

Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion

Prevention and Control of Chronic Disease and Associated Risk Factors in the U.S. Affiliated Pacific Islands, U.S. Virgin Islands, and Puerto Rico

CDC-RFA-DP19-1901

Application Due Date: 01/11/2019

Prevention and Control of Chronic Disease and Associated Risk Factors in the U.S. Affiliated Pacific Islands, U.S. Virgin Islands, and Puerto Rico

CDC-RFA-DP19-1901

TABLE OF CONTENTS

Part I. Overview Information

A. Federal Agency Name
B. Funding Opportunity Title
C. Announcement Type
D. Agency Funding Opportunity Number
E. Assistance Listings (CFDA) Number
F. Dates
G. Executive Summary

Part II. Full Text

A. Funding Opportunity Description
B. Award Information
C. Eligibility Information
D. Application and Submission Information
E. Review and Selection Process
F. Award Administration Information
G. Agency Contacts
H. Other Information
I. Glossary

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-DP19-1901. 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:

Prevention and Control of Chronic Disease and Associated Risk Factors in the U.S. Affiliated Pacific Islands, U.S. Virgin Islands, and Puerto Rico

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: Cooperative Agreement

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP19-1901

E. Assistance Listings (CFDA) Number:

93.377

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**01/11/2019**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

November 27, 2018 at 10:00 AM to 12:00 PM Eastern Daylight Savings Time. This conference call can be accessed by calling 1-800-857-9730. The leader for this call is Stacy De Jesus and the passcode is **2982408**

November 27, 2018 at 7:00 PM to 9:00 PM Eastern Daylight Savings Time. For eligible applicants in the U.S. Affiliated Pacific Islands. This conference call can be accessed by calling 1-800-857-9730. The leader for this call is Stacy De Jesus and the passcode is 2982408. If operator assistance is needed, email 1901Islands@cdc.gov, at least 24 hours in advance of the call, and the operator will assist you in joining the call.

G. Executive Summary:

1. Summary Paragraph:

This NOFO works to prevent and control tobacco use, diabetes, and cardiovascular disease in

the U.S. Affiliated Pacific Islands (USAPIs), the U.S. Virgin Islands, and Puerto Rico. This funding opportunity is comprised of two components: the Core Component and an optional Oral Health Component.

Core Component: This **competitive** component is required of all applicants and will support the implementation and evaluation of a core set of evidence-based strategies designed to address tobacco use and secondhand smoke exposure, diabetes management, type 2 diabetes prevention, and cardiovascular disease prevention and management. Applicants must propose a comprehensive work plan that addresses each of these areas in alignment with the four strategies indicated in the NOFO.

Oral Health Component: This **competitive** component is **optional** and will support the implementation and evaluation of a focused set of activities designed to improve oral health capacity and better address the oral health needs of Island communities. All applicants must apply for the Core Component in order to be considered for the optional Oral Health Component via a single application that clearly identifies the Core and Oral Health Components. Only successful applicants under the Core Component will be eligible for Oral Health Component funding.

a. Eligible Applicants: Open Competition
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 8
8 recipients for the Core Component and up to 2 of them are anticipated to be funded for the Optional Oral Health Component

d. Total Period of Performance Funding: $22,000,000

e. Average One Year Award Amount: $450,000
Average One Year Award Amount for the Core Component: $450,000

Average One Year Award Amount for the Optional Component to address oral health needs: $75,000

f. Total Period of Performance Length: 5
g. Estimated Award Date: 03/28/2019
h. Cost Sharing and / or Matching Requirements: N
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Chronic diseases are responsible for 7 out of 10 deaths each year, and treating people with chronic diseases accounts for most of our nation's health care costs. In recent decades, progress has been made in chronic disease prevention and control in the U.S. However, similar progress is lagging in the U. S. Affiliated Pacific Islands (USAPIs), U.S. Virgin Islands (USVI), and Puerto Rico, often resulting in higher rates of chronic diseases and associated risk factors. The combination of high disease burden, broadly dispersed populations, lack of infrastructure, multiple cultures, languages, and traditions, susceptibility to natural disasters, and high health expenditures, makes it challenging for these islands to address this public health problem.

Cardiovascular disease (CVD), cancer, and diabetes are among the leading causes of death in these islands. Tobacco use is a significant cause/contributor to these diseases. Average adult smoking prevalence in the USAPIs is estimated at 30% while the median smoking prevalence among high school students is estimated at 31%. These rates are significantly higher than the average rates in the U.S., where 15% of adults and 11% of high school students were current smokers in 2015. Estimates of diabetes are as high as 47% in some islands. High blood pressure and high blood cholesterol are primary risk factors for CVD. In the Islands, estimates of high blood pressure and high blood cholesterol are 56% and 42% respectively.

This NOFO builds on DP14-1406 by concentrating on major risk factors for diabetes and CVD (i.e. tobacco use, hypertension, cholesterol), while also working to strengthen the capacity of the public health workforce to more effectively monitor and address other key concerns, including oral health. The purpose of this NOFO is to reduce the rates of disability and death associated with chronic disease in the USAPIs, USVI, and Puerto Rico. Cross-cutting and unified approaches using the Four Domains of Chronic Disease will be supported. Specifically, this NOFO aims to: a) prevent and reduce tobacco use and secondhand smoke exposure; b) improve the prevention and management of diabetes and diabetes-related complications; c) prevent persons with prediabetes from developing type 2 diabetes; d) improve the prevention and management of high blood pressure and high blood cholesterol; and e) better address oral health needs.

b. Statutory Authorities

This program is authorized under sections 301(a), 317(k)(2), and 317(m) of the Public Health Services Act [42 U.S.C. Sections 241(a), 247(b)(k)(2), and 247(b-14)].

c. Healthy People 2020

This NOFO addresses the following Healthy People 2020 focus areas and leading health indicators including: educational and community-based programs,health communication and health information technology, health-related quality of life and well-being, diabetes; heart disease and stroke; maternal, infant and child health; nutrition and weight status; older adults; oral health; physical activity; public health infrastructure; and tobacco use.

d. Other National Public Health Priorities and Strategies

This program supports the following national public health priorities and strategies:

National Tobacco Control Program https://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/ntcp/index.htm

Million Hearts https://millionhearts.hhs.gov/

National Diabetes Prevention Program https://www.cdc.gov/diabetes/prevention/index.html

Diabetes Self-Management Education and Support (DSMES) http://care.diabetesjournals.org/content/diacare/early/2017/07/26/dci17-0025.full.pdf

e. Relevant Work

This NOFO builds on efforts to improve public health infrastructure and expands the work accomplished and outcomes achieved through CDC-RFA-DP14-1406: *Public Health Actions to Prevent and Control Diabetes, Tobacco Use, Heart Disease, and Associated Chronic Disease Risk Factors and Improve Health in the U.S. Affiliated Pacific Islands, Virgin Islands, and Puerto Rico.*

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP19-1901 Logic Model: Prevention and Control of Chronic Disease and Associated Risk Factors in the U.S. Affiliated Pacific Islands, U.S Virgin Islands, and Puerto Rico

Bold indicates period of performance outcome

STRATEGIES	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
CORE COMPONENT			
Systematically collect, share, and use NCD clinical and population-based data to drive local public health action and evaluate impact.	Routine collection, analysis, and use of NCD clinical and population-based data	Increased availability and use of NCD clinical and population-based data	**Decreased tobacco use prevalence** Reduced rates of tobacco-related morbidity and mortality
Implement environmental approaches that promote tobacco use	Increased number of evidence-based strategies implemented that reduce access to	**Increased number of smokefree environments**	Eliminate non-smoker

prevention and cessation, healthy eating, and physical activity.	tobacco and change social norms Increased awareness of the dangers of tobacco use, and benefits of cessation Increased awareness about benefits of, and increased support for, smokefree environments Increased availability of healthier food and beverage choices and physical activity opportunities	Reduced access to tobacco and social norms accepting of tobacco use Decreased tobacco use initiation rates Increased consumption of healthy foods and beverages Increased physical activity	exposure to secondhand smoke **Decreased number and percent of adults with diabetes with an A1C level >9** **Increased control among adults with known high blood pressure and high blood cholesterol** **Increased number of people with prediabetes enrolled in a CDC-recognized type 2 diabetes prevention program** Reduced proportion of children who are overweight or obese Reduced prevalence of obesity
Improve the quality of clinical care related to preventing and treating tobacco use and cardiovascular disease (CVD), and managing diabetes.	Increased quality improvement practices in health systems to improve diabetes and cardiovascular disease care Increased use of EHRs and HIT to identify and manage patients with high blood pressure and high blood cholesterol Increased implementation of team-based care in managing patients with high blood pressure and high blood cholesterol	**Improved processes and effective delivery of quality preventive services** **Increased reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of patients with diabetes, high blood pressure, and high blood cholesterol** **Increased engagement in self-management among persons with diabetes, high blood pressure, and high**	

	Increased number of birthing facilities with ideal breastfeeding practices Increased awareness and implementation of PHS guidelines for treating tobacco use and dependence	**blood cholesterol** **Increased number and percent of adults with diabetes with at least 2 A1C tests measured annually, at least 3 months apart** Improved medication adherence and lifestyle change for adults with high blood pressure and high blood cholesterol Increased proportion of infants ever breastfed Increased tobacco use quit attempts	
Improve awareness of, access to, and participation in prevention and disease-management programs and services.	Increased opportunities for chronic disease prevention, risk reduction or management Increased use of health-care extenders for the support of diabetes, high blood pressure, and high blood cholesterol. Increased availability of evidence-based tobacco cessation services	Increased community-clinical linkages to support prevention, self-management, and control of chronic disease and related risk factors Increased number of people with prediabetes who are referred to a CDC-recognized type 2 diabetes prevention program **Increased number of people educated about prediabetes**	

	Increased awareness and use of available cessation resources	Increased use of diabetes self-management education and support programs (DSMES) Increased use of evidence based self-management programs for chronic disease Increased self-measured blood pressure monitoring tied to clinical support Increased cessation rates	
OPTIONAL COMPONENT: ORAL HEALTH			
Develop and implement an oral health surveillance plan	Maintain an oral health surveillance plan Develop and maintain an oral health surveillance system Utilize actionable information for program and policy decision	Conduct oral health surveillance to monitor prevalence and inform program and policy decisions to improve oral health **Disseminate oral health surveillance data on oral disease, risk factors and use of preventive oral health services**	Decrease in dental caries Decrease in oral health disparities
Promote, coordinate, implement, and evaluate dental sealant programs within elementary and middle schools	**Expand school dental sealant program**	Increase the number of children ages 6-14 receiving sealants on one or more of their permanent molars through school sealant programs	
Monitor, promote, and provide education	Expand community	Increase the percentage of adjusted water	

about water fluoridation	water fluoridation	systems that maintain optimal fluoridation level **Increase proportion of people served by community water systems who receive optimally fluoridated water**	

i. Purpose

This NOFO has two components:

1. A competitive Core Component that is mandatory for all applicants.
2. A competitive Oral Health Component that is optional.

The Core Component is designed to prevent and reduce tobacco use and secondhand smoke exposure, improve the prevention and management of diabetes and diabetes related complications, high blood pressure, high blood cholesterol, and to prevent persons with prediabetes from developing type 2 diabetes. The optional Oral Health Component is designed to improve the capacity of the applicants to address oral health needs.

ii. Outcomes

The program activities are expected to demonstrate measurable progress towards addressing the bolded outcomes depicted in the NOFO logic model.

Outcomes (Core Component):

Intermediate Outcomes:

- Increased number of smokefree environments
- Improved processes and effective delivery of quality preventive services
- Increased reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of patients with diabetes, high blood pressure, and high blood cholesterol
- Increased engagement in self-management among persons with diabetes, high blood pressure, and high blood cholesterol
- Increased number and percent of adults with diabetes with at least 2 A1C tests measured annually, at least 3 months apart
- Increased number of people educated about prediabetes

Long-term Outcomes

- Decreased tobacco use prevalence
- Decreased number and percent of adults with diabetes with an A1C>9

- Increased control among adults with known high blood pressure and high blood cholesterol
- Increased number of people with prediabetes enrolled in a CDC-recognized type 2 diabetes prevention program

Outcomes (Oral Health Component):

Those applying under the optional Oral Health Component should use the logic model to identify priority program outcomes based on documented oral disease burden, infrastructure and capacity needs, and the selected strategy or strategies. During the period of performance, recipients are expected to achieve all proposed Oral Health activities and make progress towards the outcomes in the logic model associated with the selected strategy or strategies.

iii. Strategies and Activities

Note: All attachments referenced can be located on the DP19-1901 NOFO website: https://www.cdc.gov/chronicdisease/about/foa/islands/index.htm

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1. *Core Component:* The Core Component is mandatory for all applicants. Applicants are expected to implement all four strategies in the Core Component during the 5-year period of performance. For strategy 1, applicants should select a minimum of two activities. For strategy 2, applicants should select a minimum of three activities, inclusive of required activities. Required activities are marked with asterisks. For strategies 3 and 4, applicants are expected to select a minimum of 3 activities per strategy, with at least 1 activity related to tobacco use, at least 1 activity related to diabetes, and at least 1 activity related to CVD. However, applicants may propose additional strategies and activities (beyond what is included in the logic model) to achieve the outcomes.

Strategy 1: Systematically collect, share, and use Non Communicable Disease (NCD) clinical and population-based data to drive local public health action and evaluate impact.

Activities - Select a minimum of 2 activities

1.1: Develop and/or update NCD surveillance plan and NCD data dashboard.

1.2: Implement surveys, such as hybrid survey, Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavioral System (YRBS), Global Youth Tobacco Survey (GYTS), and

Global Adult Tobacco Survey (GATS).

1.3: Collect data on National Quality Forum (NQF) clinical quality measures (e.g., NQF0018: blood pressure control, NQF0059: A1C).

1.4: Disseminate and use data to implement local public health action and evaluate impact.

Strategy 2: Implement environmental approaches that promote tobacco use prevention and cessation, healthy eating, and physical activity.

Activities - Select a minimum of 3 activities. Required activities are marked with asterisks.

****2.1**: Educate the public, partners and decision makers about the evidence base for tobacco use prevention and cessation using data, earned media and culturally appropriate paid media, specifically focused on the:

2.1a: Dangers of tobacco use, if applicable, including betel nut with tobacco as well as emerging tobacco products; benefits of and resources for quitting.

2.1b: Health effects of secondhand smoke exposure and the evidence-based environmental change strategies that prevent exposure in workplaces, public places, bars, restaurants, and multi-unit housing.

2.1c: Science supporting evidence-based tobacco prevention interventions, including increasing the price of tobacco products and retail environment policies.

****2.2**: Develop and/or maintain a jurisdiction NCD coalition that includes diverse members with an interest in tobacco use, diabetes, cardiovascular disease, and oral health prevention and control, to annually update and work together to implement environmental change priorities.

****2.3**: Collaborate with partners to develop and implement procedures/protocols and systems that implement evidence-based policies, including smokefree air, retail, price and other tobacco control policies.

2.4: Collaborate with partners to improve the food system to increase access to healthier foods.

2.5: Collaborate with partners to connect sidewalks, paths, bicycle routes, and public transit with homes, schools, worksites, parks, or recreation centers through implementing master plans and land use intervention.

Strategy 3: Improve the quality of clinical care related to preventing and treating tobacco use and cardiovascular disease (CVD), and managing diabetes.

Activities - Minimum requirement: Select at least 1 activity related to tobacco use, at least 1 activity related to diabetes, and at least 1 activity related to CVD. Required activities are marked with asterisks.

3.1: Train, educate, and monitor health care providers and health care systems to follow Public Health Services (PHS) Guideline for Treating Tobacco Dependence, including assessing and documenting tobacco use, providing tobacco users a brief tobacco intervention (BTI), and referring to existing cessation counseling services including, where available, evidence-based, proactive Quitlines.

3.2: Implement practices supportive of breastfeeding in birthing facilities.

3.3: Promote reporting of high blood pressure, high blood cholesterol, A1C measures, and tobacco use data.

****3.4**: Implement quality improvement processes, such as the NCD Collaborative, in health care systems to improve diabetes and cardiovascular disease care.

3.5: Promote electronic health records (EHR) adoption and the use of health information technology (HIT) to improve provider outcomes and patient health outcomes for diabetes, high blood pressure and high blood cholesterol.

3.6: Facilitate the institutionalization and monitoring of aggregated/standardized quality measures at the provider level, such as National Quality Forum (NQF) measures: NQF0018 - blood pressure control; NQF0059 - A1C.

3.7: Support engagement of non-physician team members (i.e. nurses, pharmacists, nutritionists, physical therapists and patient navigators/community health workers) in diabetes, high blood pressure, and high blood cholesterol management in community health care systems.

3.8: Build local consensus, and promote the implementation of evidence-based guidelines for the prevention and control of chronic disease and associated risk factors.

Strategy 4: Improve awareness of, access to, and participation in prevention and disease-management programs and services

Activities - Minimum requirement: Select at least 1 activity related to tobacco use, at least 1 activity related to diabetes, and at least 1 activity related to CVD.

4.1: Work with NCD/tobacco control coalition and other partners to increase availability of culturally appropriate evidence-based tobacco cessation services throughout the jurisdiction.

4.2: Promote use of tobacco cessation services by educating health care professionals and promoting services to patients and providers.

4.3: Promote use of self-measured blood pressure monitoring tied with clinical support.

4.4: Support the inclusion of health-care extenders in the community to support the self-management of high blood pressure and high blood cholesterol.

4.5: Improve access to, participation in, and sustainability of diabetes self-management education and support (DSMES) programs.

4.6: Improve access to, participation in, and sustainability of evidence-based self-management programs for chronic disease.

4.7: Implement activities that increase awareness of prediabetes in the general population and among health care providers/health care professionals (PSAs, community education events, social media, health care provider training, and other communication strategies as appropriate) and enrollment in CDC-recognized type 2 diabetes prevention programs, where available.

4.8: Implement activities that promote the awareness of high blood pressure and high blood cholesterol in the general population and among health care providers/health care professionals.

2. *Oral Health Component:* This competitive component is optional and will support up to two recipients to improve their capacity to address the oral health needs of their communities. All applicants must apply for the Core Component in order to be considered for the optional Oral Health Component via one single application that clearly identifies the Core and Oral Health Components. Only those successful applicants under the Core Component will be eligible for the Oral Health Component. Upon award, recipients will have an opportunity to review the findings from an assessment of jurisdiction oral health program infrastructure and capacity, which will be conducted by a separate recipient funded under *DP18-1811*: *Partner Actions to Improve Oral Health Programs* (awarded on September 1, 2018). These findings will inform recipients to:

- Identify the priority infrastructure and capacity needs for the recipient jurisdiction's oral health program.
- Implement appropriate strategies for building an effective territorial oral health program.
- Implement selected actions to address the essential components of an oral health program that include oral health surveillance, sealant programs (includes CDC infection prevention and control guidelines), and water fluoridation.
- Evaluate strategies and activities to implement essential components of an oral health program, and actions to strengthen oral health program infrastructure and capacity.

Three Oral Health program activities are listed below. Based on documented oral disease burden and infrastructure and capacity needs, applicants are expected to implement **at least one** of the three listed activities:

1. **Oral Health Surveillance:**

   Recipients will develop and maintain an oral health surveillance system. In addition, recipients will monitor the burden of oral diseases and access to preventive services (for example, dental sealants and community water fluoridation) and disseminate findings to inform program and policy decisions. Specifically, recipients are expected to:

   - Identify and leverage opportunities and resources to develop or maintain surveillance capacity. Opportunities might include (but are not limited to) collaborating with other programs to address oral health related priority issues or cost sharing to support qualified staff (such as an epidemiologist or evaluator) with other programs.
   - Develop and maintain an oral health surveillance system that includes a surveillance plan, surveillance indicators, and timely data dissemination to monitor burden of oral disease and inform program and policy decisions.

2. **Sealant Programs**

Recipients are expected to promote, coordinate, implement, and evaluate dental sealant programs within elementary and middle schools. In addition, recipients will promote the adherence to the CDC's infection prevention guidelines in school sealant programs, including the Guidelines for Infection Control in Dental Health-Care Settings - 2003, and the Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care.

Specifically, recipients are expected to:

- Foster and sustain relationships with public and private organizations whose missions align with improving child health or oral health outcomes, including developing partnerships with community, non-traditional, and national partners that may assist with reaching priority populations.
- Convene a sealant work group of key partners to develop strategies for improving sealant program outcomes, such as quality control efforts, expanding program reach, and establishing a plan for program sustainability

3. Water Fluoridation

Recipients are expected to monitor and report water fluoridation activities including documentation of public water systems that adjust fluoride and proportion of people served. Recipients will provide education on the benefits, safety, and effectiveness of maintaining recommended fluoride levels for community water fluoridation. They will also maintain an awareness of policy changes and actions that support and promote quality control and management of fluoridated water systems. Specifically, recipients are expected to:

- Foster and sustain partnerships with community leaders, water treatment professionals, coalitions and others whose mission aligns with promoting and strengthening water fluoridation.
- Use qualitative data to determine levels of knowledge or public opinion of the benefits of water fluoridation.
- Develop and implement a communication plan that identifies the goals, strategies and priority audiences for information about the benefits of water fluoridation.
- Collect, analyze, and report on the proportion of people served by fluoridated water systems or sources.

1. Collaborations

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

For both the Core Component and Oral Health Component, recipients are encouraged to collaborate with other related CDC-funded programs that have a role in achieving the NOFO outcomes. Collaborations could center on strengthening/improving health systems and surveillance and building capacity through training, technical assistance and consultation, as well as collaboration on implementing evidence-based interventions and strategies. Collaborations could also center on shared data, coalition development and maintenance, intervention settings/locations, marketing approaches/messages, and/or EHRs or other electronic clinical decision support, and referral systems. Opportunities/collaborations may also include cost sharing to support a shared position, such as a chronic disease epidemiologist, health communication specialist, program evaluator, or policy analyst, to support collaboration and activities across units or departments.

Related CDC-funded programs include but are not limited to CDC-RFA-DP17-1701: Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations (Core and Oral Health Components); CDC-RFA-DP15-1513: Behavioral Risk Factor Surveillance System

(BRFSS) (Core and Oral Health Components); national organizations funded under CDC-RFA-DP17-1705: Scaling the National Diabetes Prevention Program in Underserved Areas (Core Component); and other CDC-funded chronic disease prevention and management programs. Applicants should also link strategies and collaborations described in the jurisdiction's Chronic Disease Plan, as applicable. Letters of support and MOAs/MOUs, with these potential partners, are not required but should be considered where appropriate and helpful in demonstrating and supporting collaborative efforts.

b. With organizations not funded by CDC:

Collaborations with a variety of public and private organizations, international organizations such as the World Health Organization (WHO) or the Pan American Health Organization (PAHO), and other federally funded programs, are encouraged to leverage resources and maximize reach and impact for the strategies and selected activities. Applicants should describe collaborations proposed with organizations relevant to both the core and competitive component in the NOFO. These organizations may include employers, community based organizations/coalitions, commercial or government health plans, hospitals, and federally qualified community health centers, non-profit agencies, other federal, state, or local government agencies, professional associations, quality improvement organizations, CDC-recognized type 2 diabetes prevention programs, and others. Letters of support and MOAs/MOUs, with these potential partners, are not required but should be considered where appropriate and helpful in demonstrating and supporting proposed collaborative efforts.

2. Target Populations

The target populations are persons living in the six USAPI jurisdictions, U.S. Virgin Islands, and Puerto Rico.

a. Health Disparities

Eliminating health disparities is one of the four Healthy People 2020 Foundational Health Measures. This NOFO will work to address the public health and healthcare challenges in the island jurisdictions that contribute to the reduction of health inequities related to the morbidity and mortality associated with chronic diseases and associated risk factors. Even with relatively small populations there are certain segments of the population that are disproportionately impacted by high rates of tobacco use, are at increased risk for diabetes, prediabetes, cardiovascular disease (CVD), and oral health issues. Many jurisdictions are constrained by the lack of adequate resources or options for prevention and/or treatment.

Along with implementing NOFO strategies and activities to improve the health of the general population, applicants should strive to identify and tailor activities that reach and engage disproportionately burdened populations. Disproportionately burdened populations may be defined by sex, race, ethnicity, disability, culture, sexual orientation, gender identity, geographic location, or socioeconomic status.

Additionally, Healthy People 2020 and the HHS Action Plan to Reduce and Eliminate Health Disparities calls for enhancing collaboration and coordination of health disparities activities.

Each applicant should initiate and maintain activities to address health equity

iv. Funding Strategy

Multiple funding streams support the tobacco, diabetes, cardiovascular disease, and oral health activities in the USAPIs, U.S. Virgin Islands, and Puerto Rico. Award amounts are subject to change based upon availability of funds. Tracking by categorical line is not required as long as the appropriate strategies and activities are being reflected in the budget and work plan, as allocated by topic area. Below are descriptions of how anticipated funding levels are determined.

1. Tobacco Prevention and Control
   The USAPIs, U.S. Virgin Islands, and Puerto Rico are not included in the current funding formula for the National State-Based Tobacco Prevention and Control Programs. The Office on Smoking and Health (OSH) expects to the fund recipients with a total award of approximately $1,752,654, with a floor of $100,000 and a ceiling of $700,000.

2. Diabetes Prevention and Management
   As with tobacco, the USAPIs, U.S. Virgin Islands, and Puerto Rico are not included in the funding formula for diabetes. The Division of Diabetes Translation expects to fund recipients with a total award of approximately $1,500,000, with a floor of $80,000 and a ceiling of $350,000.

3. Cardiovascular Disease Prevention and Management
   As with tobacco and diabetes, the USAPIs, U.S. Virgin Islands, and Puerto Rico are not included in the funding formula for cardiovascular disease. The Division of Heart Disease and Stroke Prevention expects to fund recipients with a total award of approximately $1,000,000, with a floor of $50,000 and a ceiling of $200,000.

4. Oral Health
   The Division of Oral health expects to fund 1-2 recipients with a total award of $150,000, with a floor of $75,000 and a ceiling of $150,000.

Throughout the period of performance, CDC's commitment to continuation of awards will be dependent on the availability of funds, 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.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help demonstrate the implementation and effectiveness of NOFO strategies and activities and highlight program accomplishments. CDC will use performance measures and evaluation findings for continuous program quality

improvement.

Throughout the five-year period, CDC will work individually and collectively with recipients to track and evaluate the implementation of recipient strategies and activities for both the Core and Oral Health components, if applicable. The process and outcome evaluation will seek to answer the following questions:

- To what extent has implementation of strategies resulted in the NOFO outcomes?
- What factors were associated with effective implementation of strategies?
- How will implemented strategies be sustained after the NOFO ends?
- How did collaboration increase among those working on chronic diseases and associated risk factors and did those connections facilitate strategy implementation?

CDC will use an evaluation approach that will consist of (1) ongoing monitoring and evaluation through the collection and reporting of performance measures, (2) a CDC-led jurisdiction wide evaluation, and (3) recipient-led evaluations (described below under Applicant Evaluation and performance measurement plan).

Performance measures are an important source of data to help recipients monitor their progress and to help CDC evaluate the effectiveness of NOFO activities and demonstrate improved health outcomes. Performance measures developed for this NOFO correspond to the strategies and outcomes described in the logic model (as indicated in the table below). Recipients will be responsible for collecting and reporting on the performance measures listed in the table below. Tier 1 measures are required by all recipients and Tier 2 measures are required based on the specific strategies selected. CDC will work with recipients to select performance measures, operationalize the performance measures, and help identify available and feasible data sources for each performance measure. CDC will provide recipients with performance measure definitions and templates to report performance measures annually. CDC and recipients will have six months after the award to work together to finalize the performance measures and definitions. Recipients will report their performance measure data annually and, for the purposes of evaluation, will only have access to their data. Over the 5-year performance period, data will be secured with limited access to authorized CDC program and evaluation staff to the extent allowed under applicable Federal law. CDC will aggregate data across all recipients to publish annual and summative reports.

CDC will provide recipients with data related to the prevention of diabetes, specifically data on enrollment of participants in CDC- recognized type 2 diabetes prevention programs.

For the jurisdiction-wide evaluation, CDC will lead the design, data collection, analysis and reporting. Recipients will be asked to participate in jurisdiction-wide evaluation activities such as surveys, interviews, case studies, and other data collection efforts. An appropriate level of guidance and support will be provided to recipients to ensure effective participation in the jurisdiction-wide evaluation. CDC will use findings from this evaluation to refine its technical assistance, which will help maximize and sustain program outcomes.

CDC will provide evaluation technical assistance and ongoing evaluation guidance on recipient-

level evaluation and performance measures. Evaluation technical assistance will be tailored to the needs of the recipients. All information will be stored using a secure system. All evaluation findings produced by CDC and recipients, where appropriate, will contribute to (1) continuous improvement of quality and effectiveness of program strategies, (2) documentation and sharing of lessons learned to support replication and scaling of these program strategies, (3) the evidence base, and (4) future funding opportunities supported by CDC.

The performance measure and evaluation data collected by CDC are directly related to the implementation of the strategies and/or the desired outcomes of the logic model. The data collected for this NOFO for evaluation and performance measurement does not include any personally identifiable information.

Strategy 2: Implement environmental approaches that promote tobacco use prevention and cessation, healthy eating, and physical activity.		
Associated Outcomes	**Tier 2 Performance Measures** (recipients will report on measures that correspond to the strategies they select)	**Tier 1 Performance Measures** (all recipients must respond)
Increased number of smokefree environments	Number and percent of people and/or settings covered by evidence-based tobacco control strategies (e.g., smokefree, pricing, retail environment)	Cigarette smoking prevalence in adults Tobacco use (including e-cigarettes) prevalence in adolescents
Decreased tobacco product prevalence	No Tier 2 Measure	Cigarette smoking prevalence in adults Tobacco use (including e-cigarettes) prevalence in adolescents
Strategy 3: Improve the quality of clinical care related to managing diabetes and treating and preventing tobacco use and cardiovascular disease.		
Associated Outcomes	**Tier 2 Performance Measures** (recipients will report on measures that correspond to the strategies they select)	**Tier 1 Performance Measures** (all recipients must respond)
Decreased number and percent of adults with diabetes with an A1C	Number and percent of people with diabetes in clinics/hospitals participating in the NCD	Number and percent of adults with diabetes and A1C level>9

level >9	Collaborative (or equivalent clinical care improvement project) with at least two A1C levels measured annually, at least three months apart*	
Increased engagement in self-management among patients with diabetes, high blood pressure, and high blood cholesterol	Number and percent of people with diabetes in clinics/hospitals participating in the NCD Collaborative (or equivalent clinical care improvement project) who have a diabetes self-management goal* Number of patients with high blood pressure in publicly funded health care clinics and hospitals that are engaged in self-measured blood pressure monitoring tied to clinical support	Number and percent of adults with diabetes and A1C level>9
Increased control among adults with known high blood pressure and high blood cholesterol	No Tier 2 Measure	Percentage of patients who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement period.
Increased proportion of health care systems reporting standardized clinical quality measures for the management and treatment of patients with high blood pressure (e.g. NQF0018)	Proportion of health care systems reporting on National Quality Forum (NQF) measure 0018	No Tier 1 Measure
Strategy 4: Improve awareness of, access to, and participation in prevention and disease-management programs and services.		
Associated Outcomes	**Tier 2 Performance Measures** (recipients will report on measures that correspond to the selected strategy)	**Tier 1 Performance Measures** (all recipients must respond)
Increased number of people educated about prediabetes	Number of people reached through prediabetes awareness events	No Tier 1 Measure

Increased number of people with prediabetes enrolled in a CDC-recognized type 2 diabetes prevention programs	No Tier 2 Measure	Number of people with prediabetes or at high risk for type 2 diabetes enrolled in CDC-recognized type 2 diabetes prevention programs**
Increased engagement in self-management among persons with diabetes	Number and percent of people with diabetes in clinics/hospitals participating in the NCD Collaborative (or equivalent clinical care improvement project) who have a diabetes self-management goal*	Number and percent of adults with diabetes and A1C level >9
OPTIONAL ORAL HEALTH COMPONENT		
Associated Outcomes	**Tier 2 Performance Measures** (recipients will report on measures that correspond to the selected strategy)	**Tier 1 Performance Measures** (all recipients must respond)
Disseminate oral health surveillance data on oral disease, risk factors and use of preventive oral health services	Prevalence of dental caries experience, untreated decay, and dental sealants among 3rd grade children***	No Tier 1 Measure
Expand school dental sealant program	Number of eligible schools with dental programs***	No Tier 1 Measure
Increase proportion of people served by community water systems who receive optimally fluoridated water	Number of population served by optimally fluoridated community water systems***	No Tier 1 Measure

*If participating in the NCD Collaborative, CDC will provide these data, and recipients will not be asked to supply these data.

**CDC will provide these data, and recipients will not be asked to supply these data.

***These data will be collected by project officer reports.

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, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

CDC will assist recipients in developing and implementing evaluation plans, based on CDC guidance, that are useful for recipient-level program improvement and for the overall evaluation of the program. CDC will provide recipients with additional guidance, evaluation plan and report templates, including a Data Management Plan (DMP) and will work with recipients during the first six months to revise and finalize the evaluation and performance measurement plans. Any anticipated issue with data collection should be highlighted in the plan, along with options to remedy it. Additionally, the plan should address how the information generated by the performance measures will be used for program improvement by the recipient.

Recipients are encouraged to work with professional evaluators (either internal or external) to meet the evaluation and performance reporting requirements of this NOFO. Therefore, CDC encourages allocating 10% of total funding to award to evaluation and performance monitoring and to consider both development and implementation costs.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must describe their organizational capacity to carry out the strategies and activities included in the Core Component and optional Oral Health component, if applicable. Evidence of previous and successful collaborations with NCCDPHP, other CDC programs, other federally funded programs, international health organizations such as WHO and PAHO, and/or

other non-governmental organizations serving similar populations at risk as those in the target population for this NOFO demonstrates that the applicant has sufficient capacity and readiness to address and implement chronic disease programs outlined in this NOFO.

When applicants are describing organizational capacity, emphasis should be given to prior experience as follows:

- Experience addressing chronic diseases and associated risk factors in one of the six USAPI jurisdictions, U.S. Virgin Islands, or Puerto Rico.
- Evidence of at least 10 years' recent experience serving the jurisdiction-wide population of one of the six USAPI jurisdictions, U.S. Virgin Islands, or Puerto Rico in chronic disease prevention and control.
- Evidence of ongoing work with CDC/NCCDPHP and a history of successful collaboration with other CDC programs, other federally funded programs, international health organizations such as the World Health Organization or the Pan American Health Organization, and other non-governmental organizations.

Applicants must demonstrate their organizational capacity and readiness to implement the Core Component and optional Oral Health Component, if applicable, by describing and providing evidence of the following:

- Organizational structure, mission, overall organizational budget and funding sources, staff size and expertise, and the nature and scope of their work and capabilities. **Applicants are required to provide an agency-wide organization chart and an organization chart for the proposed chronic disease/NCD program. Applicants must name this file "Organization Chart" and upload it to www.grants.gov.**
- Experience with program planning, program evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management.
- Organizational leadership capacity in their respective jurisdiction to promote and ensure implementation of evidence-based strategies for addressing tobacco use, diabetes, cardiovascular disease, and oral health (if applicable).
- Workforce capacity and staffing plan that includes key on-island staff with relevant expertise, competence and experience, to lead the tobacco, diabetes, cardiovascular, and oral health (if applicable) programs. **A curriculum vitae or resume must be submitted for each existing staff member who will be affiliated with this program; job descriptions must be provided for vacant positions.** The curriculum vitae/resumes should indicate evidence of the staff capacity. The applicant must name this file "CVs/Resumes" and upload it to www.grants.gov.
- Existing active partnerships and collaborations with governmental and non-governmental organizations; public and private healthcare entities; and other diverse, multi-sector partners currently collaborating with the applicant on NCD prevention and control activities.
- An existing active NCD Coalition/Alliance/Steering Committee with diverse governmental and non-governmental partners. **A Letter of Support from the Coalition is required** stating that the NCD Coalition/Alliance/Steering Committee intends to collaborate with the applicant in working to achieve the outcomes of this NOFO. The applicant must name this file "Letters of Support" and upload it to www.grants.gov.

- A Jurisdiction level NCD/Chronic Disease plan with input and commitments for implementation from diverse stakeholders.
- Evidence of legal authority to collect and report surveillance data for the jurisdiction to CDC.
- Any other information that would help CDC assess the organization's infrastructure and capacity to implement the proposed program.

If applying for the optional Oral Health Component, applicants should:

- Describe their existing organizational infrastructure of the oral health program, including who will have management authority over the Oral Health Component.
- Provide an organizational chart that identifies lines of authority and positions responsible for implementation of activities described.
- Demonstrate experience or describe plans to promote strategies to reduce oral diseases and related risk factors, including a focus on population-based approaches in the area of empowering people to make healthy choices.
- Demonstrate evidence of an adequate program management/staffing plans to implement the oral health component.
- Demonstrate the applicant has a jurisdiction-wide reach and active network of members or affiliates. This can be shown through documents describing the role of members or affiliates, such as MOUs, MOAs, or letters of support.
- Describe potential barriers to successful implementation of required strategies and activities and how the applicant will overcome these barriers.

d. Work Plan

A work plan is a program management tool that provides program direction and guidance. It allows the program staff and CDC project officers to monitor implementation of activities and progress toward achieving outcomes.

Applicants must prepare and submit a detailed work plan for the first year of the award and a high-level plan for subsequent years. A single work plan must be submitted for the Core Component. A separate work plan must also be submitted for the optional Oral Health Component, if applying.

The work plan should clearly delineate how the applicant plans to implement their selected activities for each of the strategies outlined in the NOFO, in order to achieve outcomes and respond to the performance measures presented in the logic model and narrative sections of this NOFO.

If funded, CDC will provide feedback and technical assistance to recipients to finalize the work plan.

Recipients will be held accountable for work on the selected Core Component strategies and activities and corresponding performance measures described in the table in the *CDC Evaluation and Performance Measurement Strategy Section*. CDC will work with recipients to operationalize performance measures and to identify available and feasible data sources.

The work plan, at a minimum for each of the 4 strategies, should:

- Describe strategies and activities to be conducted to meet each period of performance outcome (with emphasis on the first year).
- Ensure that all **required** activities are included. **Required** activities are marked with asterisks.
- Tasks or steps necessary to implement the selected activities, for year 1 only.
- Person(s) responsible for ensuring the proposed activities are implemented.

CDC suggests that applicants use the sample work plan template that is presented below. Although applicants are not required to use the work plan template below, they are required to include all of the elements listed within the template. Complete a work plan template for each of the four strategies for the Core Component. If applying for the optional Oral Health Component, complete a separate work plan template for each selected strategy and label Oral Health work plan.

Year 1 Work Plan Complete a work plan template for each of the four strategies in the Core Component, and one for the Oral Health component, if applicable.			
Strategy:			
Associated Outcome:		Associated Performance Measure:	
Activity	Tasks to Complete Activity	Person(s) Responsible	Completion Date

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.

The proposed work plan and performance measures will be reviewed annually by the project officer and evaluation staff, and may need to be altered to better reflect program activities as outlined in the NOFO. Monitoring will occur routinely through ongoing communication between CDC and recipients via monthly calls, reporting mechanisms (i.e., work plans, performance measures, and financial reporting) and site visits. Post-award cooperative agreement monitoring and provision of technical assistance and training will include:

- Ensuring that work plans are feasible based on the budget, consistent with the intent of the NOFO, and have acceptable milestones and timelines.
- Ensuring that the activities outlined in the NOFO are being completed.
- Assisting recipients in adjusting work plan activities based on achievement of objectives and/or budget changes.
- Communicating, as needed, or at minimum, monthly with the project coordinators/managers and other program staff on conference calls/webinars.
- Sponsoring webinars and other meetings/trainings associated with the NOFO.
- Providing tools/resources aligned with program activities and NOFO outcomes, assessment, and implementation support.

CDC will analyze performance measure data to review progress and identify technical assistance needs on at least an annual basis. CDC and recipients will finalize and operationalize performance measures based on selected strategies and proposed activities. The performance measure data will be triangulated with other internal and external sources of appropriate data to arrive at a rational assessment of progress. Findings from annual analysis of performance measure data will be used to identify program improvement and broader technical assistance needs, and to report to stakeholders. CDC will develop annual, aggregate performance measure reports to be disseminated to recipients and other key stakeholders including federal partners, other funded and non-funded partners, and policy makers, as appropriate. These aggregate findings may also be presented during site visits and recipient meetings.

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

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring. CDC will work in partnership with the recipient to ensure the success of the cooperative agreement by:

1. Supporting recipients in implementing cooperative agreement requirements and meeting program outcomes;
2. Providing technical assistance to revise annual work plans and budgets, providing the science base for effective interventions, and linking recipients to various programmatic content experts;
3. Assisting recipients in advancing program activities to achieve project outcomes;
4. Collaborating with recipients to develop and implement rigorous evaluation plans that align with CDC evaluation activities;
5. Providing technical assistance on recipients' evaluation and performance measurement plans;
6. Providing technical assistance to define and operationalize performance measures;
7. Providing technical expertise to other CDC programs and Federal agencies on how to interface with recipients;
8. Hosting a meeting/training during the first six months of the period of performance and later in the period of performance (for a total of 2 meetings/trainings for recipients).
9. Sharing information, best practices, lessons learned, and evaluation results between recipients (e.g., through conferences, guidance, material development, webinars, data sharing publications, other social media, participation in meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects).

Additionally, CDC will:

1. Ensure that recipients have access to expertise found throughout the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP);
2. Collaborate with recipients to explore appropriate flexibilities needed to meet public health outcomes and goals. Flexibility in cooperative agreements includes recipients' ability to propose alternative methods to achieve the outcomes and goals of the cooperative agreement that align with recipients' 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 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's 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's technical assistance needs.

- Joint training and technical assistance opportunities that help the jurisdictions produce policies and programs that are more holistic.

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: U58

3. Fiscal Year: 2019

4. Approximate Total Fiscal Year Funding: $4,400,000

5. Approximate Period of Performance Funding: $22,000,000

This amount is subject to the availability of funds.

Estimated Total Funding: $22,000,000

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

7. Expected Number of Awards: 8

8 recipients for the Core Component and up to 2 of them are anticipated to be funded for the Optional Oral Health Component

8. Approximate Average Award: $450,000 Per Budget Period

Average One Year Award Amount for the Core Component: $450,000

Average One Year Award Amount for the Optional Component to address oral health needs: $75,000

9. Award Ceiling: $1,400,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $230,000 Per Budget Period

11. Estimated Award Date: 03/28/2019

12. Budget Period Length: 12 month(s)

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

13. Direct Assistance

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

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

1. If the applicant is other than a Department/Ministry of Health in the specified jurisdiction, the applicant must submit a memorandum of agreement/memorandum of understanding with the Department/Ministry of Health in the jurisdiction for which it is applying. CDC will need certain surveillance and health system data from applicants in order to ensure performance measures are being met for the benefit of achieving public heath results and hence, applicants must demonstrate they have the authority to submit the data to CDC and will have access to the data. The MOU/MOA should specify that the Department/Ministry of Health will provide the applicant access to surveillance and health system data, has granted the applicant the authority to submit the data, and will collaborate with the applicant on this NOFO to ensure complete data are submitted to CDC according to established guidelines and processes. The MOU/MOA must be provided in an attachment labeled “MOU/MOA” when submitting via www.grants.gov.
2. Foreign Institutions
   Non-domestic (non-U.S.) components of U.S. Organizations are not eligible to apply.
   Non-domestic (non-U.S.) Entities (Foreign Institutions) are not eligible to apply.

3. CDC will consider any application requesting an award higher than the ceiling amount of $1,400,000 to be non-responsive

4. Applicants must provide proof of ability to serve populations in one of the jurisdictions listed below:
   a. Commonwealth of the Northern Mariana Islands (CNMI)
   b. American Samoa
   c. Guam
   d. Federated States of Micronesia (FSM)
   e. Republic of the Marshall Islands (RMI)
   f. Republic of Palau

g. U.S. Virgin Islands
h. Puerto Rico

Evidence of ability may include documentation that the applicant is a territorial government or a bona fide agent in the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, the Republic of Palau, U.S. Virgin Islands, or Puerto Rico. Documentation must be provided in attachment labeled "Evidence of Ability" when submitting via www.grants.gov.

A bona fide agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms" when submitting via www.grants.gov

Applications that do not comply with these requirements will be determined non-responsive and will not receive further review.

A bona fide agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms" when submitting via www.grants.gov.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central	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	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:

	Contractor Registration (CCR)	you will need to have an active SAM account before you can register on grants.gov)		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: **N/A**

b. Application Deadline

Due Date for Applications: **01/11/2019** , 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

November 27, 2018 at 10:00 AM to 12:00 PM Eastern Daylight Savings Time. This conference call can be accessed by calling 1-800-857-9730. The leader for this call is Stacy De Jesus and the passcode is **2982408**

November 27, 2018 at 7:00 PM to 9:00 PM Eastern Daylight Savings Time. For eligible applicants in the U.S. Affiliated Pacific Islands. This conference call can be accessed by calling 1-800-857-9730. The leader for this call is Stacy De Jesus and the passcode is 2982408. If operator assistance is needed, email 1901Islands@cdc.gov, at least 24 hours in advance of the call, and the operator will assist you in joining the call.

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.

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

per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.
When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

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

6. Content and Form of Application Submission

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

7. Letter of Intent

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

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page

limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(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.

MOUs or letters of support can be submitted to show/demonstrate evidence of collaboration.

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

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

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

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

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

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

1. Recipients will be required to attend a 5-day meeting/training to be held in San Francisco, California in the first six months of the period of performance and should budget for at least 3 key program staff and/or evaluators to attend. This includes staff working on the Core Component and the optional Oral Health Component, as appropriate.
2. Recipients will be required to attend the National Conference on Tobacco or Health (NCTOH) from August 27-29, 2019 in Minneapolis, MN. The Tobacco Program Manager/Coordinator is required to attend and recipients may budget up to two

additional staff to attend, for a total of three attendees.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http://www.cdc.gov/grants/interestedinapplying/applicationresources.html.

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

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.

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).

As authorized by 42 USC § 247b-14, funds may be used to purchase fluoridation equipment.

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 by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.
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:40

CORE COMPONENT: 40 points

Purpose and Outcomes (5 points) – The extent to which the applicant:

- Describes how they will incorporate the four strategies of the NOFO to address tobacco use and secondhand smoke exposure, management of diabetes and prevention of type 2 diabetes, and prevention and management of cardiovascular disease. (3 points)
- Describes outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model. (2 points)

Strategies and Activities (20 points) – The extent to which the applicant:

- Provides a clear and concise description of the strategies that will be used to achieve period of performance outcomes. (4 points)
- Describes activities and related tasks that are appropriate to achieve the outcomes of the project. (8 points)
- Presents a work plan that is aligned with the strategies/activities described in the NOFO, consistent with the content and format proposed by CDC, and includes a description of specific tasks to address the strategies/activities and achieve progress on

the related outcomes and performance measures. (8 points)

Collaboration (5 points) – the extent to which the applicant:

- Adequately describes how they will collaborate with CDC-funded programs and organizations not funded by CDC in their jurisdiction, and how those collaborations will assist in achieving the NOFO period of performance outcomes. (3 points)
- Provides MOUs/MOAs/Letters of Support to support collaborations, as applicable. (2 points).

Target population (10 points) – The extent to which the applicant:

- Demonstrates their experience and ability to serve the targeted population in one of the six USAPIs, the U.S. Virgin Islands, or Puerto Rico. (7 points)
- Adequately describes how they plan to reach and serve the target population and how they plan to include other specific high risk populations, if applicable, who can benefit from the NOFO. (3 points)

OPTIONAL ORAL HEALTH COMPONENT - 40 points

The extent to which the applicant:

- Presents outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model. (5 points)
- Identifies and describes specific target populations and shows how the needs of this population will be included in planning and interventions. (8 points)
- Presents a work plan that both aligns with the strategies and activities, outcomes detailed in the approach and is consistent with the CDC Project Description and logic model. (8 points)
- Describes plans for collecting, analyzing, utilizing, and disseminating data consistent with the CDC Project Description and logic model. (5 points)
- Describes how the chosen strategy(ies) and activities will improve health status for the target population and reduce gaps in health disparities. (5 points)
- Describes how oral health data will be used to inform implementation efforts. (5 points)
- Describes efforts to facilitate collaboration with organizations funded and not funded by CDC for the purposes of maximizing resources, increasing public health impact, and ensuring sustainability of efforts. (4 points)

ii. Evaluation and Performance Measurement Maximum Points:25

CORE COMPONENT: 25 points

The extent to which the applicant:

- Describes key evaluation questions to be answered, in addition to the broad evaluation questions posed by CDC. (5 points)
- Describes potentially available data sources for the Tier 1 and Tier 2 performance measures that were selected. (5 points)

- Shows/affirms the commitment to monitor and collect data on the performance measures related to the specific strategies and activities proposed in the project description. (5 points)
- Describes how key program partners will be engaged in the evaluation and performance measurement planning processes. (5 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementing, and reporting of project activities and outcomes and enable continuous program quality improvement.(5 points)

OPTIONAL ORAL HEALTH COMPONENT - 25 points

The extent to which the applicant:

- Describes key evaluation questions to be answered, in addition to the broad evaluation questions posed by CDC. (5 points)
- Describes potentially available data sources to monitor and evaluate program activities and outcomes. (5 points)
- Describes how key program partners will be engaged in the evaluation and performance measurement planning processes. (5 points)
- Describes clear monitoring and evaluation procedures and how evaluation will be incorporated into planning, implementing, and reporting of project activities and outcomes and enable continuous quality improvement.(5 points)
- Shows or affirms the ability to collect data on outcome measures specified by CDC in the project description and logic model and presented by the applicant in their approach. (5 points)

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

CORE COMPONENT – 35 points

The extent to which the applicant:

- Has experience implementing public health programs, especially in all three focus areas (tobacco, diabetes, and cardiovascular disease. (3 points)
- Has at least 10 years' recent experience in chronic disease prevention and control serving the jurisdiction-wide population in one of the six USAPIs, the U.S. Virgin Islands, or Puerto Rico. (10 points)
- Has the capacity to collect and report surveillance data, including health systems data, for the jurisdiction to CDC. (5 points)
- Submits an organizational chart showing the reporting relationships of staff engaged in the execution of the NOFO. (2 points)
- Has previous experience working with CDC/NCCDPHP. (2 points)
- Has a history of working and collaborating with other federally funded programs, the World Health Organization, Pan American Health Organization, and/or other international and non-government organizations. (1 point)
- Provides evidence of a current jurisdiction level NCD/Chronic Disease plan with input

and commitments for implementation from diverse stakeholders. (2 points)
- Describes the roles and responsibilities of project staff involved in the implementation of the project activities and describes who will have day-to-day responsibility for key tasks such as: leadership of the project; monitoring of the project's on-going progress; preparation of reports; program evaluation; and communication with partners and CDC. (7 points)
- Provides a curriculum vitae or resume for each key staff members who will be affiliated with the project. (3 points)

OPTIONAL ORAL HEALTH COMPONENT - 35 points

- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities (such as implementing sealant programs and community water fluoridation) and achieve the project outcomes**.** (10 points)
- Describes the roles and responsibilities of project staff involved in the implementation of the project activities and describes who will have day-to-day responsibility for key tasks such as: leadership of the project; monitoring of the project's on-going progress; preparation of reports; program evaluation; and communication with partners and CDC. (10 points)
- Provides a curriculum vitae or resume for each key staff members who will be affiliated with the project. (2 points)
- Has a history of working and collaborating with other federally funded programs, the World Health Organization, Pan American Health Organization, and/or other international and non-government organizations. (1 point)
- Demonstrates ability to establish and maintain strong and diverse working relationships with partners and stakeholders such as coalitions, Department of Education, Medicaid program, policy makers, health center programs, academic institutions, drinking water agencies, dental associations, and community-based organization. (5 points)
- Demonstrates capacity to identify baseline data, collect oral health surveillance data, and track outcomes. (5 points)
- Submits an organizational chart showing the reporting relationships of staff engaged in the execution of the NOFO. (2 points)

Budget

Though not scored, applicants must assure their proposed budgets align with the proposed work plan, budget for program staff to attend a 5 day meeting/training in San Francisco within the first six months of award, budget for up to 3 staff (tobacco manager/coordinator required) to attend the National Conference on Tobacco or Health from August 27-29, 2019 in Minneapolis, MN, and adhere to CDC fiscal policy.

c. Phase III Review

In order to reach the NOFO's target populations, applicants will be selected from the following geographical areas:

- Commonwealth of the Northern Mariana Islands (CNMI)
- American Samoa
- Guam
- Federated States of Micronesia (FSM)
- Republic of the Marshall Islands (RMI)
- Republic of Palau
- U.S. Virgin Islands
- Puerto Rico

Only one applicant per jurisdiction will be funded under this NOFO to address the prevention and control of chronic disease and associated risk factors in the U.S. Affiliated Pacific Islands, U.S. Virgin Islands, and Puerto Rico.

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

Successful applicants can anticipate notice of funding by February 27, 2019, with a start date of March 29, 2019.

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.

- AR-7: Executive Order 12372 Review
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

- AR-14: Accounting Systems Requirements
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act Requirements
- AR-25: Data Management and Access
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009
- AR-34: Language Access for Persons with Limited English Proficiency

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

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting	90 days after end of calendar	Yes

Forms	quarter in which budget period ends	
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due June 2019; September 2019; December 2019, March 2020	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.

Carryover requests must:

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

- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

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

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

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:

Stacy De Jesus, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway, NE, Mailstop F-80

Atlanta, GA 30341

Telephone: (770) 488-6393
Email: 1901Islands@cdc.gov

Grants Staff Contact

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

Pamela Render, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Road

Atlanta, Georgia 30341

Telephone: (770) 488-2712
Email: plr3@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
Email: ogstims@cdc.gov

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs

- Position descriptions
- Letters of Support
- Organization Charts
- Indirect Cost Rate, if applicable
- Bona Fide Agent status documentation, if applicable

For this NOFO, there is a 30 page limit, inclusive of the work plan.

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.
Assitance Listings (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.
Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
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: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.
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

Affiliate organizations: An organization that offers national DPP lifestyle change program, participates in the CDC recognitions program, and is part of the applicant's multi-state delivery network being established or expanded through this cooperative agreement.

Authority: Legal authorizations that outline the legal basis for the components of each individual NOFO. An Office of General Council (OGC) representative may assist in choosing the authorities appropriate to any given program.

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

Chronic Disease Prevention and Health Promotion Domains:

- **Domain 1:** Epidemiology and surveillance is a core public health function in which all state departments of health are engaged. The investment in this activity supports states to build and maintain expertise to collect data and information and to develop and deploy effective interventions, identify gaps in program delivery, and monitor and evaluate progress in achieving program goals. Data and information from these efforts can and should be used routinely to inform decision makers and the public about the effectiveness of preventive interventions (including program effectiveness and public health impact) and the burden and unmet need of chronic diseases and associated risk factors.
- **Domain 2:** Environmental approaches that promote health and support and reinforce healthful behaviors facilitate improvements in social and physical environments to make healthy behaviors easier and more convenient for Americans. The investment in this activity supports state-level and/or statewide programmatic efforts and targeted efforts in schools, early care and education (ECE), worksites, and communities.
- **Domain 3:** Health system interventions to improve the quality, effective delivery and use of clinical and other preventive services in order to prevent disease, detect disease early, and reduce or eliminate risk factors and mitigate or manage complications. Health systems interventions improve the clinical environment to more effectively deliver quality preventive services and help Americans more effectively use and benefit from those services. The investment in this activity supports health system and quality improvement changes such as electronic health records, systems to prompt clinicians and deliver feedback on performance, and requirements for reporting on outcomes such as control of high blood pressure and the proportion of the population up-to-date on chronic disease preventive services, as well as outreach to consumers to help reduce barriers to accessing these services.
- **Domain 4:** Strategies to improve community-clinical linkages ensures that communities support and clinics refer patients to programs that improve management of chronic conditions. The investment in this activity addresses those with or at high risk for chronic diseases and facilitates access, referral and payment for quality community resources, to best manage their condition or disease. These supports include interventions such as clinician referral, community and school delivery and third-party payment for effective programs that increase the likelihood that people with high blood pressure, diabetes or prediabetes and other chronic conditions in school-age children such as asthma and food allergies will better manage their conditions.**Community-based interventions:** An intervention conducted within and by members of the particular community (e.g., grassroots efforts, efforts by a local civic group). Can be done in conjunction with an outside group (e.g., nonprofit organization, research group)

Community: A group of individuals sharing one or more characteristics such as geographic location (e.g., a neighborhood), culture, age, or a particular risk factor. In the Guide to

Community Preventive Services, for the purpose of evaluating whether interventions make communities healthier, we have chosen to apply the broadest possible use of community.

Community-based interventions: An intervention conducted within and by members of the particular community (e.g., grassroots efforts, efforts by a local civic group). Can be done in conjunction with an outside group (e.g., nonprofit organization, research group).

Community Guide: The Guide to Community Preventive Services**.** http://www.thecommunityguide.org/index.html.

Community Health Worker (CHW): CHWs are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. This trusting relationship enables CHWs to serve as a liaison, link, or intermediary between health/social services and the community to facilitate access to service and improve the quality and cultural competence of service delivery. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

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

CDC-recognized organizations (recognized organizations): An organization that offers the National DPP lifestyle change program has received pending, preliminary, or full recognition from CDC's Diabetes Prevention Recognition Program (DPRP).

Diabetes Self-Management Education and Support (DSMES): DSMES is a critical element of care for all people with diabetes. It is the ongoing process of facilitating the knowledge, skills, and ability necessary for diabetes self-care, as well as activities that assist a person in implementing and sustaining the behaviors needed to manage his/her condition on an ongoing basis. (http://care.diabetesjournals.org/content/diacare/early/2017/07/26/dci17-0025.full.pdf)

Evidence-based Strategy (EBS): is an interdisciplinary approach to clinical practice that has been gaining round following its formal introduction in 1992. It started in medicine as evidence-base medicine (EBM) and spread to other fields such as dentistry, nursing psychology, education library and information science and other fields. Its basic principles are that all practical decisions made should 1) be based on research studies and 2) that these research studies are selected and interpreted according to some specific norms characteristics for EBP. Typically, such norms disregard such norms disregards theoretical studies and qualitative studies and consider quantitative studies according to a narrow set of criteria of what counts as evidence. If such a narrow set of methodological criteria are not applied, it is better instead just to speak of research based practice.

Environmental approaches: Process of estimating and evaluating significant short-term and long-term effects of a program or project on the quality of its location's environment.

Hemoglobin A1C Test: Measure of a person's average blood glucose level over the past 2 to 3 months. Hemoglobin is the part of the red blood cell that carries oxygen to the cells and sometimes joins with the glucose in the bloodstream. The test shows the amount of glucose that

sticks to the red blood cell, which is proportional to the amount of glucose in the blood. Results are given as a percentage or as an average glucose value.

National Diabetes Preventions Program (National DPP): A partnership of public and private organizations working collectively to establish, scale, and sustain an evidence-based lifestyle change program for people with prediabetes to prevent or delay onset of type 2 diabetes.

Non-Communicable diseases (NCDs): Non-Communicable diseases such as heart disease and stroke, cancer, diabetes and chronic lung disease kill more people globally than infectious diseases. These four diseases share the common risk factors of tobacco use, unhealthy diets, physical inactivity, and harmful use of alcohol, as well as high blood pressure and cholesterol. http://www.cdc.gov/globalhealth/ncd/overwie.htm.

Non-government Organization (NGO): Any nonprofit, voluntary citizens' group that is organized on a local, national, or international level.

Policy: For purposes of this NOFO, policy refers to programs and guidelines adopted and implemented by institutions, organizations and others to inform and establish practices and decisions and to achieve organizational goals. Policy efforts do not include activities designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or Executive Orders ("legislation and other orders") proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, and recipients may not use federal funds for such activities. This restriction extends to both grass-roots lobbying efforts and direct lobbying. However, for state, local, and other governmental grantees, certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are not considered impermissible lobbying activities and may be supported by federal funds.

Policy, Systems and Environmental Change: Policy, systems and environmental change affects where people live, learn, work, or play to make healthy choices practical and available to all. By changing policies, systems or environments that impact behavior, communities can address health issues like obesity, diabetes, heart disease and stroke and other chronic diseases.

Quality physical education: A high quality physical education includes: (1) curriculum, (2) policies and environment, (3) instruction, and (4) student assessment. It is offered daily for grades K-12 (150 minutes for elementary students and 225 minutes per week for secondary students). It meets the needs of all students; is an enjoyable experience for all students; keep students active for most of physical education class time; teaches self-management as well as movement skills; and emphasizes knowledge and skills that can be used for a lifetime.

Quit Line: An information and counseling service that offers telephone support for people who want to quit using tobacco. Some quit lines offer additional services, such as nicotine replacement therapy, online cessation information and programs, and referral to tobacco-use treatment programs in the community. The toll-free number 1-800-QUIT-NOW (1-800-784-8669) serves as a national portal to state-based quit lines – which have been established in every state-on the basis of the area code where the call originated. More information can be found at: www.naquitline.org/?page=factsheetsetc.

Surveillance: The ongoing systematic collections, analysis, and interpretations of health data

for purposes of improving health and safety.

Sustainability: A community's ongoing capacity and resolve to work together to establish, advance, and maintain effective strategies that continuously improve health and quality of life for all.

Team-Based Care: An approach to health care that maximizes the complementary skill sets of all health care professionals working together as a team. Depending on the specific practice needs, a team-based approach can include various combinations of physicians, nurses, physician assistants, pharmacists, social workers, case managers and other health care professionals. The unique strengths and perspectives of each clinician are an asset when providing the safest, best possible care to patients.

The Diabetes Preventions Recognition Program (DPRP): The quality assurance arm of the National DPP charged with evaluating organizations' performance in effectively delivering the lifestyle change program with quality and fidelity. The DPRP awards CDC recognition to organizations that are following a CDC-approved curriculum and achieving meaningful results with participants based on established evidence-based national standards.

The National DPP lifestyle change program:

- is a year-long structured program (in-person group, online, or combinations) consisting of:
    - An initial six-month phase offering at least 16 sessions over 16-24 weeks and
    - A second six-month phase offering at least one session a month (at least six session).
- is facilitated by a trained lifestyle coach.
- uses a CDC-approved curriculum.
- includes regular opportunities for direct interactions between the lifestyle coach and participants.
- focus on behavior modifications, managing stress and social support

TIPS Campaign: Centers for Disease Control and Prevention (CDC) first-ever paid national tobacco education campaign—*Tips From Former Smokers* (*Tips*). *Tips* encourages people to quit smoking by showing the toll that smoking-related illnesses take on smokers and their loved ones. The hard-hitting ads show people living with the real and painful consequences of smoking or exposure to secondhand smoke.

List of Abbreviations:

BRFSS – Behavioral Risk Factor Surveillance System

BTI – Brief Tobacco Intervention

CDC – Centers for Disease Control and Prevention

CHW – Community Health Worker

CVD – Cardio Vascular Disease

DMP – Data Management Plan

DPP – Diabetes Preventions Program

DPRP – Diabetes Prevention Recognition Program

DOH – Division of Oral Health

DSMES – Diabetes Self-Management Education and Support

CDSMP – Chronic Disease Self-Management Program

EBS – Evidence-Base Strategy

EHR – Electronic Health Records

FFR – Federal Financial Report

FOA – Funding Opportunity Announcement

FQHC – Federally Qualified Health Center

GATS: Global Adult Tobacco Survey

GYTS: Global Youth Tobacco Survey.

HHS – Human Health Services

HIT – Health Information Technology

HP2020 – OH – Healthy People 2020 Oral Health

HRSA – Health Resources and Services Administration

LGBT – Lesbian, Gay, Bisexual and Transgender

NCCDPHP – National Center for Disease Control and Prevention

National DPP – National Diabetes Prevention Program

NCDs – Non-Communicable diseases

NGO – Non-government Organization

NOFO – Notice of Funding Opportunity

NQF – National Quality Forum

OGC – Office of General

OSH –The Office of Smoking and Health

PHS – Public Health Service

PSAs – Public Service Announcements

USAPI – United States Affiliated Pacific Island and includes American Samoa, Guam, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau

YRBS – Youth Risk Behavior Survey