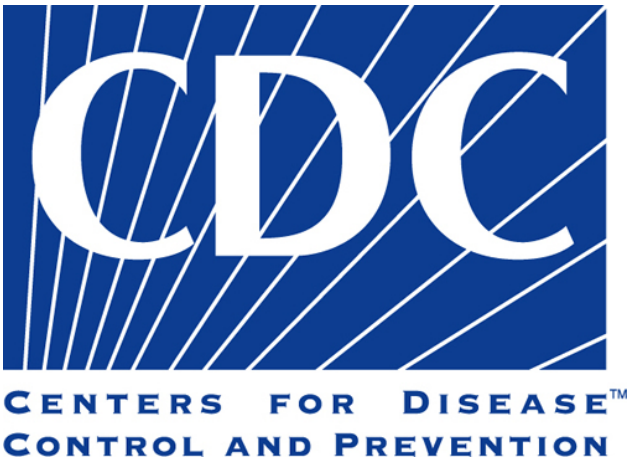


Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Partner Promotion of Strategies to Advance Oral Health

CDC-RFA-DP-24-0049

06/03/2024

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP-24-0049. 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:

Partner Promotion of Strategies to Advance Oral Health

C. Announcement Type: New - Type 1:

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

Type1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP-24-0049

E. Assistance Listings Number:

93.446

F. Dates:

1. Due Date for Letter of Intent (LOI):
05/01/2024

2. Due Date for Applications:
06/03/2024
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
Wednesday, April 24, 2024

Time: 1:30 pm – 2:30pm

Conference Call Number: +1 646 828 7666 US

Webinar ID: 161 707 2141

Passcode: 50131416

Webinar link:
https://cdc.zoomgov.com/j/1617072141?pwd=Vm9xUXJCK21IYzdRMThuTWZUeVRtdz09
Passcode: j75=E8F6

Email address: PartnerOHE0049@cdc.gov

G. Executive Summary:

1. Summary Paragraph
This three-year cooperative agreement supports the goals of the companion NOFO, CDC-RFA-DP24-0048: State Promotion of Strategies to Advance Oral Health. Up to three applicants will provide technical assistance (TA) and resources to CDC-RFA-DP-24-0048 recipients.

This NOFO has 3 components. Applicants must apply for each component separately.

Component 1 focuses on increasing the ability of CDC-RFA-DP-24-0048 recipients to implement activities that increase access to community water fluoridation (CWF) and evidence-based preventive dental services (EBPDS), such as dental sealants and fluoride varnish, as well as to develop and maintain supportive partnerships. **Component 2** focuses on increasing adherence to Infection Prevention and Control (IPC) Standard Precautions and leveraging IPC partnerships. **Component 3** focuses on increasing the ability of CDC-RFA-DP-24-0048 recipients to analyze, interpret, and disseminate secondary data about 1) medical-dental integration, as it relates to the oral health of people with diabetes, their overall health, as well as their use and access to medical and dental care, and 2) data about EBPDS use and access. **Component 3** also focuses on evaluating CDC-RFA-DP-24-0048 programs and partnerships.

a. Funding Instrument Type:
CA (Cooperative Agreement)

b. Approximate Number of Awards
3

c. Total Period of Performance Funding:
$1,800,000

d. Average One Year Award Amount:
$200,000
Average amount per award:

$200,000 for years 1-3 for Component 1

$150,000 for years 1-3 for Component 2

$250,000 for years 1-3 for Component 3

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

f. Estimated Award Date:
July 31, 2024

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

Examples include complementary funding from other organizations, other U.S. government funding sources, including programs supported by the Department of Health and Human Services, and other agencies such as the Department of Education, Centers for Medicare and Medicaid Services, the Health Resources and Services Administration, the Department of Agriculture, and other funding sources. Applicants must coordinate with multiple sectors, such as public health, education, infection control programs, drinking water associations, health care delivery, community health centers (e.g., FQHCs), faith-based organizations, state HAI/AR programs, and other community-level resources.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
Cavities (also known as tooth decay or caries) are a common chronic disease that can cause pain or suffering and diminish quality of life. Cavities can affect essential aspects of daily living, eating, and speaking. In 2008, 92.4 million school and work hours were lost among school children and adults due to urgent dental care needs, with children losing over 34 million hours of school. Data show that 57% of adolescents in the United States ages 12–19 years have

experienced cavities and 17% need treatment on at least one decayed tooth. Among adolescents stratified by race/ethnicity (R/E), the prevalence of untreated cavities for non-Hispanic Blacks and Mexican Americans is about 30% higher than for non-Hispanic White adolescents. CDC's 2019 Oral Health Surveillance Report highlights that sealant prevalence among adolescents aged 12–19 years increased from 38% during 1999–2004 to 48% during 2011–2016. Increases were observed across all socio-demographic characteristics, such as R/E and income. Evidence-based preventive dental services (EBPDS) include dental sealants and fluoride varnish. EBPDS are delivered in schools, dental offices, and other settings. EBPDS can prevent cavities, save money, and improve quality of life across the lifespan.

Community water fluoridation (CWF) is also an opportunity to improve oral health. It is the most efficient and cost-effective way to deliver fluoride to everyone in a community. Drinking fluoridated water keeps teeth strong and reduces cavities by up to 25% in children and adults.

Diabetes affects over 28.7 million people and is the seventh leading cause of death in the United States (US). Among adults who self-report that they have diabetes, 60% have some form of periodontitis which can lead to tooth loss. Treating periodontal disease significantly improves blood sugar level among people with diabetes compared to no treatment or routine care. Dental visits are an important part of diabetes self-care management. Yet, about 60% of US adults with diabetes had a medical visit in the past year but no dental visit. Information is needed to understand medical services used by persons with diabetes and the opportunities missed for persons with diabetes to have both medical and dental visits within the past year.

This NOFO supports efforts of CDC-RFA-DP-24-0048 recipients to increase access to oral health services and reduce cavities. This NOFO continues dental sealant program, CWF, and medical-dental integration (MDI) technical assistance work of CDC-RFA-DP18-1811. MDI activities will focus on providing technical assistance to CDC-RFA-DP-24-0048 for analyzing associations between access to oral health services, medical services, and diabetes status. The COVID-19 pandemic highlighted a need to improve awareness of infection prevention control (IPC) in dental settings and develop related partnerships. This NOFO will support that need through technical assistance and partnership support.

This NOFO has three components. Applicants applying for more than one component must apply for each component separately. Component 1 funds technical assistance to expand the reach of and partnerships for EPBDS and CWF. Component 2 funds technical assistance and partnership support for IPC activities conducted by CDC-RFA-DP-24-0048 recipients. Component 3 funds technical assistance for a) analyzing and distributing the analysis of secondary oral health data, especially data about relationships between oral health and diabetes, and b) evaluating CDC-RFA-DP-24-0048 and CDC-RFA-DP-24-0049 activities.

b. Statutory Authorities

Supported by statutory language of the Public Health Service Act, 42 U.S.C. §§ 247b(k)(2) and 247b-14 (Public Health Service Act sections 317(k)(2) and 317M, respectively).

c. Healthy People 2030

NOFO strategies address the following Healthy People 2030 topics:

- Oral Conditions — General
- Adolescents
- Health Care Access and Quality
- Health Policy
- Nutrition and Healthy Eating
- Older Adults
- Preventive Care
- Public Health Infrastructure

d. Other National Public Health Priorities and Strategies

This program supports strategies to increase and improve the quality of oral health outcomes, community-clinical linkages, and preventive services, which align with the following national plans, frameworks, and reports:

- The Guide to Community Preventive Services
- Health and Human Services - Equity Action Plan
- Health and Human Services - Strategic Plan FY 2022-2026
- Health Resources and Services Administration - Strategic Plan FY 2024
- Centers for Medicare and Medicaid Services - Framework for Health Equity 2022-2032
- National Institutes of Health - Oral Health in America: Advances and Challenges
- Public Health Accreditation Board

e. Relevant Work

This NOFO incorporates lessons from CDC-RFA-DP18-1811 and CDC-RFA-DP18-1810. It also supports the promotion of CDC infection prevention and control guidelines and analyzing secondary data to inform the future integration of medical and dental services for individuals with diabetes.

This NOFO is associated with a companion NOFO: State Promotion of Strategies to Advance Oral Health (CDC-RFA-DP-24-0048)

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP- 24-0049 Logic Model: Partner Promotion of Strategies to Advance Oral Health

Component 1: Community Water Fluoridation (CWF) and Evidence-Based Preventive Dental Services (EBPDS) Support

Strategy	Short-Term Outcome	Intermediate Outcome	Long-Term Outcome

Provide TA and resources related to EBPDS* implementation Support partnerships for EBPDS programs Provide TA and resources related to CWF program implementation Support partnerships for CWF programs *EBPDS: include sealants and fluoride varnish	Increased availability of TA and resources to address oral health disparities through EBPDS programs Increased availability of TA and resources to address oral health disparities through CWF programs Increased opportunities for collaboration between CDC-RFA-DP-24-0048 recipients and partners that support populations of focus	**Increased implementation of activities, policies, and systems changes related to increasing use of and access to EBPDS** **Increased implementation of activities, policies, systems, and environmental changes related to increasing access to optimally fluoridated water** **Increased multi-sector partnerships that support CWF and EBPDS programs, particularly among partners that focus on reducing health disparities and addressing SDOH**	Decrease in cavities, especially in communities with water systems serving 10,000 or fewer people and among populations who disproportionately lack access to optimally fluoridated water systems Reduced disparities in EBPDS receipt across sociodemographic characteristics

Component 2: Oral Health Infection Prevention and Control Support

Strategy	Short-Term Outcome	Intermediate Outcome	Long-Term Outcome
Provide TA and resources related to implementing IPC activities for populations of focus Support collaborative partnerships for IPC activities	Increased availability of IPC guidance TA and resources Increased availability of partnership engagement TA and resources	Increased ability to help oral health programs adhere to CDC IPC guidelines **Increased multi-sector partnerships that support IPC activities**	Increased adherence to IPC Standard Precautions and other infection prevention recommendations in programs serving traditional and non-traditional dental settings

Component 3: Medical-Dental Integration and EBPDS Data and Program Evaluation Support

Strategy	Short-Term Outcome	Intermediate Outcome	Long-Term Outcome
Provide TA and resources related to analyzing, interpreting, and disseminating secondary data about 1) medical-dental integration, specifically the oral health of people with diabetes, their overall health, as well as their use and access to medical and dental care, and 2) EBPDS use and access Evaluate CWF, EBPDS, and IPC activities conducted and partnerships	Increased availability of TA and resources for analyzing secondary oral surveillance data and EBPDS data Increased ability to collect evaluation data about the context and impact of CWF, EBPDS, and IPC activities and partnerships	**Increased analysis, interpretation, and dissemination of data about 1) medical-dental integration, specifically, relationships between the oral health of people with diabetes, their overall health, as well as their use of and access to medical and dental care, and 2) EBPDS use and access** **Increased availability and use of CWF, EBPDS, and IPC program and partnership evaluation data**	Increased access to integrated medical and dental services among people with diabetes Reduced disparities in receipt of EBPDS across sociodemographic characteristics

i. Purpose

The purpose of this non-research NOFO is to provide TA and resources for CDC-RFA-DP-24-0048 recipients to expand CWF and EBPDS activities among populations of focus **(Component 1)**, support IPC partnerships and activities among populations of focus **(Component 2)**, analyze secondary data to inform the future integration of medical and dental services for individuals with diabetes **(Component 3)**, analyze EBPDS data to understand access and use among populations of focus **(Component 3)**, and evaluate CWF, EBPDS, and IPC activities and partnerships of CDC-RFA-DP-24-0048 recipients **(Component 3)**.

ii. Outcomes

Applicants must apply for each component separately. All applicants must address the **bolded outcomes** in the logic model for each strategy under each component of interest. The **bolded outcomes** are associated with the performance measures.

COMPONENT 1 - CWF AND EBPDS SUPPORT

- Increased implementation of changes to water fluoridation and EBPDS activities, policies, systems, or environments due to use of TA and resources.

- Increased multi-sector partnerships that support CWF and EBPDS programs, particularly among partners that focus in reducing health disparities and addressing SDOH.

COMPONENT 2 - ORAL HEALTH IPC SUPPORT

- Increased multi-sector partnerships that support IPC activities, (particularly among partners with experience working with oral health providers, medical, behavioral, and dental healthcare programs, school programs, and facilities serving CDC-RFA-DP-24-0048 populations of focus and other populations with a large burden of health disparities and who are disproportionally affected by SDOH.

COMPONENT 3 - MEDICAL DENTAL INTEGRATION AND EBPDS DATA AND PROGRAM EVALUATION SUPPORT

- Increased analysis, interpretation, and dissemination of data about 1) medical-dental integration, specifically, relationships between the oral health of people with diabetes, their overall health, as well as their use of and access to medical and dental care, and 2) EBPDS use and access.
- Increased availability and use of program and partnership evaluation data.

Strategies involve expanding the capacity of oral health programs to reach their populations of focus. Long-term outcomes include decreases in cavities, untreated decay, and oral health disparities, as well as increased adherence to IPC Standard Precautions.

iii. Strategies and Activities

the Applicants must propose specific, measurable, attainable, relevant, and time-based (SMART) objectives or strategies. Applicants are encouraged to focus SMART strategies on being inclusive and equitable (SMARTIE) and relevant to the applicant's and DOH's populations of focus (see Populations of Focus section below). For an example of SMARTIE, see this link.

COMPONENT 1

For CWF and EBPDS Support, the relevant logic model outcomes are 1) to increase CDC-RFA-DP-24-0048 recipients' ability to implement CWF and EBPDS approaches and 2) support CWF and EBPDS partnerships.

Applicants must describe how they will:

Provide CDC-RFA-DP-24-0048 recipients with TA and resources related to CWF and EBPDS program implementation.

- Upon request, assist CDC-RFA-DP-24-0048 recipients in identifying, planning, and implementing CWF and EBPDS interventions that that lead to policy, system, and environmental changes. Assistance may be provided via one-on-one consultation, workshops, conference calls, webinars, or other forums. The CDC-RFA-DP24-0049 recipient must have the necessary media equipment (teleconference capability with

sufficient number of phone lines) to accommodate all CDC-RFA-DP24-0048 recipients, their partners, DOH staff, and other national partners.

- Lead communities of practice that address barriers to CWF and EBPDS program implementation and increase reach to populations of focus. CoP must include best practices in:
    - using and sharing CWF and EBPDS data.
    - using secondary data to inform program planning and implementation.
    - developing and maintaining multi-sector collaborations to increase EBPDS programs for populations of focus.
    - additional peer learning opportunities.
- Review existing resources related to CWF and EBPDS program implementation, including resources from CDC-RFA-DP-24-0048 recipients, to identify and address any gaps in implementing programs, especially for populations of focus.
- Use, adapt, or develop resources (e.g., tool kits, factsheets, reference documents, environmental scans) that support CDC-RFA-DP-24-0048 outcomes, including providing program-specific TA (e.g., trainings) to:
    - enhance or expand CWF and EBPDS program reach, particularly in populations of focus.
    - facilitate learning and information sharing among CDC-RFA-DP-24-0048 recipients and their key partners.

Support collaborative partnerships for CWF and EBPDS activities.

- Provide TA and resources for CDC-RFA-DP-24-0048 recipients to:
    - identify and engage partners with missions that align with reducing health disparities or who serve populations of focus.
    - support development of specific objectives, activities, and roles/responsibilities for each collaboration.
    - focus collaborations on activity, policy, and systems changes to support the goals of this NOFO.
- Provide TA to support new or existing multi-sector collaborative partnerships to increase participation of populations of focus in CDC-RFA-DP-24-0048 interventions. Partnership TA and engagement consists of:
    - developing and compiling resources to identify, expand, and sustain new or existing partners, in both private and public sectors.
    - promoting best practices to programs to improve and expand program implementation and services to increase participation rates.

COMPONENT 2

For Oral Health Infection Prevention and Control support, the relevant outcome in the logic model is to increase multi-sector partnerships that support IPC activities outlined in CDC-RFA-DP-24-0048.

Applicants must describe how they will:

Provide CDC-RFA-DP-24-0048 recipients with TA and resources related to implementing IPC activities for populations of focus.

- Provide TA and resources (e.g., communities of practice, tool kits, facilitation guides, reference documents, webinars) to assist CDC-RFA-DP-24-0048 recipients in promoting IPC training, guidelines, and other infection prevention control resources.
- Provide TA to CDC-RFA-DP-24-0048 recipients (including trainings) to expand the reach of IPC information in dental settings across CDC-RFA-DP-24-0048 recipients' jurisdictions for the populations of focus.
- Lead a community of practice to address barriers to IPC program implementation and increase reach to populations of focus. CoP must include best practices in:
    - using and sharing IPC data.
    - using secondary data to inform program planning and implementation.
    - developing and maintaining multi-sector collaborations to increase IPC programs for populations of focus.
    - additional peer learning opportunities.

Support collaborative partnerships for IPC activities.

- Provide TA and resources to CDC-RFA-DP-24-0048 recipients to:
    - identify specific partners who serve populations of focus.
    - support strategies that increase awareness of, use of, and adherence to dental IPC recommendations and resources among programs serving other populations with a large burden of health disparities and who are disproportionally affected by SDOH. (e.g., EBPDS programs in priority schools).
    - promote best practices to IPC programs to improve, expand, and sustain collaborations to increase the reach of and adherence to IPC recommendations.

COMPONENT 3

For Medical Dental Integration and EBPDS Data and Program Evaluation Support, the first relevant outcome in the logic model is to increase the ability of CDC-RFA-DP-24-0048 recipients to analyze, interpret, and disseminate data about 1) medical-dental integration, specifically, relationships between the oral health of people with diabetes, their overall health,

as well as their use and access to medical and dental care and 2) EBPDS use and access. The second relevant outcome is to evaluate CWF, EBPDS, and IPC activities and partnerships.

Provide CDC-RFA-DP-24-0048 recipients with TA and resources related to analyzing, interpreting, and disseminating secondary oral health data about 1) medical-dental integration, specifically, relationships between the oral health of people with diabetes, their overall health, as well as their use and access to medical and dental care, and 2) EBPDS use and access.

Applicants must describe how they will:

- Assist funded recipients in analyzing, interpreting, and disseminating secondary oral health data about 1) medical-dental integration, specifically, relationships between the oral health of people with diabetes, their overall health, as well as their use and access to medical and dental care, and 2) EBPDS use and access.
- Facilitate a community of practice about analyzing, interpreting, and disseminating secondary oral health and EBPDS data analyses learning among CDC-RFA-DP-24-0048 recipients.
- Use, adapt, or develop resources (e.g., tool kits, factsheets, reference documents) to provide program-specific TA to CDC-RFA-DP-24-0048 recipients. At a minimum, TA must include:
    - providing assistance with using software and statistical methods to analyze oral health surveillance data and EBPDS data at community levels (e.g., Medicaid claims and other data, if complementary). EBPDS data analyses must identify 1) disparities in use and access (i.e., delivery in clinical and community programs) and 2) populations of focus.
    - identifying data sources and indicators in oral health surveillance databases that can be used to describe oral health disparities and challenges to community-clinical linkages.
    - disseminating secondary data analyses about 1) medical–dental integration, specifically, relationships between the oral health of people with diabetes, their overall health, as well as their use of and access to medical and dental care, and 2) EBPDS use and access.

Evaluate CWF, EBPDS, and IPC activities and associated collaborations.

Applicants must describe how they will:

- Develop and disseminate case studies that summarize the reach or impact of activities performed by CDC-RFA-DP-24-0048 recipients. Case studies must provide cost analyses, describe program successes, factors that increase program success, lessons learned, and information about how recipients addressed oral health disparities in CDC-RFA-DP-24-0048 strategy areas (CWF, EBPDS, and IPC).

- Evaluate processes used by CDC-RFA-DP-24-0048 recipients to obtain race/ethnicity/basic demographic data in school and FQHC settings for the purposes of oral health surveillance and program evaluation activities and prepare a best practice document to support increased analysis, interpretation, and dissemination of secondary oral health data.
- Use an analytical approach to track and evaluate partnerships supporting CDC-RFA-DP-24-0048 activities.

1. Collaborations

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

Collaborations with CDC projects and CDC-funded organizations are required to maximize resources, reach, impact, and sustainability of CDC-RFA-DP-24-0048 recipient NOFO outcomes.

Applicants for Components 1, 2, and 3 are required to describe how they will establish, enhance, and maintain multi-sector partnerships. Recipients must collaborate with other CDC projects or CDC-funded organizations that have a role in achieving the NOFO outcomes and must include a variety of public and private partners. Applicants must also collaborate with CDC-RFA-DP-24-0048 recipients and any additional recipients of this NOFO. Collaborations must center on shared goals related to health disparities and addressing social determinants of health-related barriers impacting access to and participation in CDC-RFA-DP-24-0048 NOFO interventions.

Collaborations must leverage existing resources (e.g., frameworks, toolkits, guidance) to ensure the following:

- Engagement of CDC-RFA-DP-24-0048 recipients with their selected populations of focus.
- Training, TA, and subject matter expertise to address critical challenges of CDC-RFA-DP-24-0048 recipients to reach their outcomes.
- Sharing of data strategies for surveillance and evaluation.
- Providing education about the impact of policies on health outcomes.
- Including oral health strategies in existing or new policies to better-address oral health inequities (e.g., enabling school-based health center medical providers to implement oral health interventions).
- Other strategies as identified by the applicant, based on NOFOs CDC-RFA-DP-24-0048 and CDC-RFA-DP-24-0049.

Applicants must briefly describe experience and past examples of collaborations with key projects and organizations funded by CDC, highlighting any existing collaborations that can be leveraged to reduce health disparities among CDC-RFA-DP-24-0048 recipients' jurisdictions and at a national level. Identified collaborations must enable CDC-RFA-DP-24-0048 recipients to reach their intended NOFO outcomes. When describing collaborations, applicants must also describe how collaborations with specific projects and organizations will meet the outcomes of this NOFO, including any allocation of funding provided to subrecipient partners or provided in-kind. Applicants must describe collaborations with individual consultants or contractors in the Organizational Capacity section below; individual people do not meet the criteria of partners.

Applicants must describe three examples of past collaborations with CDC projects or CDC-funded organizations demonstrating shared goals, strategies, or activities.

Applicants are required to provide a minimum of three letters of support, letters of collaboration, MOUs, MOAs, or other equivalent documentation clearly describing the levels and intended outcomes of collaborations with CDC projects or CDC-funded organizations to meet NOFO goals. Submitted documentation must:

- Clearly outline the NOFO goal(s), strategies, and activities that are enabled by the collaborations with CDC projects or CDC-funded organizations.
- Describe the role of the CDC projects or CDC-funded organization.
- Be named, depending on the documentation type, "LetterofSupport/LetterofCollaboration/MOU/MOA/other documentation_PartnerName_RFA_0049_name of applicant" and upload as PDF files to Grants.gov.

b. With organizations not funded by CDC:
Applicants must describe how they will build their own and the ability of CDC-RFA-DP-24-0048 recipients to maintain collaborations with:

- Federal agencies and federally funded organizations that have a role in implementing proposed activities and achieving the outcomes of this and CDC-RFA-DP-24-0048 NOFOs (e.g., Centers for Medicare and Medicaid Services, Health Resources and Services Administration, Indian Health Service, Housing and Urban Development).
- National organizations that have a role in implementing proposed activities and achieving the outcomes of this and CDC-RFA-DP-24-0048 NOFOs.
- Other state, local, Tribal, and Territorial organizations/partners/programs/coalitions including organizations working with specific populations of focus, intersectional population(s), faith-based organizations, health care providers and systems, non-governmental organizations, state and local funded programs, governmental officials, civil society organizations, community-based organizations, community safety programs, transportation services, education, and social services organizations.

Applicants must briefly describe experience and past examples of collaborations with key projects and organizations not funded by CDC, highlighting any existing collaborations that can be leveraged to reduce health disparities and address social determinants of health among CDC-RFA-DP-24-0048 recipients and at a national level. Identified collaborations must enable CDC-RFA-DP-24-0048 recipients to reach their intended NOFO goals. When describing collaborations, applicants must also describe how collaborations with specific partners will meet the goals of this NOFO, including any allocation of funding provided to subrecipient partners or provided in-kind.

Applicants are required to provide a minimum of three letters of support, letters of collaboration, MOUs, MOAs, or other equivalent documentation clearly describing the levels and intended outcomes of collaborations with organizations not funded by the CDC to meet the NOFO goals. Submitted documentation must:

- Clearly outline the NOFO goal(s), strategies, and activities that are enabled by the collaborations with organizations not funded by CDC.

- Describe the role of the organization not funded by CDC.
- Be named, depending on the documentation type, "LetterofSupport/LetterofCollaboration/MOU/MOA/other documentation_PartnerName_RFA_0049_name of applicant" and upload as PDF files to Grants.gov.

2. Population(s) of Focus

Among populations who could benefit from this funding include people from some racial and ethnic groups, people with lower incomes, persons with disabilities, people who do not speak English, people with limited literacy, American Indian and Alaska Native communities, people who live in rural areas and other under-resourced communities, people who identify as LGBTQIA+, and other populations with a large burden of health inequities.

All applicants must describe how the strategies they implement will address oral health disparities and social determinants of health in populations of focus. All applicants must also describe relevant experience providing TA, training, and guidance to organizations to assist in overcoming social determinant of health-related barriers that negatively impact access to and successful participation in health programs, and their experience supporting national, regional, state, and community strategies to address health disparities and social determinants of health, including partner and community engagement experience. Applicants are encouraged to use CDC's Preferred Terms for Select Population Groups & Communities and NCCDPHP's Equitably Addressing Social Determinants of Health and Chronic Diseases. Disparities by race and ethnicity, geography, mobility limitations or intellectual/developmental disability, primary language, health literacy, income, gender identity, and other relevant dimensions must be considered.

Component 1, 2, and 3 applicants must describe approaches to:

- Selecting populations of focus or populations with a large burden of health disparities and who are disproportionally affected by social determinants of health, including processes and resources used (e.g., datasets, frameworks, methodologies).
- Working with populations of focus or other populations with a large burden of health disparities and who are disproportionally affected by social determinants of health.
- Collaborating with CDC-RFA-DP-24-0048 recipients, organizations representing CDC-RFA-DP-24-0048 populations of focus, and other partners with expertise in addressing health disparities to support the development and implementation of NOFO strategies and activities.
- Providing TA, training, and guidance to organizations to assist in overcoming social determinants of health-related barriers that negatively impact access to and successful participation in health and wellness programs/services.
- Supporting national, regional, state, and community strategies to address health disparities and social determinants of health, including partner and community engagement.
- Include populations of focus and other populations with a large burden of health disparities and who are disproportionally affected by social determinants of health in program planning and implementation.

- Describe how to identify data gaps for CWF, EBPDS, and IPC programs serving populations of focus.

The populations of focus for this NOFO are:

- Populations identified by CDC-RFA-DP-24-0048 recipients (to be determined).
- Division of Oral Health's populations of focus, listed below by component.
- Other populations with a large burden of health disparities and who are disproportionally affected by social determinants of health.

The Division of Oral Health's populations of focus are:

Component 1: CWF and EBPDS Populations of Focus

- CWF: Residents in communities with water systems serving 10,000 or fewer people.
- EBPDS:
    - School Sealant Program: Public elementary or middle schools located in urban areas in which at least 50% of students qualify for federal or state free and reduced meal programs.
    - Fluoride Varnish: Communities with lower incomes and those with high rates of cavities among children.

Component 2: IPC Populations of Focus

- EBPDS school programs and other dental programs or facilities serving populations with a large burden of health disparities and who are disproportionally affected by social determinants of health.

Component 3: Medical Dental Integration and EBPDS Data and Program Evaluation Support Populations of Focus

- For oral health data support, individuals with diabetes, especially those with unmet oral health needs (e.g., periodontitis and tooth loss) and risk factors for negative health outcomes (e.g., smoking).
- For evaluation support, populations of focus include those impacted by CWF, EBPDS, and IPC activities implemented by CDC-RFA-DP-24-0048 recipients.

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

a. Health Disparities

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

Broadly defined, social determinants of health are non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social

norms, social policies, and political systems. See content below and in other sections (e.g., Approach, Collaborations, Populations of Focus) for information on how this specific NOFO affects social determinants of health.

A health disparity is a preventable difference in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged. Health disparities are inextricably linked to a complex blend of social determinants that influence which populations are most disproportionately affected by these diseases and conditions.

This NOFO seeks to address oral health disparities. While oral diseases affect all segments of society, certain populations experience a disproportionate burden and risk or lack adequate access to prevention and treatment services. Some people or populations may not have equitable access to resources and opportunities due to unfair policies, practices, and conditions and differential treatment because of a variety of factors. These factors include but are not limited to race and ethnicity, sexual orientation, gender identity, age, physical abilities, geographic location, educational background, economic status, and the intersectionality of these and other factors.

This NOFO focuses on providing subject matter expertise, relevant resources, training, and TA to CDC-RFA-DP-24-0048 recipients to identify strategies that reduce the burden of oral diseases and promote access to preventive dental care.

iv. Funding Strategy
Not applicable

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will collaborate with recipient(s) to assess if they are implementing strategies and activities as expected, and if they are achieving outcomes. Evaluation and performance measurement will support program improvement and document accomplishments. CDC will help recipient(s) finalize evaluation plans within 6 months post-award and determine Data Management Plan (DMP) requirements.

A Data Management Plan (DMP) is required for each activity that involves the collection or generation of public health data. ("Public health data" means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions and implementation. Public health data includes those from research and non-research activities.) If you are uncertain whether a DMP is applicable to your application, see https://www.cdc.gov/chronicdisease/pdf/nofo/extramural-guidance-DMP-508.pdf for clarification.

The required Data Management Plan template can be found on this page: https://www.cdc.gov/chronicdisease/programs-impact/nofo/index.htm

Data Management Plans must include at the minimum the following:

- A description of the data to be collected or generated in the proposed project.
- The standards to be used for the collected or generated data.

- Mechanisms for, or limitations to, providing access to the data, including a description for the provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights.
- Statement of the use of data standards that ensure all documentation that describes the method of collection, what the data represent.
- Plans for archiving and long-term preservation of the data or explaining why long-term preservation and access are not justified.
- Other additional requirements based on the program.

During the 3-year period of performance, CDC will work with recipients to answer the following evaluation questions based on the program logic model and activities:

Outcome Evaluation Questions

1. To what extent did the national partner (s) increase CDC-RFA-DP-24-0048 recipients' capacity to implement CWF and EBPDS programs among populations of focus?
2. To what extent did the national partner(s) impact practices, systems, or policies by providing CWF and EBPDS TA?
3. To what extent did the national partner(s) increase CWF, EBPDS, and IPC partnerships?
4. To what extent did the national partner(s) increase CDC-RFA-DP-24-0048 recipients' capacity to analyze, interpret, and disseminate data about relationships between the oral health of people with diabetes, their overall health, as well as their use of and access to medical and dental care?
5. To what extent did the national partner(s) increase CDC-RFA-DP-24-0048 recipients' capacity to analyze, interpret, and disseminate data about EBPDS use and access?
6. To what extent did the national partner(s) identify and describe factors associated with effectively delivering CWF, EBPDS, and IPC programming, and addressing oral health disparities?

CDC's evaluation approach will include:

1. Required recipient reporting of performance measures
2. Required recipient reporting with Project Performance Monitoring Reports (PPMR)
3. CDC-RFA-DP-24-0049 recipient led monitoring and evaluation efforts
4. CDC-RFA-DP-24-0048 recipient led evaluations

If resources allow, CDC may conduct additional monitoring and evaluation activities. Recipients and CDC will only collect data that will be analyzed and used. Evaluation findings will contribute to the evidence base, program improvement, and future CDC funding opportunities. Where appropriate, Paperwork Reduction Act of 1995 (PRA) and Institutional Review Board processes must be followed.

CDC will:

- Collect, analyze, and synthesize required performance measure data.
- Provide monitoring and evaluation TA (webinars, office hours, meetings, written materials, etc.).
- Provide guidance on calculating and reporting performance measures.
- Collaborate with recipients to plan and implement activities when necessary.

- Use monitoring and evaluation results to make recommendations about program improvement, sustainability, and outcomes.

CDC may present evaluation results to relevant internal and external audiences.

Component 1, 2, and 3 applicants must describe the following:

- Any recipient planned evaluations.
- Plans to collect evaluation data.

Component 1, 2, and 3 recipients are required to:

- Maintain processes, policies, procedures, a workforce, and data systems to monitor program activities and report performance measures.
- Conduct monitoring and evaluation activities related to strategies in the logic model and report data to CDC annually, including, but not limited to, performance measures.
- Participate in monitoring and evaluation activities related to the strategies and outcomes outlined in the logic model. CDC or a national partner may lead activities that include interviews, surveys, and other forms of data collection.
- CDC will provide guidance on each performance measure before the first reporting period. Recipients are required to report performance measures through CDC's Award Management Platform (AMP) and other CDC systems.
- Summarize evaluation findings for each evaluation question annually and report the summary to CDC.
- Report cumulative evaluation findings for the 3-year project period in a Final Performance Report.

Project Outcomes and Required Performance Measures

The table below shows the logic model's strategies and outcomes and their related performance measures. Recipients will be required to track and report the performance measures. Given the three-year performance period, CDC does not expect recipients to achieve the long-term outcomes.

Outcome	Performance Measure
Increased implementation of activities, policies, and systems changes related to increasing use of and access to EBPDS	Number of activities, policies, or systems changes that resulted from using TA or resources provided, and are focused on increasing use of and access to EBPDS
Increased implementation of activities, policies, systems, and environmental changes related to increasing access to optimally fluoridated water	Number of activities, policies, systems, or environmental changes that resulted from using TA or resources provided, and are

Outcome	Performance Measure
	focused on increasing access to optimally fluoridated water
Increased multi-sector partnerships that support CWF and EBPDS programs, particularly among partners that focus on reducing health disparities and addressing SDOH	Number of memoranda of understanding (or equivalent documents) developed and signed that create partnerships for CWF or EBPDS activities (process) Number of memoranda of understanding (or equivalent documents) with partner organizations that serve CDC-RFA-DP-24-0048 populations of focus
Increased multi-sector partnerships that support IPC activities	Number of memoranda of understanding (or equivalent documents) developed and signed that create partnerships for IPC activities (process) Number of EBPDS school program partners reached with information about IPC resources due to partnership organization efforts Number of partners serving non-school based dental programs or facilities in communities with oral health disparities reached with information about IPC resources due to partnership organization efforts
Increased dissemination of data about 1) medical-dental integration, specifically, relationships between the oral health of people with diabetes, their overall health, as well as their use of and access to medical and dental care, and 2) EBPDS use and access	Number of partner organizations that receive analyses of data that inform approaches to integrating medical and dental services for people with diabetes. Number of partner organizations that receive an analyses of EBPDS data that describes service use, access trends, and

Outcome	Performance Measure
	characteristics of community-clinical linkages.
Increased availability and use of evaluation data about CWF, EBPDS, and IPC programs and partnerships	Number of completed monitoring and/or evaluation efforts that summarize the reach of and provide a cost-analysis of community water fluoridation, evidence-based preventive dental services, and infection prevention and control activities (process)

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

- Describe the type of evaluations (i.e., process, outcome, or both).

- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

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

Component 1, Component 2, and Component 3 applicant evaluation and performance measurement plans must:

- Describe the design of performance measure monitoring and reporting, as well as other evaluation activities (e.g., data collection, data sources, evaluation methods, analysis plans, annual dissemination plans) using the CDC Evaluation Framework.
- Describe activities that will monitor and evaluate the extent workplan activities address issues related to oral health disparities and social determinants of oral health.
- Describe how performance measure data sources will be accessed.
- Describe the recipient's evaluation workforce capacity and identify any partners needed to complete evaluation and performance measure activities. In addition to working with internal or external professional evaluators, partnerships may assist with monitoring and evaluation activities.
- Describe the amount of total funding allocated for evaluation, including the salary, fringe, and benefits amounts for a designated person with skills and experience in evaluation who will manage evaluation activities and performance measure reporting.

In addition, Component 1 and Component 2 applicants must:

- List evaluation questions for their respective topic areas (CWF and EBPDS or IPC).
- List amount of total funding allocated to evaluation and performance measurement. CDC strongly recommends allocating at least 10% of the total award to evaluation and performance measurement activities, with attention to development and implementation costs.

In addition, Component 3 applicant evaluation and performance measurement plans must:

- Describe evaluation questions for the following topic areas CWF, EBPDS, IPC, and CDC-RFA-DP-24-0048 partnerships).
- Describe activities and methods to evaluate processes used by CDC-RFA-DP-24-0048 recipients to obtain race/ethnicity/basic demographic data in school and FQHC settings for the purposes of oral health surveillance and program evaluation activities and prepare a best practice document.
- Describe activities and methods that will monitor and evaluate CWF, EBPDS, and IPC partnerships of CDC-RFA-DP-24-0048 recipients and produce related case studies that describe the impact of activities performed by CDC-RFA-DP-24-0048 recipients.

The following resources provide information about program evaluation planning and implementation.

- CDC Evaluation Framework

- CDC Division for Heart Disease and Stroke Prevention Evaluation Basics Guide Series
- CDC Division for Heart Disease and Stroke Prevention Evaluation Tip Sheets
- CDC National Center for Chronic Disease Prevention and Health Promotion's Developing an Effective Evaluation Plan Workbook

c. Organizational Capacity of Recipients to Implement the Approach

All applicants must submit a staffing plan, project management structure, resumes/positions descriptions, and organizational chart for key positions supporting this NOFO that demonstrate the expertise, experience, and capacity to carry out the required activities of the NOFO and meet project outcomes.

Applicants must name the files: "Organizational_Chart", "Resumes", "Position_Descriptions", and "Staffing_Plan" and upload them as pdfs to Grants.gov.

Components 1, 2, and 3 Organizational Capacity Requirements Staffing Plan

Applicants must describe in the staffing plan:

- Relevant public health skills, experience, subject matter expertise, and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes. Include staff responsible for leading the project and their time allocation to this NOFO, highlighting prior experience with grants administration, program planning and implementation, partnership development, monitoring of the project's ongoing progress, preparation of reports, program evaluation, communication with partners and CDC, procurement processes, and staff/contractor supervision/oversight.
- How existing or future staff vacancies will be addressed, including estimated timeframes and processes for filling positions, providing interim NOFO support, and plans for onboarding new staff.
- If staff are shared with another program/project, what percentage of time-shared will staff work for each program/project, and how the applicant will maintain accountable results for shared employees.
- Previous experience providing TA, training, and resources to organizations to implement evidence-based strategies that have shown a positive impact on health outcomes and health disparities.
- Prior experience providing tailored resources, TA, and training about approaches to increase access to and participation in disease prevention programs among populations of focus.
- How the applicant will access relevant health disparities, social determinants of health, and oral health expertise.
- Previous experience conducting resource assessments or scans and developing and executing training and TA plans to address the needs of public health programs (e.g., webinars, peer learnings, and communities of practice).
- Ability to establish and maintain strong and diverse working relationships with partners and other interested parties such as coalitions, community-based organizations, Departments of Education, Medicaid programs, HAI/AR, policy makers, health center

programs, academic institutions, drinking water agencies, health professional organizations, or other relevant partners.
- Experience developing and implementing policy, systems, and environmental changes that improve a health behavior and decrease health disparities.

Components 1, 2, and 3 Organizational Capacity Requirements Capacity and Ability

Applicants must describe their capacity and ability to:

- Provide consultation and subject matter expertise, training, and TA to multi-sector partners/organizations (e.g., state health departments, school health programs, environmental programs, national organizations, community-based organizations, health care entities). Applicant must demonstrate ability to track measures and outcomes related to provision of subject matter expertise, training, and TA.
- Facilitate, coordinate, communicate, and collaborate across the network of subject matter experts/partner organizations to achieve the NOFO outcomes and ensure quality, consistency, and continuity of the support provided.
- Establish, build, and manage a network of subject matter experts/partner organizations through in-kind collaboration, sub-awards, or contracts to support recipient work across relevant CDC-RFA-DP-24-0048 strategies. Include experience maintaining regular and effective communication and coordination across collaborating partners.
- Coordinate and consult with CDC in providing subject matter expertise to support the work of the CDC-RFA-DP-24-0048 recipients.
- Write and award contracts efficiently, in accordance with applicable grant regulations and in a reasonable timeframe. Include current total timeframe to complete a contractual agreement (time of development through execution).
- Evaluate and improve delivery of resources, training, and TA offerings to meet the needs of CDC-RFA-DP-24-0048 recipients.
- Produce well-written, grammatically correct, and technically accurate guidance/resource documents tailored to intended audiences (e.g., success stories, websites, newsletters, case studies, etc.).

Components 3 Additional Organizational Capacity Requirements:

Applicants must describe:

- Experience with and capacity to provide TA related to manage, analyze and interpret oral health surveillance data, specifically using diverse datasets to identify, evaluate, and report on actionable data to address program improvement, health disparities, and social determinants of health. Include in the staffing plan a detailed description of at least one designated person with skills and experience in evaluation to manage evaluation activities and performance measure reporting.
- Capacity to provide TA on using Medicaid and other data sources to produce local-level estimates (e.g., county-level), and multi-state/regional estimates.
- Experience identifying and using existing data to fill surveillance data gaps for public health programs and addressing challenges in surveillance data collection, especially for population of focus.

- Experience conducting partnership evaluations and using analytical approaches to track and evaluate partnerships.
- Experience analyzing the costs of public health programs.
- Experience identifying program reach or impact, program successes, factors that increase the success of programs and lessons learned using evaluative methods.
- Experience using culturally competent and equitable evaluation approaches and collaborating with others to document data collection processes.
- Experience conducting program evaluations and sharing results with interested parties..
- Expertise and experience designing and documenting oral health surveillance data collection methods in ways that ensure data quality and security.
- Expertise and experience providing resources, TA, and training on evaluation strategies to public health partners.
- Ability to use, adapt, or develop resources related to public health program data strategies.

d. Work Plan

Applicants must provide a detailed work plan for the first year of the project and a high-level work plan summary for years 2 and 3. The work plan assists the Project Officer in monitoring recipient activities and reflects activities supported by the annual budget award. The work plan must display how the strategies, activities, timelines, and staffing/collaborations work together and align with the NOFO logic model and performance measures for accomplishing the task. The work plan must align with the evaluation plan and include activities and timelines to support the achievement of NOFO outcomes. Each element of the plan must contain the following components: overall period of performance outcome and outcome measure, SMARTIE strategies and activities, process measures, reasonable position/parties responsible, and completion dates. It must also include staff contacts and administrative roles and functions to support the implementation of the award.

Component 1, 2, and 3 applicants will be scored on the extent to which the work plan:

- Align the strategies, activities, outcomes, and performance measures detailed in the approach and is consistent with the content of the NOFO and evaluation plan.
- Describe how the strategies, activities, timelines, staff, and partners work together, and align with NOFO logic model.
- Focus strategies and activities on policy, systems, and environmental changes to increase reach and sustainability of CDC-RFA-DP-24-0048 recipient NOFO outcomes.
- Reflect activities supported by the annual budget award.
- Illustrate strategies and activities that are SMARTIE, ambitious, and appropriate to achieving the outcomes of the NOFO.
- Include activities that influence intermediate and long-term outcomes in the NOFO logic model.
- Include overall period of performance outcome and outcome measures, process measures, staff contacts, administrative roles and functions, administration and assessment processes, and completion dates.
- Provide a summary of activities in years 2-3 that tie into year 1 and result in the accomplishment of NOFO outcomes.

- Include staff contacts and administrative roles and functions to support implementation of the award. Administration and assessment processes to ensure successful implementation and NOFO activities.

See sample work plan below:

Period of Performance Outcome: (from outcome section and/or logic model)		Outcome Measure: (from the evaluation/performance measurement section)	
SMARTIE Strategies and Activities	Process Measure (from the evaluation and performance measurement section)	Responsible Position/Party	Completion Date
1.			
2.			
3.			
4.			
5.			
6.			

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.

f. CDC Program Support to Recipients

I. Technical Assistance: Provide programmatic, evaluative, epidemiologic, and TA for recipients and their stakeholders and partners through one-on-one technical consultation, national partner training, workshops, web conferences, and Water Fluoridation Reporting System (WFRS), Infection Prevention and Control (IPC), training, and other forms of guidance. CDC will also facilitate TA between national partners and recipients as needed.

II. Information Sharing Among Recipients: The Division of Oral Health will share information, best practices, lessons learned, and evaluation results with recipients through the program listserv, the Award Management Platform (AMP), conferences, guidance, material development, webinars, digital media, participation in appropriate meetings and committees, conference calls, and working groups, including “communities of practice, (i.e., group of peers who work together to share information.)”

III. Additional Support: CDC will develop TA resources for recipients through the cooperative agreement with national organizations as needed.

B. Award Information

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

2. Award Mechanism:
U58

3. Fiscal Year:
2024

4. Approximate Total Fiscal Year Funding:
$600,000

5. Total Period of Performance Funding:
$1,800,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$1,800,000

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

year(s)

7. Expected Number of Awards:
3
8. Approximate Average Award:

$200,000
Per Budget Period

Average amount per award:

$200,000 for years 1-3 for Component 1

$150,000 for years 1-3 for Component 2

$250,000 for years 1-3 for Component 3

9. Award Ceiling:
$300,000
Per Budget Period

This amount is subject to the availability of funds.

$300,000

10. Award Floor:
$100,000
Per Budget Period

11. Estimated Award Date:
July 31, 2024

12. Budget Period Length:
12 month(s)

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

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
99 (Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility")

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

State controlled institutions of higher education

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

Ministries of Health are not eligible.

3. Justification for Less than Maximum Competition

No Additional Information

4. Cost Sharing or Matching

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

Examples include complementary funding from other organizations, other U.S. government funding sources, including programs supported by the Department of Health and Human Services, and other agencies such as the Department of Education, Centers for Medicare and Medicaid Services, the Health Resources and Services Administration, the Department of Agriculture, and other funding sources. Applicants must coordinate with multiple sectors, such as public health, education, infection control programs, drinking water associations, health care delivery, community health centers (e.g., FQHCs), faith-based organizations, state HAI/AR programs, and other community-level resources.

5. Maintenance of Effort

Maintenance effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

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

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number associated with your organization's physical location prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned through SAM.gov registration. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location of the organization receiving the federal funds.

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and create an Electronic Business Point of Contact (EBiz POC). You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	7-10 Business Days but may take longer and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an account in Grants.gov, then add a profile by adding the organization's new UEI number. 2. The EBiz POC can designate user roles, including Authorized Organization Representative (AOR). 3. AOR is authorized to submit applications on behalf of the organization in their workspace.	Allow at least one business day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 05/01/2024

05/01/2024

b. Application Deadline

Due Date for Applications 06/03/2024

06/03/2024
11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

Due Date for Information Conference Call
Wednesday, April 24, 2024

Time: 1:30 pm – 2:30pm

Conference Call Number: +1 646 828 7666 US

Webinar ID: 161 707 2141

Passcode: 50131416

Webinar link:
https://cdc.zoomgov.com/j/1617072141?pwd=Vm9xUXJCK21IYzdRMThuTWZUeVRtdz09
Passcode: j75=E8F6

Email address: PartnerOHE0049@cdc.gov

5. Pre-Award Assessments

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

An LOI is encouraged but not required. The purpose of the LOI is to allow CDC program staff to estimate the number of applications and plan for the review of submitted applications.

The LOI must include the following:

- Descriptive title of proposed project
- Name, address, telephone number, and email address of the Principal Investigator, Project Director, or both
- Name, address, telephone number, and email address of the primary contact for writing and submitting this application
- Number and title of this NOFO

The LOI must be received via email to:

Alexandra Marshall

CDC, National Center for Chronic Disease Prevention and Health Promotion

Email address: PartnerOHE0049@cdc.gov

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Population(s) of Focus and Health Disparities

Applicants must describe the specific population(s) of focus in their jurisdiction and explain how to achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is

described in the Approach section. Applicants must address the Population(s) of Focus and Health Disparities requirements as described in the CDC Project Description, including (as applicable to this award) how to address health disparities in the design and implementation of the proposed program activities.

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation or reaccreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of

states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver essential public health services and ensure foundational capabilities are in place, such as activities that ensure a capable and qualified workforce, strengthen information systems and organizational competencies, build attention to equity, and advance the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. These goals may include supporting vital records offices participating in the Vital Records and Health Statistics Accreditation Program, certifying vital records offices to meet industry standards. 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; provide financial assistance to support accreditation related fees and/or support staff time to coordinate accreditation activities; or support vital records improvement efforts, as approved by CDC.

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

Applicants are required to include the following costs:

- Travel to send two staff members to CDC meetings in Atlanta, GA in the fall of 2024 and the fall of 2026.
- Travel to attend a two-and-a-half-day Partner Promotion of Strategies to Advance Oral Health recipient kick-off meeting, October 29-31, 2024.
- Travel for two staff members to attend the National Oral Health Conference annually.
- Applicants must allocate up to 50% of the budget for salary, benefits, and fringe costs and at least 50% for program implementation. A portion of staff funds must be allocated to a designated person with skills and experience in evaluation to manage evaluation activities and performance measure reporting. No exceptions will be made regarding the percentage allocation.
- For Component 1 and Component 2, at least 10% of the total award to evaluation and performance measurement activities, with attention to development and implementation costs.

13. Funds Tracking

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

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

14. Employee Whistleblower Rights and Protections

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

15. Copyright Interests Provisions

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

encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

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

16. Funding Restrictions

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

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

Recipient will require prior approval for all travel not listed as required in the NOFO budget narrative.

17. Data Management Plan

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

18. Intergovernmental Review

This NOFO is not subject to executive order 12372, Intergovernmental Review of Federal Programs. No action is needed.

19. Other Submission Requirements

a. Electronic Submission:

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

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

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

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

mail message generated at the time of application submission or review the Applicants section on www.grants.gov.

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

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

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

NOFO reviewers will follow CDC's merit review process by evaluating eligible and responsive applications in accordance with the criteria below. Reviewers may be external to the federal government (non-federal personnel), federal personnel, or a mix of federal and non-federal personnel.

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:** 40

Strategies and Activities (13 points total per component) - Applicants must address strategies and activities based on the component(s) selected in the application.

Component 1 and Component 2 applicants will be scored on the extent to which they:

- Propose appropriate SMARTIE strategies and activities to assist CDC-RFA-DP-24-0048 recipients with identifying, planning, and implementing relevant interventions and programs to address disparities affecting populations of focus, including policy, system, and environmental changes. Includes provision of TA, training, and resources to CDC-RFA-DP-24-0048 recipients. Includes identifying and describing relevant policy, systems, and environmental changes that reduce oral health disparities. **(4 points)**
- Lead a community of practice to address barriers to CDC-RFA-DP-24-0048 recipient program implementation and increase reach in populations of focus. Includes using and sharing data, developing and maintaining multi-sector collaborations, and additional peer learning opportunities. **(3 points)**
- Propose how to review existing resources related to relevant program data, including secondary data, to address gaps and use this information to inform CDC-RFA-DP-24-0048 recipient program planning, implementation, and spread, focusing on populations of focus. **(3 points)**
- Propose how to use, adapt, or develop resources (e.g., tool kits, factsheets, reference documents) to provide program-specific TA to CDC-RFA-DP-24-0048 recipients, and include the minimum requirements listed in the strategies and activities section of the NOFO. **(3 points)**

Component 3 applicants will be scored on the extent to which they describe how they will:

- Assist funded recipients in analyzing, interpreting, and disseminating secondary data analyses about 1) relationships between the oral health of people with diabetes, their overall health, as well as their use of and access to medical and dental care and 2) EBPDS use and access, using appropriate SMARTIE strategies and activities **(3 points)**
- Facilitate a community of practice about analyzing, interpreting, and disseminating secondary oral health and EBPDS data analyses for learning and information sharing among CDC-RFA-DP-24-0048 recipients. Use, adapt, or develop resources (e.g., tool kits, factsheets, reference documents) to provide program-specific TA to CDC-RFA-DP-24-0048 recipients, and include the minimum requirements listed in the strategies and activities section of the NOFO. **(4 points)**

- Develop and disseminate case studies that summarize the reach of activities performed by CDC-RFA-DP-24-0048 recipients will be developed and disseminated. Case studies must provide cost analyses, as well as describe program successes, factors that increase the success of programs, lessons learned, and information about how recipients addressed oral health disparities and social determinants of health in each of the strategy areas in the recipient NOFO (CWF, EBPDS, and IPC). **(3 points)**
- Document processes used by CDC-RFA-DP-24-0048 recipients to obtain race/ethnicity/basic demographic data in school based and FQHC settings for the purposes of oral health surveillance and program evaluation activities and use analytical approaches to track and evaluate partnerships supporting CDC-RFA-DP-24-0048 activities. **(3 points)**

Collaborations (9 points total per component) - Applicants must address collaborations based on the component(s) selected in the application.

Component 1, Component 2, and Component 3 applicants will be scored on the extent to which they describe:

- How they will establish, enhance, and maintain multi-sector partnerships to maximize resources, reach, and impact to achieve the NOFO outcomes, collaborate with other CDC-funded projects or organizations and non-CDC funded projects and organizations that have a role in achieving the NOFO outcomes, and desired collaborations with CDC-RFA-DP-24-0048 recipients and any additional recipients of this NOFO. **(3 points)**
- How collaborations will include leveraging existing resources (e.g., frameworks, toolkits, guidance) to ensure requirements described in the collaborations section of this NOFO. Presents letters of support, letters of collaboration, MOUs/MOAs, or other equivalent documentation stating partner organization's role in helping the applicant to achieve the NOFO activities and outcomes and clearly outlining which NOFO goals, strategies, and activities are enabled by the proposed collaborations. Submits a minimum of three MOUs/MOAs/letters/other equivalent documents documenting collaborations with CDC projects and CDC-funded organizations and a minimum of three MOUs/MOAs/letters/other equivalent documents documenting collaborations with organizations not funded by CDC. **(3 points)**
- Experience and past examples of collaborations with key projects and organizations funded by CDC, highlighting any existing collaborations that can be leveraged to address health disparities and social determinants of health among populations served by CDC-RFA-DP-24-0048 recipients and at a national level. Identified collaborations must enable CDC-RFA-DP-24-0048 recipients to reach their intended NOFO outcomes. When describing collaborations, applicants must also describe how collaborations with specific partners will meet the goals of this NOFO, including any allocation of funding provided to subrecipient partners or provided in-kind. **(3 points)**

***Population(s) of Focus and Health Disparities* (6 *points total per component*) -** Applicants must address collaborations based on the component(s) selected in the application.

Component 1, Component 2, and Component 3 applicants will be scored on the extent to which they describe:

- Approaches to collaborating with CDC-RFA-DP-24-0048 recipients, organizations representing CDC-RFA-DP-24-0048 populations of focus, and other partners with expertise in addressing health disparities to support the development and implementation of NOFO strategies and activities. **(3 points)**
- Experience and planned approaches to providing TA, training, and guidance to organizations to assist in overcoming social determinant of health-related barriers that negatively impact access to and successful participation in health programs, as well as experience, supporting national, regional, state, and community strategies to address health disparities and social determinants of health, including partner and community engagement experience. **(3 points)**

Work Plan (12 Points total per component) - Applicant work plan must be based on the component(s) selected in the application.

Component 1, 2, and 3 applicants will be scored on the extent to which the work plan:

- Aligns with the strategies, activities, outcomes, and performance measures detailed in the approach and is consistent with the content. Focuses strategies and activities on policy, systems, and environmental changes to increase reach and sustainability of CDC-RFA-DP-24-0048 recipient NOFO outcomes. **(3 points)**
- Illustrates strategies and activities that are SMARTIE and appropriate to achieving the outcomes of the project. **(3 points)**
- Includes activities that influence intermediate and long-term outcomes in the logic model and describes how a summary of activities in years 2-3 will tie into year 1 and result in the accomplishment of NOFO outcomes. **(3 points)**
- Includes staff contacts and administrative roles and functions to support implementation of the award. Administration and assessment processes to ensure successful implementation and NOFO activities. **(3 points)**

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

Component 1 and Component 2 applicants will be scored on the extent to which they describe:

- The design of performance measure monitoring and reporting, as well as other evaluation activities (e.g., data collection, data sources, evaluation methods, analysis plans, annual dissemination plans) using the CDC Evaluation Framework. **(10 points)**
- Activities that will monitor and evaluate the extent workplan activities address oral health disparities and social determinants of oral health. **(10 points)**
- Evaluation questions for respective topic areas. **(5 points)**

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

Component 3 applicants will be scored on the extent to which they describe:

- The design of performance measure monitoring and reporting, as well as other evaluation activities (e.g., data collection, data sources, evaluation methods, analysis plans, annual dissemination plans) using the CDC Evaluation Framework. **(5 points)**
- Activities that will monitor and evaluate the extent workplan activities address oral health disparities and social determinants of oral health. **(5 points)**

- Evaluation questions for respective topic areas. **(3 points)**
- Activities and methods to evaluate processes used by CDC-RFA-DP-24-0048 recipients to obtain race/ethnicity/basic demographic data in school and FQHC settings for the purposes of oral health surveillance and program evaluation activities and prepare a best practice document. **(5 points)**
- Activities and methods that will monitor and evaluate CWF, EBPDS, and IPC partnerships of CDC-RFA-DP-24-0048 recipients and produce related case studies that describe the reach or impact of activities performed by CDC-RFA-DP-24-0048 recipients. **(7 points)**

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 35

Component 1 and Component 2 applicants will be scored on the extent to which they:

- Demonstrate a staffing plan, organizational chart, and resumes/positions that include relevant public health skills, experience, subject matter expertise, and capacity (management, administrative, and technical) to implement the activities and achieve the NOFO outcomes. Include staff responsible for leading the project and their time allocation to this NOFO, highlighting experience with relevant health disparities, social determinants of health, and oral health expertise; grants administration; program planning and implementation; partnership development; monitoring of the project's ongoing progress; preparation of reports; program evaluation; communication with partners and CDC; procurement processes; and staff/contractor supervision/oversight. **(7 points)**
- Describe how existing or future staff vacancies will be addressed, including estimated timeframes and processes for filling positions, providing interim NOFO support, and plans for onboarding new staff. If staff are shared with another program/project, what percentage of time-shared will staff work for each program/project, and how the applicant will maintain accountable results for shared employees. **(4 points)**
- Write and award contracts efficiently, in accordance with applicable grant regulations and in a reasonable timeframe. Include current total timeframe to complete a contractual agreement (time of development through execution). **(4 points)**
- Describe experience providing consultation and subject matter expertise, training, and TA to multi-sector partners/organizations (e.g., state health departments, school health programs, environmental programs, national organizations, community-based organizations, healthcare entities). Include experience conducting resource assessments or scans and developing and executing training and TA plans to address the needs of public health programs (e.g., webinars, peer learnings, and communities of practice). Prior experience providing resources, TA, and training about tailored approaches to increase access to and participation in disease prevention programs among populations of focus. **(7 points)**
- Applicant must describe experience developing and implementing policy, systems, and environmental changes that improve a health behavior and decrease a health disparity. **(6 points)**
- Describe capacity and ability to establish, manage, coordinate, communicate, and collaborate across a diverse network of subject matter experts/partner organizations to achieve the NOFO outcomes and ensure quality, consistency, and continuity of the support provided. Ability to establish and maintain strong and diverse working

relationships with partners and other interested parties such as coalitions, community-based organizations, Departments of Education, Medicaid programs, HAI/AR, policy makers, health center programs, academic institutions, drinking water agencies, health professional organizations, or other relevant partners. **(7 points)**

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 35

Component 3 applicants will be scored on the extent to which they describe:

- A staffing plan that describes access to staff or contractors/consultants with surveillance and evaluation expertise, public health skills, experience, and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes, including a designated person with skills and experience in evaluation to manage evaluation activities and performance measure reporting. **(3 points)**
- Capacity and ability to consult with and provide subject matter expertise, training, and TA to multi-sector partners/organizations (e.g., state health departments, school health programs, environmental programs, national organizations, community-based organizations, health care entities). Applicant must describe ability to track measures and outcomes related to provision of subject matter expertise, training, and TA. **(3 points)**
- Establish, build, and manage a network of subject matter experts/partner organizations through in-kind collaboration, sub-awards, or contracts to support recipient work across relevant CDC-RFA-DP-24-0048 strategies. Include experience maintaining regular and effective communication and coordination across collaborating partners. **(3 points)**
- Capacity and ability to manage the required procurement efforts, including the ability to write and award contracts efficiently, in accordance with applicable grant regulations and in a reasonable timeframe, and evaluate and improve delivery of resources, training, and TA offerings to meet the needs of CDC-RFA-DP-24-0048 recipients. **(3 points)**
- Prior experience providing resources, TA, and training about tailored approaches to increase access to and participation in disease prevention programs among populations of focus. **(3 points)**
- Prior experience conducting resource assessments or scans, developing and executing training and TA plans (e.g., webinars, peer learnings, and communities of practice), and producing well-written, grammatically correct, and technically accurate guidance/resource documents such as orientation packages, success stories, websites, newsletters, case studies, etc. **(3 points)**
- Expertise and experience in providing TA, training, and resources on management, analyses, interpretation, and dissemination of data from various data sources (e.g., survey data, program data, claim data), with a focus on using data to improve programs, reduce health disparities, and address SDOH. **(3 points)**
- Expertise and experience in providing TA, training, and resources about using Medicaid data or other data sources to identify oral health measures and produce quality state- and local-level estimates (e.g., county-level) for program planning and evaluation. **(4 points)**
- Experience identifying and using existing data to fill surveillance data gaps for public health programs, and addressing challenges in surveillance data collection, especially for populations of focus. **(3 points)**

- Expertise in conducting public health partnership evaluations and analyzing the costs of public health programs, identifying program reach or evaluating impact, program successes, factors that increase the success of programs, and lessons learned using evaluative methods, using culturally competent and equitable evaluation approaches, and collaborating with others to document data collection processes. Include experience about conducting program evaluations and sharing results with interested parties. **(4 points)**
- Expertise and experience in designing and documenting oral health surveillance data collection methods in ways that ensure data quality and security. **(3 points)**

Budget **Maximum Points:** 0

Component 1, 2, and 3 Applicants

- Is the proposed use of funds in the budget an efficient and effective way to implement strategies and activities, and attain the project period outcomes?
- Does the submitted budget align with staffing and proposed project and work plan?
- Is there an itemized budget narrative? Does the applicant budget travel costs to send two staff members to CDC meetings in Atlanta, GA in the fall of 2024 and the fall of 2026?
    - Budget travel costs for recipient staff to attend the two-and-a-half-day recipient kick-off meeting for the Partner Promotion of Strategies to Advance Oral Health on October 29-31, 2024.
- Budget travel costs for two staff members to attend the National Oral Health Conference annually.
- Allocate up to 50% of the total budget for program staffing and at least 50% of the total budget for program implementation.
- For Components 1 and 2, is at least 10% of total award funding allocated to evaluation and performance measurement activities, with attention to development and implementation costs?

c. Phase III Review

Reviewed applications will be funded in order by score and rank determined by the review panel. In the event of a tie, program will award the entity that scored highest in the applicant's Organizational Capacity to Implement the Approach section.

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 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 review of risk may impact reward eligibility.

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.

Additionally, we may ask for additional information prior to the award based on the results of the CDC's risk review.

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

Successful applicants can anticipate receiving a Notice of Award by July 31, 2024, with a start date of September 1, 2024.

F. Award Administration Information

1. Award Notices

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

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

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

No Additional Information

2. Administrative and National Policy Requirements

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

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

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

- AR-7: Executive Order 12372
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2030
- AR-12: Lobbying Restrictions (June 2012)
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21 Small, Minority, and Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Data Management and Access
- AR-26 National Historic Preservation Act of 1966
- AR-29: Compliance EO13513, “Federal Leadership on Reducing Text Messaging while Driving,” October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-32: Enacted General Provision
- AR-33: Plain Writing Action of 2010
- AR-34: Language Access for Person with Limited English Proficiency

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the HHS Office for Civil Rights website.

3. Reporting

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine

applicability of evidence-based approaches to different populations, settings, and contexts; and

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

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

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR) in Award Management Platform and GrantSolutions	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Performance Project Monitoring Report (PPMR) including data on performance measures in the Award Management Platform	Annually, deadline is 30 days after the end of the budget period	Yes
Best practices document about obtaining race/ethnicity/basic demographic data in school and FQHC settings	90 days after end of period of performance	Yes (Component 3 recipients only)
Evaluative Case Studies	Annually, deadline is 30 days after the end of the budget period	Yes (Component 3 recipients only)
Report on Partnership Analysis	Annually, 60 days after the end of the budget period	Yes (Component 3 recipients only)

Final Evaluation Report	90 days after the end of the budget period	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 period of performance	Yes
Payment Management System (PMS) Reporting	Annual Report, November 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 specific populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

This report must include the following:

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

- Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
- Indirect Cost Rate Agreement.

The carryover request must:

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

The 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.

No Additional Information

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.

No Additional Information

e. Final Performance and Financial Report (required)
The Final Performance Report is due 120 days after the end of the period of performance. The Final FFR is due 120 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.

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

No Additional Information

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

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

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

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

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

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

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

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

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

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Marcia

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

Address:
4770 Buford Highway, NE MS F-80

Atlanta, Georgia 30341

Telephone:
(770) 488-6054

Email:
PartnerOHE0049@cdc.gov

Grants Staff Contact

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

First Name:
Latoya

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

Address:

2920 Brandywine Rd

Atlanta, GA 30341

Telephone:
770-488-1227

Email:
Ygj0@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

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

Position descriptions

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

Optional attachments, as determined by CDC programs:

- Evaluation Plan
- Staffing Plan
- Letters of Collaboration
- Other equivalent documentation (for Collaborations sections)
- Project Management Structure

I. Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOFO-specific Glossary and Acronyms

Policy, Systems, and Environmental Changes– Making systematic changes – through improved laws, rules, and regulations (policy), functional organizational components (systems), and economic, social, or physical environment – to encourage, make available, and enable healthy choices.

EBPDS – Evidence-Based Preventive Dental Services

FQHC – Federally Qualified Health Center

HAI – Healthcare Associated Infection

IPC – Infection Prevention and Control

SMART– Specific, Measurable, Achievable, Relevant, and Time-bound

SMARTIE – Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive, Equitable

WFRS – Water Fluoridation Reporting System