quantity of strategic partnerships with local, state, and territorial health agencies, established and enhanced through collaboration between organizations funded under FY2021 NOFOs CDC-RFA-DD21-2102, CDC-RFA-DD21-2103, and CDC-RFA-DD21-2104, to address health disparities experienced by people with ML and associated disabilities	**Outcome Measures:** ▪ Reach of new partnerships **Process Measures:** ▪ Number of new partnerships ▪ Qualitative documentation of developments in strategic partnerships to address health disparities experienced by people with ML and related disabilities, emphasizing those forged through collaboration between organizations funded under FY2021 NOFOs CDC-RFA-DD21-2102, CDC-RFA-DD21-2103, and CDC-RFA-DD21-2104

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

As part of the proposed evaluation and performance measurement plan, the applicant should demonstrate their infrastructure and capacity to collect program data and report process and outcome measures. The applicant should demonstrate sufficient staffing and resources to accomplish the evaluation and performance measurement activities, including planning, data collection, data entry, data management, reporting aggregate data to CDC, data analysis and interpretation, data review, use of data for program improvement, development and dissemination of reports, use of consultants, and attendance at monitoring and evaluation meetings. It has been estimated that adequate monitoring and evaluation typically requires around 10% of total program funds; however, the amount needed may be higher or lower than 10%, depending on a recipient's organizations and program circumstances and context, and the availability of funds from other sources. The applicant must describe how their evaluation activities will be led and staffed, and how project funds allocated to support evaluation activities will be used.

In addition to describing the capacity for implementing the activities, the applicant should describe plans for sustainability, e.g., policy, system, and environmental changes in healthcare settings. Examples of sustainability planning tools are available at http://www.sustaintool.org.

The applicant is expected to provide a draft Evaluation and Performance Measurement plan, and to demonstrate how they will fulfill the evaluation expectations outlined in the Project Description and the CDC Evaluation and Performance Measurement sections of this NOFO. At a minimum, the Evaluation and Performance Measurement Plan must describe the following:

- How the 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.

The applicant is expected 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.

In addition to demonstrating how they will collect, manage and measure CDC-specified outcomes measures, the applicant should also demonstrate how they will conduct local (recipient) evaluation and performance measurement (as described in the CDC Evaluation and Performance Measurement section of the NOFO).

Note: The applicant will not need to develop or submit a project logic model because the NOFO logic model captures all required strategies, recipient activities, and expected outcomes. The applicant may wish to add local (recipient) short-term outcomes to the logic model. In this case, they should adapt the NOFO logic model by adding the local outcomes to it and include the revised logic model with their *Local (Recipient) Evaluation and Performance Measurement Plan*.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must describe their organization's capacity to successfully implement, manage and evaluate the project as follows:

- Describe the organization's capacity to reach the target population described in this NOFO.
- Provides evidence that the applicant has the capacity to provide health screenings and wellness programs throughout the United States.
- Describe partnerships with State Health Departments, academia, and disability service organizations.
- Describe how this project relates to the organization's mission and strategic plan.
- Describe the organization's relevant experience with implementing, managing, monitoring, and evaluating project activities for children and adults with ML.

- Describe the organization's relevant experience with achieving health outcomes for people with ML. The applicant is encouraged to include examples of successful outcomes.
- Describe the organization's infrastructure that supports program planning, program evaluation, performance monitoring, and personnel management.
- Describe the organization's experience implementing, monitoring, and evaluating intended outcomes of health promotion initiatives for people with ML.
- Describe the organizations experience with administering training to healthcare providers.
- Describe the organization's financial management system (financial reporting, budget management and administration, personnel management) and how funds are properly managed and separated by program, and how the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards are met: *https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75#se45.1.75_1302"45 CFR 75.302*
- Describe the organization's capacity to prepare reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.
- Describe the organization's ability to manage the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.
- Describe the organization's staffing plan and project management infrastructure including staff roles and qualifications. Attach CVs/Resumes and Organizational Charts, name these files "CVs/Resumes" or "Organizational Charts," and upload them with the application at www.grants.gov.

d. Work Plan

The funding recipient must submit a work plan. Work plans will allow CDC project officers and recipients to monitor (a) implementation of project strategies and activities (i.e., process monitoring) and (b) progress toward achieving period-of-performance outcomes (i.e., outcome monitoring). Draft work plans will be expanded and finalized during the first six months of the project and will be updated in collaboration with the CDC project officer. Work plans should also be updated annually in conjunction with the Annual Performance Report.

The draft work plan should show clearly how tasks align with the strategies, activities, and outcomes depicted in the logic model and described in the narrative sections of the NOFO. For each of the strategies in the logic model, the work plan should first lay out the associated short-term outcomes, outcome measures, activities/sub-activities, and process measures (see the table *CDC Evaluation and Performance Measurement Strategy* section). The work plan should also (a) describe the tasks to be done to implement project activities and sub-activities, (b) designate a responsible party for each task, and (c) provide a date by which tasks are expected to be completed.

The applicant should submit a detailed plan for activities/sub-activities that will be completed in the first year, and a high-level work plan for activities/sub-activities to be completed in subsequent years. The following are some examples of activities that might be included in year-1 of a work plan:

- Hire project staff
- Train project staff
- Establish a project advisory committee
- Develop written policies, protocols, and procedures to guide project activities
- Implement evaluation procedures

A sample work plan should include the following elements:

- Strategy
- Activities/sub-activities
- Short-term Outcomes
- Outcome Measure(s)
- Process measures

Note: If the applicant has chosen to add local short-term outcomes to the logic model, they may include the additional elements associated with these outcomes in their work plan.

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

CDC project officers and Office of Grants Solutions (OGS) grants management officers and specialists will track the award recipient's (a) implementation of program strategies and activities, completion of outcomes, progress toward meeting process objectives, adherence to NOFO requirements, and use of funds (process monitoring); and (b) program performance and progress toward meeting outcome objectives related to the NOFO's intended outcomes (outcome monitoring).

Recipient monitoring will be accomplished by using multiple methods of information gathering, such as routine and as-needed phone and email communications with recipient staff; site visits; and review of work plans, program data, Annual Performance Reports (APRs), and annual Federal Financial Reports (FFRs) submitted by recipients to OGS and the CDC Program. Analyzing this information will allow the CDC Program to identify problems that individual recipients encounter while implementing their programs, identify their capacity-building assistance needs, and work with them to improve program performance.

Feedback between CDC and the recipient will occur regularly through multiple methods, including, but not limited to, phone and email communications, technical reviews of APRs, site visit reports, and project feedback reports. Feedback reports will track trends in key indicators calculated from data submitted by the recipient to the CDC Program.

B. Award Information

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

2. Award Mechanism:
U-27

3. Fiscal Year:
2021

4. Approximate Total Fiscal Year Funding:
$ 5,092,429

5. Total Period of Performance Funding:
$ 25,462,145
This amount is subject to the availability of funds.

Estimated Total Funding:
$ 25,462,145

6. Total Period of Performance Length:
5
year(s)

7. Expected Number of Awards:

1

8. Approximate Average Award:

$ 5,092,429
Per Budget Period

9. Award Ceiling:
$ 5,042,429
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$ 5,042,429
Per Budget Period

11. Estimated Award Date:
July 01, 2021

12. Budget Period Length:
12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (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 period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
06 (Public and State controlled institutions of higher education)

2. Additional Information on Eligibility

Competition will be limited to the University of Alabama at Birmingham (UAB), which houses the National Center on Health, Physical Activity and Disability (NCHPAD).

3. Justification for Less than Maximum Competition

Competition will be limited to the University of Alabama (UAB), where the National Center on Health, Physical Activity and Disability (NCHPAD) is housed. NCHPAD serves as a resource for information on physical activity, health promotion, and disability, serving persons with physical, sensory, and cognitive disabilities across the lifespan. NCHPAD features a variety of resources and services which can benefit all ages and populations. NCHPAD has worked with the National Center on Birth Defects and Developmental Disabilities (NCBDDD) for over 15 years on large-scale disability efforts. Core capabilities include an extensive technical and administrative infrastructure supporting diverse organizations that serve people with mobility limitations, as well as its unique relationship with, and access to, the Lakeshore training facility. These relationships are critical to the successful completion of activities outlined in this NOFO. Funding will support public health practice, with translation of evidence-based health promotion programs adapted to the unique needs of individuals with mobility limitations. The single source justification conforms to grants policy in GPAM Part F, Chapter 2 (24) which states that CDC must have written justification to solicit from a single source, when the decision is within the agency's discretion.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:
All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.
The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.
If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):
The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is

received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/SAM/.

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	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 (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the	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

		password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization		

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 notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

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

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

b. Application Deadline

06/01/2021
11:59 pm 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.

Due Date for Information Conference Call
NA

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-

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

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

Letter of intent is not requested or required as part of the application for this NOFO.

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

- Describe other information (e.g., measures, data sources).

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

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

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

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

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

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.

- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

15. Copyright Interests Provisions

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

16. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.

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

17. Data Management Plan

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

18. Other Submission Requirements

a. Electronic Submission:

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

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the

application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

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

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

https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get_Started%2FGet_Started. htm

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

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

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

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

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach **Maximum Points:** 30

Evaluate the extent to which the applicant:

- 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. (10 points)
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable). (5 points)
- Describes the program's ability to locate and engage adults with IDD, their families and caregivers, throughout the United States. (5 points)
- Presents outcomes that are consistent with the period of performance outcomes described in the logic model. (5 points)
- Demonstrates evidence that the proposed activities will be an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes. (5 points)

ii. Evaluation and Performance Measurement **Maximum Points:** 40

Evaluate the extent to which the applicant:

- Demonstrates 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. (10 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (10 points)

- Describes how performance measurements and evaluation findings will be collected, reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. (10 points)
- Describes experience with using evaluation and performance measurements to enhance the evidence base for public health interventions, especially among the target populations. (5 points)
- Describes any evaluation studies they are to undertake. Describe in enough detail to identify the key evaluation questions, and data sources and analysis methods. (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 30

Evaluate the extent to which the applicant:

- Provides evidence that the applicant has the capacity to provide health screenings and wellness programs throughout the United States. (10 points)
- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes, and which clearly defines staff roles. (10 points)
- Demonstrates relevant experience and capacity (e.g., management, administrative, and technical) to implement the activities and achieve the project outcomes. (5 points)
- Demonstrates experience and capacity to implement the evaluation plan. (5 points)

Budget **Maximum Points:** 0

The budget is not scored. The objective reviewer will provide recommendations and considerations regarding the budget.

c. Phase III Review

After the panel of 3 objective reviewers has completed the Phase II review process, a technical review will be completed by the funding Division to ensure that the applicant has addressed all requirements contained in this NOFO. Recommendations outlined in the 3 objective reviews and the technical review will be summarized in a written report and furnished to the applicant at or before the time the award is made.

Review of risk posed by applicants.

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

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully

meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

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

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

(1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

Recipients will received a Notice of Award mid to late June 2021. The project start date is July 1, 2021.

F. Award Administration Information

1. Award Notices

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

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

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

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

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

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

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period; serves as yearly continuation application	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of project period	Yes

Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

This report must include the following:

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

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance,

- Include a signal, 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 recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)

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

The performance measures and reporting schedule will be finalized in the first six months of the award.

d. Federal Financial Reporting (FFR) (required)

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

e. Final Performance and Financial Report (required)

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

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

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

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

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

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

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

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

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

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

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Jon

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

Address:
NCBDDD, DHDD, Disability Science and Program Team (DSAP)
4770 Buford Hwy, MS S106-4
Atlanta, GA 30341

Telephone:
(404) 498-3873

Email:
jbaio@cdc.gov

Grants Staff Contact

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

First Name:
Darryl

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

Address:
Branch 4
2939 Flowers Road South
Atlanta, GA 30341

Telephone:
404-498-5602

Email:
LZQ7@cdc.gov

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

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

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

H. Other Information

Following is a list of acceptable 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
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

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

Organization Charts

Position descriptions

Letters of Support

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

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

Assistance Listings: 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.

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

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

Budget Period or Budget Year: The duration of each individual funding period within the 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

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

Inclusion: 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.

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

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

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

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

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

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

educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOFO-specific Glossary and Acronyms