

Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion

Provision of Technical Assistance and Training Activities to Assure Comprehensive Cancer Control Outcomes

CDC-RFA-DP18-1805

Application Due Date: 05/30/2018

Provision of Technical Assistance and Training Activities to Assure Comprehensive Cancer Control Outcomes

CDC-RFA-DP18-1805

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DP18-1805. 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:

Provision of Technical Assistance and Training Activities to Assure Comprehensive Cancer Control Outcomes

C. Announcement Type: New - Type 1

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

New - Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP18-1805

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

93.427

F. Dates:

1. Due Date for Letter of Intent (LOI):	**04/30/2018**
2. Due Date for Applications:	**05/30/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

4/16/2018 3:00 pm Eastern Standard Time. Call-in information:

Please access the call via Adobe Connects and the following:

https://ondieh.adobeconnect.com/infocall18_1805/

Dial in audio for the meeting is via Live Meeting at:

North America: 1-866-818-4509 / PPT CODE: 93611071#

G. Executive Summary:

1. Summary Paragraph:

The purpose of this Notice of Funding Opportunity (NOFO) is to fund up to two recipients with expertise, capacity and national reach in chronic disease prevention to provide technical assistance and training (TAT) to National Comprehensive Cancer Control Program (NCCCP)

recipients and their coalitions.The aim is to build NCCCPs capacity to implement evidence-based and promising practices in primary prevention, cancer screening and diagnostic follow-up and cancer survivorship. Using TAT framework based on current research and evaluation findings, national organizations will implement core strategies: conducting a comprehensive needs assessment of NCCCP recipients capacity to implement evidence-based interventions; identifying and implementing a process to build capacity among NCCCP recipients; coordinating and collaborating among existing partnership networks to enhance TAT efforts; developing, implementing and evaluating a TAT plan and evaluating TAT efforts. Implementing the core strategies are necessary to attain the following outcomes: increase knowledge and capacity among NCCCP recipients to use evidence-based interventions or policy, system and environmental changes (PSE) planning models that contribute to improvements in cancer risk reducing behaviors; increased recommended cancer screenings; enhanced cancer survivorship interventions; and that address cancer related disparities.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	2
d. Total Period of Performance Funding:	$6,625,000
e. Average One Year Award Amount:	$660,000
f. Total Period of Performance Length:	5
g. Estimated Award Date:	09/30/2018
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Cancer is one of the leading causes of death and cancer survivors often face physical and psychosocial concerns. The National Comprehensive Cancer Control Program (NCCCP) aims to reduce the cancer burden through sustainable infrastructure. Funded programs convene coalitions to develop comprehensive cancer control (CCC) plans aligned with NCCCP priorities and based on cancer surveillance data. They collaborate with their coalitions to implement plans using environmental approaches, health system interventions, and community programs linked to clinical services to address the cancer continuum and advance health equity by reaching underserved populations.

Capacity-enhancing interventions can increase adoption and implementation of evidence-based practices (Leeman 2015). Multiple capacity-building frameworks exist to foster the translation of

research into practice, such as the Interactive Systems Framework (Wandersman 2008). This framework conceptualizes the interaction between researchers who develop evidence-based practices, public health practitioners who deliver them and support systems that provide technical assistance and training (TAT) and disseminate tools for effective capacity building.

This Notice of Funding Opportunity (NOFO) supports TAT to NCCCP recipients and their coalitions to enhance organizational capacities, assure effective implementation of interventions and facilitate achievement of program outcomes that contribute to cancer risk, morbidity, and mortality reductions. TAT is defined as the planning, development, delivery, and evaluation of activities designed to achieve specific learning objectives, resolve problems, and foster the application of innovative approaches.

This NOFO supports a collaborative relationship between NCCCP recipients and the Comprehensive Cancer Control National Partnership (CCCNP) and the National Colorectal Cancer Roundtable (NCCRT). The CCCNP is a national network of leading cancer prevention and control organizations who provide technical assistance to CCC coalitions and coordinate national CCC efforts. They focus on HPV vaccination uptake, colorectal cancer screening, and survivorship tobacco cessation. The NCCRT is a national coalition of public, private and voluntary organizations and individuals dedicated to impacting morbidity and mortality from colorectal cancer through coordinated leadership, strategic planning and advocacy. Funds may be used to facilitate network (i.e.,CCCNP) efforts to achieve activities related to the core strategies.

This NOFO builds upon DP13-1315, National Support to Enhance Implementation of Comprehensive Cancer Control Activities, which funds organizations with demonstrated infrastructure, experience, and expertise to assure knowledge transfer of evidenced-based cancer prevention and control strategies. Successes under DP13-1315 include: collaborative NCCRT activities; the American Indian/Alaska Native Cancer Summit (2016); US Pacific Islands Jurisdiction Technical Assistance Workshop on HPV, Colorectal Cancer, and Survivorship (2017); CCCNP collaborative forums on HPV (2016) and colorectal cancer (2017) and development of an online resource, Cancer Control Technical Assistance Portal. Forums and workshops provided technical assistance for developing NCCCP priority-based action plans to implement evidence-based interventions. Although this NOFO continues to support national organizations who will use TAT to accelerate the spread and reach of evidence-based and promising practices, it uses a framework for TAT based on current research.

b. Statutory Authorities

This program is authorized under 42 U.S.C. 241(a) and 42 U.S.C. 247b(k)(2).

c. Healthy People 2020

Healthy People 2020 Cancer-related Objectives

Healthy People 2020 HPV vaccine-related Objectives

d. Other National Public Health Priorities and Strategies

This NOFO supports the priorities of the NCCCP, which include primary prevention, early detection, survivorship, evaluation, reduction of disparities and systems, environmental change strategies.

The NCCCP priorities and this NOFO align with in the National Prevention Strategy (NPS), as well as The Guide to Community Preventive Services and The National Partnership for Action to End Health Disparities. This NOFO accelerates program implementation that aligns with strategies from these sources.

e. Relevant Work

This NOFO builds on the program design and successes of DP13-1315, National Support to Enhance Implementation of Comprehensive Cancer Control Activities, which funds organizations with the demonstrated infrastructure, experience, and expertise to assure knowledge transfer of evidenced-based cancer prevention and control strategies through TAT. This effort also builds on and complements the TAT efforts of the Comprehensive Cancer Control National Partnership who assist Comprehensive Cancer Control (CCC) coalitions in developing and sustaining implementation of their plans.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-term Outcomes	**Intermediate Outcomes**	**Long-Term Outcomes**
• Conduct a needs assessment of current comprehensive cancer control programs • Identify a process to build program capacity in comprehensive cancer control programs	Technical Assistance and Training (TAT) Provider Change: • Improved TAT resource allocation • Reduced duplication of TAT efforts among different TAT providers • Improved quality and	**Program Level Change** • Promotion of CCC program successes • Improved abilities to leverage resources and garner support to sustain CCC activities • Sustained use of data and	• **Increase in health seeking and healthy lifestyle behaviors among general population (e.g., human papillomavirus (HPV) vaccination, Hepatitis B vaccination, improved**

• Coordinate and collaborate with existing partnership networks to plan, implement, and evaluate technical assistance and training (TAT) activities • Develop and implement a TAT plan for NCCCP grantees and their coalitions that focuses on primary prevention, screening and survivorship • Conduct a quality improvement assessment TAT plan • Conduct a comprehensive evaluation	accessibility of public education training, evaluation tools, and resources TAT Consumer/Program change • Increased capacity of CCC programs to foster relationships with key stakeholders to impact primary prevention, screening, and survivorship • Sustained efforts by NCCCP recipients and their coalitions to implement CCC plans and evidence-based interventions • Use of rigorous evaluation by NCCCP recipients and their coalitions	evaluation to improve programs and to inform promising practices • Accelerated use of evidence-based and promising CCC practices **Policy Change** • Increased adoption of policy, system and environmental change (PSE) planning models to efficiently implement PSE change strategies • **Increased policies and systems that promote healthy lifestyle behaviors, high-quality cancer screening and lifestyle programs for survivors** **Community Change** • Increased environmental supports that	**physical activity, and improved diet).** • **Increased early detection of cancer.** • **Improved survivorship practices** • Reduced cancer risk (e.g., tobacco, alcohol, exposure to ultraviolet (UV) rays). • Reduce cancer disparities • Decrease cancer morbidity and mortality

		reduce cancer risk • Increased supports that facilitate early detection of cancer and screening • **Increased evidence based lifestyle and wellness survivorship programs**	

i. Purpose

This NOFO will provide TAT to NCCCP recipients and their coalitions to build organizational capacity for implementing cancer-related policy, systems and environmental change (PSE) evidence-based interventions. PSE approaches consist of education about existing policies in local settings and informing stakeholders about evidence-based environmental and systems-level approaches that support health. Key activities are: needs assessments; program capacity-building; collaborating with existing partners; implementing a TAT plan; and conducting evaluations.

ii. Outcomes

Intermediate Outcomes

Policy Change

- Increased policies and systems that promote healthy lifestyle behaviors, high-quality cancer screening and lifestyle programs for survivors

Community Change

- Increased evidence-based lifestyle and wellness survivorship programs

Long-Term Outcomes

- Increase in health seeking and healthy lifestyle behaviors, for example, human papillomavirus (HPV) vaccination, Hepatitis B vaccination, improved physical activity, and improved diet
- Increased early detection of cancer
- Improved survivorship practices

iii. Strategies and Activities

Core Strategy 1: **Conduct a Comprehensive Needs Assessment to determine current comprehensive cancer control programs' capacity to plan, adapt, and implement evidence-based interventions for cancer control; sustain multi-sector partnerships and coalitions; collaborate with other chronic disease and risk factor prevention programs; strategically use cancer surveillance data; and conduct program monitoring and evaluation**.

- Using previous needs assessments (if available), identify current barriers to implementing the CCC priorities (i.e. primary prevention of cancer, screening and early detection of cancer, and improving quality of life of cancer survivors; along with the cross-cutting areas of addressing health equity; using policy, systems, and environmental change approaches; and conducting evaluation), document significant program successes, address emerging issues in cancer control, and include issues related to sustainability of evidence-based interventions and leveraging of internal and external resources among NCCCP recipients and comprehensive cancer control coalition partners.
- In consultation with CDC, the CCC National Partners, and other CDC-funded cancer programs, identify potential topics for technical assistance and trainings. Recipients may use findings from recent evaluations to also identify TAT topics. In addition, this activity may examine gaps in evaluation findings to allow for a needs assessment that can focus on topic areas not previously covered and that need more information from CDC-funded cancer programs as to preferences around content and delivery.
- Develop a brief needs assessment that yields results that can be used to refine technical assistance and training needs, identify programs that could serve as peer mentors, and determine preferred modes of receiving technical assistance and training on these topics.
- The needs assessment needs to be updated every year to be consistent with changing NCCCP recipient needs over time.

Core Strategy 2: **Identify a process to build program capacity in comprehensive cancer control programs that cultivate a set of mechanisms needed to successfully attain desired long term outcomes to include: reducing cancer risk, increasing and improving health seeking and healthy life style behaviors, promote early detection of cancer, and support survivors.**

- The selected recipients will identify a process or planning model to enhance program capacity in comprehensive cancer control programs, using an evidence-informed

framework (e.g., Interactive Systems Framework (ISF); Evidence-Based System for Innovation Support (EBSIS); Getting To Outcomes for the provision of technical assistance and training (references: Leeman et al 2015; Chinman et al 2008). The framework chosen needs to aim to increase awareness, knowledge, skills, program performance, self-efficacy, and motivation for implementing or adapting evidence-based and promising practices to address CCC priorities and emerging areas in cancer prevention and control. CCC programs may also need support in building and maintaining cancer coalitions; collaborating with internal chronic disease (e.g. tobacco, diabetes, nutrition and physical activity) and other programmatic partners (e.g. immunization programs); using environmental approaches for sustainable cancer control; developing community-clinical linkages to aid patient support; supporting health systems changes; and conducting evaluation to improve program performance and document outcomes.

- The framework needs to address multiple strategies for enhancing capacity, such as training; tools; technical assistance; assessment and feedback; mentoring; and peer networking.
- In building program capacity, it is important to consider dosage, and to deliver technical assistance and training that is engaging and requires active participation. The chosen framework may need to consider that programs are at different stages of readiness for implementing evidence-based and promising practices, and programs may have different levels of organizational capacity (i.e. within the health department or coalition) to implement effective practices to address the burden of cancer in their jurisdictions. Programs may have different levels of resources (time, staff, financial, etc.), and they may have underserved populations that will require interventions to be adapted to fit their local context. Technical assistance and training providers may need to consider that some CCC programs may need support in building their capacity to identify evidence-based and promising practices found in multiple sources (e.g. The Community Guide, Research Tested Intervention Programs (RTIPs), Best Practices for Tobacco Control Programs, MAPPS, and others) that best fit their population, resources, and are most likely to achieve intended outcomes.
- The selected recipient will consult with CDC about emerging training needs, and will build and foster respectful relationships with CCC programs so that programs have a high level of satisfaction in the information presented, and can provide constructive feedback to the selected recipient. Some CCC programs have extensive practice-based experience conducting successful interventions, and may serve as resources to the selected recipient for training, provision of technical assistance, and peer mentoring.
- The recipient will also work with CDC to assess current capacity building efforts and build on those activities to minimize duplication. All materials and resources developed by the recipient need to be accessible to CCC programs and their stakeholders. The recipient will work with CDC to ensure that materials are archived in a space accessible to programs even after funding for this initiative ends.

Core Strategy 3: Coordinate and collaborate with existing partnership networks: award recipients need to develop a process to 1) identify and sustain appropriate engagement strategies (i.e., progression from networking, to coordination, collaboration, and cooperation); 2) communicate and update partners on technical assistance and training strategies; 3) secure commitment to provide technical assistance and training; and 4) share

resources and information.

- Conduct a partnership gap analysis to determine the viability of relationships essential to the provision of technical assistance and training. Foster relationships with established partnership networks and forge strategic alliances with organizations who have a stake in facilitating NCCCP recipient achievement of cancer prevention and control goals. Networks and organizations such as the Comprehensive Cancer Control National Partnership (CCCNP) member organizations, chronic disease partner networks, the Cancer Prevention and Control Research Network (CPCRN), the National Colorectal Cancer Roundtable, and organizations that represent disparate populations at high risk for cancer should be engaged. These relationships should be sought out to identify opportunities to streamline technical assistance and training efforts. Establish and facilitate formal agreements for partner organizations to exchange information and share resources among the partnership network. Consult partnership to identify [or refine from initial assessment] topics for technical assistance and training.
- Enhance -- but do not duplicate -- existing TAT resources and websites (e.g. Cancer Control PLANET, The Community Guide, etc.).
- Employ CCCNP member organization resources such as the National Colorectal Cancer Roundtable, National Cancer Institute's Research to Reality's online forums and communities of practice, and the Cancer Control Technical Assistance Portal (TAP).
- Establish and assist in the implementation of a communication protocol between NCCCP recipients and their coalition leadership for the purpose of increasing knowledge transfer.

Core Strategy 4: Develop a technical assistance and training plan that uses either standard, evidence-based, or promising practices for technical assistance and training.

- Identify promising practices from CCCP recipients or by reviewing meeting or conference materials.
- Review the results of the needs and resource assessment to identify which knowledge and performance gaps can be addressed through technical assistance and training.
- The technical assistance and training plan needs to include:
    - A year one action plan, a matrix that identifies the SMART objectives, supporting activities, individuals responsible, deliverables and timeframe.
    - An overall training curriculum and guide for technical assistance and training to include critical topics and preferred learning formats (i.e. webinars, face-to-face training sessions, web-based tools, in-person trainings at conferences, phone support, online forums, peer-to-peer mentoring and other job aids).
- Support translation of new evidence-based or promising practices by offering technical assistance and training on other emerging topics in cancer control, in consultation with CDC and the CCC National Partners.
- Develop a coordination and collaboration plan to demonstrate how funded recipients will coordinate to ensure maximizing and leveraging of each others' resources, and minimizing duplication of activities and efforts.

Core Strategy 5a: Implement the technical assistance and training plan by disseminating and conducting training resources and opportunities such as webinars, down-loadable web-based materials, job aids, and face-to-face training opportunities (i.e. workshops, conferences) to cover specific topic- and skill-related needs.

- Trainings need to be delivered according to methods preferred by CCC programs. They should be interactive, engaging participants to ask questions and share experiences. Multiple methods need to be used to reinforce technical assistance and training objectives, which could include a mix of multiple modalities such as one-on-one consultations, group training, peer-networking, mentoring, etc.
- Trainings need to improve organizational capacity among NCCCP recipients and result in the transfer of knowledge among NCCCP recipients to their internal (health department) and external (cancer coalition) cancer control partners.
- Trainings should be responsive to changing needs within the program. They need to be coordinated with trainings conducted by CDC and its partners to avoid conflicting schedules. Resources should be allocated to reduce duplication of effort if more than one recipient is awarded in this NOFO.

Core Strategy 5b: **Conduct performance monitoring and continuous quality improvement activities to assess participant satisfaction with various aspects of the TAT, including content, speakers, and technological delivery. Assess participants' perceptions on the usefulness and applicability of the TAT and how it relates to the programs' intentions to implement interventions.**

- Each TAT activity needs to include a brief evaluation activity to ensure it met expectations of NCCCP recipients and to improve future sessions. Other TAT aspects to evaluate include dose response and tailoring of technical assistance to local context. Changes in knowledge, awareness, and intentions following TAT sessions need also to be assessed to determine the effectiveness of the technical assistance and training in meeting short term outcomes.
- Knowledge transfer from NCCCP recipients to their internal and external cancer control partners need to be measured to assess if NCCCP recipients can confidently disseminate effective cancer control practices, or if they have concrete plans to train cancer control partners in concepts presented during trainings.
- Other outcomes that may be considered are changes in self-efficacy for using evidence-based interventions or PSE approaches, motivation for adopting sustainable practices, and readiness for using more effective approaches in cancer prevention and control.
- To align with continuous quality improvement approaches, topics that do not display changes in short term outcomes such as knowledge, awareness, and intentions may need further refinement to improve uptake.

Strategy 6: Conduct a comprehensive evaluation to assess how the applicant's TAT is contributing to progress being made by comprehensive cancer control programs to achieve their overall cancer plan goals and objectives.

- Provide a draft evaluation plan and performance measurement strategy that focuses on core activities implemented in the first year of the program. The plan should demonstrate

how the selected recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement section of this NOFO.

- The evaluation plan should be updated annually, building off of results from the previous year's evaluation findings and by year 5, include plans to evaluate the contribution of the TAT to attainment of CCC program goals and objectives.
- Focus areas guiding this evaluation should include evaluating practices known to improve program performance (quality improvement activities, developing sustainable partnerships, evaluating the effectiveness of partner organization contributions and their impact on CCC-related outcomes; sustainable interventions).
- Recipients will be responsible for developing and implementing a comprehensive written evaluation plan that defines both process and outcomes measures that will be evaluated. The evaluation plan should consider components identified in the CCC Program Evaluation Toolkit. Distal outcome measures should include assessment of recipient program activities' contribution to CCC programs making incremental progress toward their cancer plan goals and objectives.
- The comprehensive evaluation plan needs to:

    1. Identify key evaluation stakeholders and describe the stakeholder engagement strategy.
    2. Describe evaluation stakeholder's potential role in evaluation planning and implementation.
    3. Describe how evaluation stakeholders will utilize evaluation findings.
    4. Include a logic model to illustrate program design.
    5. Describe specific, measurable, and realistic short-term (one-year), intermediate, and long-term program objectives consistent with the purpose of this NOFO.
    6. Address how the applicant intends to assess the extent to which recipient activities are implemented appropriately and the extent to which these activities yield the intended outcomes.
    7. Describe indicators for process and outcome measures, address data collection sources and methods.
    8. Describe how findings will be disseminated from this program to CDC, CCC recipients and key stakeholders in order to support the use of evidence- based and practice based strategies/interventions.
    9. Describe how evaluation findings will be used to enhance program implementation activities.

1. Collaborations

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

To ensure optimal use of limited resources, minimize duplication and provide quality technical assistance, this NOFO requires recipients to collaborate extensively with CDC programs, and CDC funded organizations. Recipients should strive to use advanced partnership strategies. These include coordinating, cooperating, and collaborating, where each strategy evolves from or builds upon another, as a continuum. (Himmelman 2001, Himmelman 2002). Collaboration involves

exchanging information, aligning activities, and sharing resources to enhance each one's capacity to work towards a common purpose. The award recipients are required to collaborate with CDC to improve technical assistance and training implementation and evaluation, to participate in stakeholder meetings and on request to provide expert consultation to CDC and CDC-funded programs and networks. These include other CDC-funded chronic disease and risk-factor related programs, and the Cancer Prevention and Control Research Network. Such collaborations will support the achievement of NOFO outcomes by eliminating duplication of technical assistance and training efforts.

b. With organizations not funded by CDC:

The award recipients are also expected to work with non-CDC funded networks and organizations to leverage subject matter expertise and other resources related to the desired outcomes, strategies and activities of this NOFO. This may include, but is not limited to networks and organizations such as the the Comprehensive Cancer Control National Partnership (CCCNP) ;member organizations, National Colorectal Cancer Roundtable, chronic disease partner networks, organizations that represent disparate populations at high risk for cancer, professional associations, and academic institutions.

Applicants are requested to provide letters of support, or Memoranda of Understanding/Agreement (MOU/MOA) to verify evidence of collaboration with both CDC- and non-CDC-funded organizations. Letters of support should describe the organization's commitment to assisting in TAT efforts which could include but are not limited to planning support, provision of resources (e.g., subject matter experts, facilities, funding) promotion of TAT efforts and implementation of TAT activities. Applicants must file the letter or support, MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grants.gov.

2. Target Populations

While NCCCP recipients strive to improve the health status of their entire population, they seek to advance health equity by targeting interventions towards specific populations disproportionately affected by cancer. As such, TAT outcomes are expected to specifically benefit individuals who live within jurisdictions of NCCCP recipients and their coalitions, with particular focus on populations disproportionately affected by cancer. NCCCP recipients review surveillance data to identify cancer disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, and health literacy.

a. Health Disparities

While all segments of society are affected by cancer, there are certain populations that are disproportionately burdened by the increased risk of cancer or by the lack of adequate health care options for prevention and/or treatment. Recipients should seek to achieve health equity by targeting efforts on populations disproportionately affected by cancer, and training NCCCP recipients on how to use data to identify these populations and to select culturally appropriate interventions for implementation. Disproportionately burdened populations may be defined by sex, race, ethnicity, disability, sexual orientation, gender identity, geographic location (particularly rural and frontier areas), low health literacy, uninsured, or socioeconomic status.

Applicants should also target efforts towards reaching English speakers of other languages (ESOL) and tribal populations.

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will conduct a formal evaluation with recipients to determine if the NOFO strategies and activities have been implemented as expected and if the intended period of performance outcomes have been achieved. CDC will follow the CDC framework for program evaluation to design a comprehensive evaluation to include process measures for the strategies and activities in the logic model and outcome measures for the period of performance in the logic model (see proposed outcome measures below).

CDC will use information collected through programmatic reviews (e.g. program plans, evaluation plans and reports, action plans), key informant interviews, focus groups of program implementers and key stakeholders, electronic surveys, and surveillance data, including national and state-based surveys such as BRFSS.

- Performance measures and evaluation findings will inform NOFO impacts at both technical assistance and training provider and recipient levels. For example, at the provider level, findings will inform aspects such as: improved use of resources for TAT, coordination and collaboration with networks for program capacity building; improved quality, and accessibility of public education TAT tools and resource. At the recipient level, evaluation findings will inform on CCC programs' sustained efforts to implement cancer plans; adoption and increase in implementation of evidence-based interventions; increased ability and commitment to evaluate “promising practices”; increased capacity of CCC programs to foster relationships with stakeholders, leverage resources and effect changes across the cancer continuum.
- Performance measures and evaluation findings will identify whether the provision of technical assistance and training contributed to the promotion and expansion of implementation of evidence-based interventions addressing primary prevention, screening, survivorship, and disparities which in turn can lead to reductions in cancer risk, morbidity and mortality.
- CDC will disseminate findings from the evaluation through dissemination products that articulate evaluation findings and recommendations through products such as manuscripts, program publications, and presentations.
- Performance measures and evaluation findings will be used to assess recipient compliance with requirements of this NOFO, making budgetary decisions, and informing guidance and technical assistance.
- CDC will only collect data that is consistent with key evaluation questions and the identified process and outcome performance measures to ensure that data collection is limited only to data that will be analyzed and used for program improvement, monitoring and documented outcomes.

Performance Measures(PM)

Intermediate Outcome
Increased policies and systems that promote healthy lifestyle behaviors, high-quality cancer screening and lifestyle programs for survivors.

Tier 1 PM
Recipients are expected to implement both of the following:
• Number of state, tribal, and/or territorial cancer control programs with demonstrable increased capacity to implement evidence based policy, system and environmental change interventions to address healthy lifestyles (e.g., tobacco use prevention; obesity; alcohol consumption) as a result of technical assistance from the awardees as demonstrated by the increase in the number of programs demonstrating that evidence.
• Number of state, tribal, and/or territorial cancer programs with increased capacity to implement health systems change interventions to increase breast, cervical, colorectal, and lung cancer screening rates, as demonstrated by the increased number of health systems change interventions initiated in programs.

Intermediate Outcome
Increase evidence based lifestyle and wellness survivorship programs

Tier 1 PM
Recipients are expected to implement the following:
• Number of state, tribal, and/or territorial cancer programs with increased capacity to implement community clinical linkage interventions to improve the quality of life and healthy lifestyle behaviors of cancer survivors.

Tier 2 Performance Measures: Recipients are expected to select **three** of the following measures from # 1-6 (below). All tier two measures can be tracked through CDC surveillance (US Cancer Statistics and Behavioral Risk Factor Surveillance System) and/or tracking measures may be obtained through measures tracked by cancer prevention and control programs. Targets for each performance measure will be set by recipient after awards are made.

Long Term Outcomes
Increase in health seeking and healthy lifestyle behaviors among general population (e.g., elimination of tobacco use, human papillomavirus (HPV) vaccination, Hepatitis B vaccination, improved physical activity, and improved diet).

Tier 2 PM
Recipients are expected to implement the following:
1) Percent decrease in the prevalence of adults aged 18 years and older who are current smokers in identified priority populations (to be determined by the recipient based on cancer burden data). Consideration should be given to underserved or underrepresented populations, or cancer survivors.
2) Percent increase in the prevalence of adults meeting 150 minutes of physical activity/week in identified priority populations (to be determined by the recipient based on cancer burden data). Consideration should be given to underserved or underrepresented populations, or cancer survivors.

Long Term Outcomes
Increased early detection of cancer

Tier 2 PM
Recipients are expected to implement the following:
3) Breast cancer screening: % increase of women aged 50-74 years in priority population who have had a mammogram in the past 2 years.
4) Cervical cancer screening: % increase of women aged 21-65 years in the priority population who have been screened for cervical cancer within the past 3 years;
5) Colorectal cancer screening: % increase of adults aged 50-75 years in the priority population who have been screened for colorectal cancer.

Long Term Outcomes
Improved survivorship practices

Tier 2 PM
Recipients are expected to implement the following:
6) Percent increase in cancer survivors indicating that their overall health was excellent, very good, or good after receiving a survivorship care plan or participating in a lifestyle program.

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

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

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

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

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

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

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information.
- Plans for disseminating evaluation findings, including development of white papers.
- The evaluation and performance measurement plan should align with expectations set forth in Section iii. Strategies and Activities of this NOFO. Detailed expectations for the evaluation plan are described under Strategy 6.

Recipients will be required to submit a more detailed Evaluation Plan within the first 6 months of award, as described in the Reporting Section of this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must meet the following criteria to fully demonstrate capacity to carry out the strategies outlined in the NOFO:

Background

- A national presence, perspective and organizational focus dedicated to advancing the NCCCP, specifically an existence of local affiliates or chapters with demonstrated success or experience supporting cancer control activities to ensure national reach/impact.
- A minimum 5-year history working with CCC programs and their coalitions; experience includes establishing appropriate relationships, collaborating to develop and implement public health program activities, and evaluating related to outcomes.
- Demonstrate prior experience and success in providing technical assistance for 1) developing jurisdictional cancer plans and 2) strengthening cancer coalitions.
- Capacity to engage or convene diverse, multi-sector public health partners or organizations to impact cancer control.

Content-specific Capacity

- Subject matter expertise and experience in areas such as policy, systems, and environmental change for cancer control.
- Experience and demonstrated success utilizing adult learning strategies to provide

technical assistance and training opportunities to public health programs and their partners.
- Capacity to communicate to a variety of audiences including, but not limited to, public health practitioners, decision-makers, scientists and physicians, and other CDC funding recipients.
- Ability to facilitate a seamless interface between the provision of TAT provided by CDC (via program consultants) and the TAT provided by CCC national partners.

Program management

- Demonstrate organizational structure and staffing with sufficient knowledge, skills and abilities to ensure program success. Applicants must name these files "CVs/Resumes" and "Organizational Charts" and upload it at www.grants.gov.
- Ability to conduct ongoing performance management, performance monitoring and evaluation.
- Fiscal management, monitoring and reporting, including development and implementation of a resource allocation plan.
- Technological tools or resources to execute proposed strategies (i.e. methods of communicating with CCC program managers and coalition leaders via, at minimum, a website and email distribution list).
- Administrative management of the required procurement efforts including the ability to write and award contracts.

d. Work Plan

Applicants must submit a work plan that aligns with the strategies outlined in this NOFO. The following project period outcomes of this NOFO are listed below and should appear in the work plan as project period objectives associated with the strategy of implementing the training plan:
(1). increased knowledge and capacity among trainees to use interventions to improve healthy lifestyle behaviors and health seeking to reduce cancer risk
(2). increased knowledge and capacity among trainees to use interventions to increase recommended cancer screenings
(3). Increased knowledge and capacity among trainees to use cancer survivorship interventions
(4). Increased use of PSE change planning models among trainees.
(5). Increased knowledge and capacity to address cancer-related health disparities.
Applicants may develop their own project period objectives to support other strategies (conducting the needs assessment, collaborating with partners) listed in the NOFO.
Each project period objective should be linked to a related program strategy and one or more annual objectives that support how the project period objective will be achieved after completion of the five-year funding period. Annual objectives can be process measures such as the following:

• Number and type of technical assistance products developed by the recipients for use by cancer programs and coalitions
• Number and type of trainings developed by the recipients and made available to cancer programs and coalitions.
• Number of cancer programs and coalitions that have received technical assistance and training from the recipient

• Number and type of methods/channels used by the recipient to disseminate TAT efforts to cancer programs, coalitions and partners.

Key activities to support each annual objective should be listed, along with lead personnel, key partners/contractors, and start/finish dates.
Project period and annual objectives should be in SMART (specific, measurable, achievable, relevant, and time-phased) format. This includes identifying what will be measured, the direction of change expected, the unit of measurement, the baseline and target values, the proposed data source for the measurement, and the timeframe the objective covers.
Applicants are encouraged to use the sample work plan template at DP18-1805 Program Information.

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 (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)
In the cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant management. To assist recipients in achieving the purpose of this award, CDC will conduct the following activities:

- Collaborate with recipients in work plan development, evaluation, performance measurement, program planning and capacity building

- Collaborate with recipients in the development of technical assistance efforts.
- Collaborate with recipients in the development of publications, manuals, modules, etc. that relate to the purpose of this NOFO, pending CDC approval.
- Facilitate the exchange of information and coordination and collaboration between recipients funded under this announcement.
- Provide recipients periodic updates regarding comprehensive cancer control, including information on best practices related to NCCCP priorities of emphasis of primary prevention activities, coordination of secondary prevention activities; activities that address cancer survivor needs, elimination of health disparities, use of policy systems and environmental approaches, and evaluation for outcome measurement.
- Participate in conference calls; review, edit and approve summaries and reports.
- Attend and participate in any in-person meetings, conference calls, etc.
- Provide technical assistance in the areas of fiscal and grants management.
- Provide ongoing guidance, consultation and technical assistance to support the planning, implementation, monitoring and evaluation of the strategies and activities listed within this NOFO.

In addition, CDC will:

1.Ensure that recipients have access to expertise found throughout the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). For example, a team of subject matter experts could include, but is not limited to, the project officer, health scientists, epidemiologists, statisticians, policy analysts, communication specialists, health economists, and evaluators to provide technical assistance to recipients. Technical assistance teams will also work in collaboration with other programs and divisions across NCCDPHP to identify specific actions that improve efficiency and greater public health impact.

2.Collaborate with recipients to explore appropriate flexibilities needed to meet public health outcomes and goals. Flexibility in cooperative agreements includes recipients's ability to propose alternative methods to achieve the outcomes and goals of the cooperative agreement that align with recipient's opportunities for success, infrastructure, partner and stakeholder buy-in, demographics, and burden. This includes bringing together resources from multiple cooperative agreements to jointly advance the goals of each, and expanding the dialogue to bring in other CDC and recipient staff to reach a win/win solution.

3.Create greater efficiencies and consistency across NCCDPHP programs for recipients. Examples of how NCCDPHP divisions and programs work together to achieve this include but are not limited to:
-Joint site visits that maximize the ability to do collaborative problem solving, offer insights and ideas to strengthen or augment recipient approaches, and increase understanding of recipient's context to accomplish chronic disease prevention and health promotion.
- Jointly developed resources and tools that focus on cross-cutting functions, settings, domains, risk factors, conditions and diseases to ensure consistent messages and to meet recipient technical assistance needs.
-Joint training and technical assistance opportunities that help recipients produce policies and programs that are more holistic and fully supportive of work in tobacco, nutrition, physical activity, chronic disease management and other strategies and topics, as appropriate.

4.Continue and expand support for recipients to leverage NCCDPHP resources to address cross-cutting functions, domains, settings, risk factors and diseases.

Defining terms
Cross-cutting functions: Are functions that are necessary to all programs and include communication, epidemiology, evaluation, health equity, leadership, partnerships, planning, policy, and training among others; as well as functions specific to the cooperative agreement.

Domains:
1. Epidemiology and surveillance - to monitor trends and track progress.
2. Environmental approaches to promote health and support healthy behaviors.
3. Health care system interventions to improve the effective delivery and use of clinical and other high-value preventive services.
4. Community programs linked to clinical services to improve and sustain management of chronic conditions.
Settings: Early care and education, schools, worksites, community, health care system, etc.
Risk factors, conditions and diseases: Nutrition, physical activity, tobacco, sleep, excessive alcohol use, maternal and infant health, Alzheimer's, arthritis, diabetes, cancer, chronic obstructive pulmonary disease, heart disease and stroke, and oral health.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U 58
3. Fiscal Year:	2018
4. Approximate Total Fiscal Year Funding:	$1,325,000
5. Approximate Period of Performance Funding:	$6,625,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$6,625,000
6. Approximate Period of Performance Length:	5 year(s)
7. Expected Number of Awards:	2
8. Approximate Average Award:	$660,000 Per Budget Period
9. Award Ceiling:	$825,000 Per Budget Period

This amount is subject to the availability of funds.

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

11. Estimated Award Date: 09/30/2018
12. Budget Period Length: 12 month(s)

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

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: 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:

2. Additional Information on Eligibility

N/A

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

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

		4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number		1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **04/30/2018**

b. Application Deadline

Due Date for Applications: **05/30/2018** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

4/16/2018 3:00 pm Eastern Standard Time. Call-in information:

Please access the call via Adobe Connects and the following:

https://ondieh.adobeconnect.com/infocall18_1805/

Dial in audio for the meeting is via Live Meeting at:

North America: 1-866-818-4509 / PPT CODE: 93611071#

5. CDC Assurances and Certifications

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

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

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

Duplication of Efforts

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

6. Content and Form of Application Submission

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

7. Letter of Intent

LOI is requested but optional

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. [LOI must be sent via U.S. express mail, delivery service, fax, or email to:

Phaeydra Brown
CDC, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
Address: 4770 Buford Hwy, NE, MS F-76

Atlanta, GA 30341

Telephone number: 770-488-3069/770-488-4340

Fax: 770-488-4335

Email address: Pbrown1@cdc.gov

8. Table of Contents

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

9. Project Abstract Summary

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

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

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

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

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

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

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

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

data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

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

- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

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

described 2 CFR 200 which include, but are not limited to, the following:

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

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. 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.

17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving

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

19. Other Submission Requirements

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

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

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

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

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

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach Maximum Points:30

Evaluate the extent to which the applicant:

- Describes an overall approach and activities to meet CCC's current TAT needs that are achievable, appropriate to achieve the outcomes of the project, and are consistent with the CDC Project Description and logic model. The following strategies should be addressed:
    - Plans for a needs assessment;
    - Process to build program capacity to address long term cancer control outcomes aligned with NCCCP priority areas;
    - Plans to develop and implement a TAT plan that uses either standard, evidence-based, or promising practices for technical assistance and training;
    - Plans for conducting performance monitoring and continuous quality improvement activities;
    - Plans for conducting a comprehensive evaluation to assess how the applicant's TAT is contributing to progress being made by comprehensive cancer control programs to achieve their overall cancer plan goals and objectives.
- Describes how they plan to collaborate with CDC programs, CDC funded organizations, and other stakeholder organizations to ensure optimal use of limited resources, minimize duplication and provide quality TAT.
- Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model.
- Demonstrates a comprehensive understanding of the CCC needs for TAT.
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes.
- Presents a comprehensive and complete work plan for the first budget period that is aligned with the strategies/activities, outcomes, and performance measures outlined in the approach. The work plan should be consistent with the content and format proposed by CDC.

ii. Evaluation and Performance Measurement Maximum Points:25

Evaluate the extent to which the applicant:

- Shows/affirms the ability to identify data sources and collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach.
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.

- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement.
- Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.
- Describes how key program partners will participate in the evaluation and performance measurement planning processes.
- Describes plans for disseminating evaluation findings, including development of white papers.

iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points:45

Evaluate the extent to which the applicant:

- Provides evidence of adequate capacity, experience, and expertise to conduct core public health activities to implement the program and achieve the proposed objectives and outcomes. Such evidence includes establishing appropriate relationships, collaborating to develop and implement public health program activities, and evaluating related outcomes.
- Demonstrates the existence of a strong affiliate or chapter network at the state, regional, or local levels to support implementation of CCC at local levels.
- Describes their national presence and experience supporting cancer control activities to ensure national reach/impact, particularly with CCC programs and coalitions.
- Describes their capacity to engage or convene diverse, multi-sector public health partners or organizations.
- Demonstrates experience and capacity to implement the evaluation plan.
- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles.
- Provides an organizational chart and CVs.

Budget

The extent to which the proposed budget is reasonable and consistent with the stated objectives and planned program activities. (Budget is reviewed but not scored).

c. Phase III Review

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

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide

eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.
In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Electronic copy of the Notice of Award on September 30, 2018

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

For more information on the CFR visit http://www. access.gpo.gov/ nara/cfr/cfr-table-search.html

3. Reporting

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

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

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

Report	When?	Required?

Recipient Evaluation and Performance Measurement Plan.	6 months into award.	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	Performance measures reported annually in APR.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Dates will be finalized by Office of Financial Resources staff based on anticipated budget start date of the NOFO.	Yes

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

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

Performance Measurement

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

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.

• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

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

- Indirect Cost Rate Agreement.

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

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

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

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

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

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

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

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

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

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

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

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

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

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;

"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Phaeydra Brown , Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway NE, MS F-76

Atlanta GA 30341

Telephone: (770) 488-3069/4340
Email: Pbrown1@cdc.gov

Grants Staff Contact

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

Ebony Holt, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

MS E-09

Telephone: (770) 488-5872
Email: eholt@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- 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

More information about CDC's National Comprehensive Cancer Control Program (NCCCP) can be found

online at: https://www.cdc.gov/cancer/ncccp/index.htm

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as

well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
CFDA Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that

information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are

considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.
Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.
Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.
Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.
Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).
Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.
Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.
Outcome: The results of program operations or activitIes; the effects triggered by the program.

For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

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

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

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

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

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

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

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

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

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

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

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

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

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The

work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms