

Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion

Networking2Save: CDCs National Network Approach to Preventing and Controlling Tobacco-related Cancers in Special Populations

CDC-RFA-DP18-1808

Application Due Date: 06/18/2018

Networking2Save: CDCs National Network Approach to Preventing and Controlling Tobacco-related Cancers in Special Populations

CDC-RFA-DP18-1808

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DP18-1808. 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:

Networking2Save: CDCs National Network Approach to Preventing and Controlling Tobacco-related Cancers in Special Populations

C. Announcement Type: New - Type 1

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

New-Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP18-1808

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

93.431

F. Dates:

1. Due Date for Letter of Intent (LOI):	**05/04/2018**
2. Due Date for Applications:	**06/18/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

The recipient must indicate the population to be addressed. Only one award will be made per target population.

3. Date for Informational Conference Call:

CDC will conduct a conference call for all interested applicants to provide technical assistance and respond to any questions regarding this Notice of Funding Opportunity. **This call will take place on 05/07/2018 at 03:00 p.m. US Eastern Standard Time. The dial in information is 1-866-556-2078, Participant passcode: 3335689#.** The call will also be recorded. Instructions for accessing the recording and a list of frequently asked questions will be available at https://www.cdc.gov/tobacco/about/foa/national-networks-nofo/index.htm.

G. Executive Summary:

1. Summary Paragraph:

The Office of Smoking and Health (OSH) and the Division of Cancer Prevention and Control (DCPC) seek to fund a consortium of population-specific, public health-oriented, National Networks to impact the prevalence of commercial tobacco use and tobacco related cancers.

Strategies and activities will focus on network administration and management; training and technical assistance; engagement of the priority populations in national, state, tribal, territorial interventions; and mass reach health communications. Applicants will identify and focus on one of the following target populations: 1). African Americans; 2). American Indians/Alaskan Natives; 3). Asian Americans/Pacific Islanders/Hawaiian Natives; 4). Latinos/Hispanics; 5). Lesbian, Gay, Bisexual and Transgender persons; 6). Persons with Low Socioeconomic Status; 7). Persons with Mental Health and Substance Abuse Disorders; and 8). Geographically Defined Populations with High Commercial Tobacco Use and Related Health Disparities. Expected program outcomes include, but not limited to: Increased delivery of evidence-based interventions to reach and impact priority populations; Increased comprehensive smokefree and comprehensive multiunit housing policies; Increased retail strategies; Increased quit attempts among priority populations; Increased physical activity among priority populations; and Increased cancer screening as recommended by the U.S. Preventive Services Taskforce among priority populations.

a. Eligible Applicants: Open Competition
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 8

d. Total Period of Performance Funding: $17,500,000
For 5 years, subject to availability of funding including both direct and indirect cost.

e. Average One Year Award Amount: $425,000

f. Total Period of Performance Length: 5
g. Estimated Award Date: 09/01/2018
h. Cost Sharing and / or Matching Requirements: N
Cost sharing of 10% is strongly encouraged for this program. In addition, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged. Examples include complementary funding from other non-federal sources. Applicants should coordinate with multiple sectors, such as public health, environmental protection, transportation, education, health care delivery, agriculture and others.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

The Office on Smoking and Health and Division of Cancer Prevention and Control seeks to build on the successes of previously funded National Networks (CDC-RFA-DP13-1314) and expand work to address tobacco- and cancer-related health disparities among these populations.

Applicants will identify and focus on one of the following target populations: African Americans;

American Indians/Alaskan Natives; Asian Americans/Pacific Islanders/Hawaiian Natives; Hispanics; Lesbian, Gay, Bisexual and Transgender persons; persons with low socioeconomic status; persons with mental health and substance abuse disorders; and geographically-defined populations with high commercial tobacco use and related health disparities. They will addresses the unique need for population-specific capacity and infrastructure to support tobacco and cancer control strategies. They will promote access to tobacco cessation services, cancer prevention, and treatment and survivor resources for populations experiencing disparities.

Tobacco Burden: Cigarette smoking and exposure to secondhand smoke are the leading preventable cause of death in the United States, resulting in about 480,000 premature deaths and 16 million smoking-related illnesses each year. Annual costs linked to tobacco-related illnesses are nearly $280 billion in medical expenses and lost productivity. Electronic cigarette (e-cigarette) use among US youth and young adults has greatly increased, growing 900% among high school students from 2011 to 2015.

Tobacco-Related Cancers: Cancer is the second leading cause of death in the United States, with about 1.5 million new diagnoses and over 550,000 deaths each year. Commercial tobacco use is the leading preventable cause of cancer and cancer deaths. Twelve cancers are caused by commercial tobacco use and evidence exists for a causal relationship with several others (https ://www.cdc.gov/vitalsigns/cancerandtobacco/index.html.) Tobacco use also impacts health outcomes in patients and survivors with these tobacco-related cancers as well as other cancers. Each year, 660,000 people are diagnosed with, and 343,000 people die from, a cancer related to commercial tobacco use. The direct cost of cancer care was $125 billion in 2010, and is expected to increase to $158 billion in 2020.

Tobacco- and Cancer-Related Health Disparities: Tobacco-related disparities exist among racial/ethnic and other groups, including persons with low socioeconomic status, persons with histories of mental illnesses and substance abuse disorders, the lesbian, gay, bisexual, and transgender community, persons with disabilities, persons living in certain geographic regions, and among youth high school drop-outs. About 25% of US adults have some form of mental illness or substance use disorder, and consume almost 40% of all cigarettes smoked by adults.

Differences in flavored tobacco use, including menthol, exist across states and subpopulations. Subpopulations with the greatest overall prevalence of flavored tobacco use include persons who are male, younger in age, non-Hispanic, or non-white.

Disparities in the number of smokers who quit persist among specific groups including non-Hispanic blacks, persons with lower education, persons with disabilities, persons on Medicaid or without health insurance, and those with limited English proficiency.

Secondhand tobacco smoke exposure causes heart disease and lung cancer in nonsmoking adults and other acute conditions in children and adults. Forty percent of the U.S. population lives in state or local communities with no comprehensive smoke-free air laws.

b. Statutory Authorities

42 U.S.C. 241(a) and 42 U.S.C. 247b(k)(2)

c. Healthy People 2020

Tobacco Use focus areas: TU-1; TU-2;TU-3 TU-4; TU-6; TU-7; TU-8; TU-9; TU-10; TU-11;

TU-12; TU-13; TU-14; TU-; TU-16; TU-17; TU-18; TU-19; TU-20.

https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives

Cancer focus areas: C-14; C-15; C-16; C-17; C-18; C-20

https://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives

Immunization and Infectious Disease focus areas: IID-11.4; IID-11.5

https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases

Disability and Health focus areas: DH-2: DH-4

https://www.healthypeople.gov/2020/topics-objectives/topic/disability-and-health/objectives

d. Other National Public Health Priorities and Strategies

National Prevention Strategy:

https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html#The Priorities

CDC FY 2018 Congressional Justification Performance Measures:

https://www.cdc.gov/budget/documents/fy2018/fy-2018-cdc-congressional-justification.pdf

- **Cancer Prevention and Control Measure** (page 232-234): 4.9.1; 4.9.2; 4.Q; 4.R

? **Tobacco Measures** (page 225-226): 4.6.2a; 4.6.3; 4.6.4 ; Reduce death and disability due to tobacco use by 5% in the implementation area.

e. Relevant Work

Accelerating the decline in commercial tobacco use and reducing the burden of tobacco- and cancer- related health disparities are CDC strategic priorities. Reducing commercial tobacco use is one of CDC?s Winnable Battles, www.cdc.gov/WinnableBattles/Tobacco/index.html.

This NOFO aligns with the CDC NCCCP and NTCP goals to: 1) Promote the primary and secondary prevention of cancer; 2) Address the public health needs of cancer survivors; 3) Prevent initiation of tobacco use among youth and young adults; 4) Eliminate exposure to secondhand smoke; 5) Promote cessation of tobacco use among adults and youth; and 6) Identify and eliminate tobacco-related and cancer health disparities.

This NOFO builds on the successes of CDC-RFA-DP13-1304: *Consortium of National Networks to Impact Populations Experiencing Tobacco-related and Cancer Health Disparities*. https://www.cdc.gov/tobacco/about/coop-agreements/national-networks/index.htm

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP18-1808 Logic Model: Networking2Save: CDC?s National Network Approach to Preventing and Controlling Tobacco-related Cancers in Special

Populations	**Bold** indicates period of performance outcome		
Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Network Administering and Management - Convene network members and facilitate communication among members - Recruit and maintain membership - Develop and maintain information collection system on membership - Disseminate population-specific data Training - Assess knowledge, skills and abilities of network members and CDC-funded programs for training - Using an assessment to plan, develop,	Increased awareness of evidence-based strategies among populations and organizations serving populations experiencing tobacco- and cancer-related disparities Increased communication, coordination, cooperation and collaboration among network members, CDC-funded programs about target populations Increased knowledge of training needs of network participants and their partners Increased knowledge of tobacco and cancer control strategies by network participants and their partners **Increased capacity of CDC-funded tobacco and cancer control programs in improving the collection and use of the target population data** Enhanced capacity of state, local, tribal, territorial and jurisdictional programs to implement tailored interventions	**Strengthened relationships between organizations serving target populations, CDC-funded programs, and other funded networks.** Increased mobilization of key stakeholders to prioritize strategic cancer prevention and control planning Increased implementation of tobacco and cancer prevention and control strategies by network participants and their partners **Increased delivery of evidence-based interventions to reach and impact target populations** Enhanced population-specific data collection systems, analyses and interpretation at the national, state, local, tribal, territorial and jurisdictional levels **Increases in**	Enhanced systems impacting the identification and elimination of tobacco and cancer related health disparities Coordination among network participants and partners Integration and use of population specific strategies by CDC-funded tobacco and cancer control programs Increased tobacco cessation among the target population Decreased exposure to SHS among the target population Decreased initiation of commercial tobacco use among the target population Increased detection of cancer at early stage

and deliver appropriate training - Monitor and report outcomes of training activities Technical Assistance (TA) - Assess the capacity of CDC funded state programs to implement interventions within the target population - Use findings from a needs assessment to plan and deliver appropriate TA - Monitor and report on TA activities and outcomes - Advise CDC-funded programs on available population-specific data and its use - Involving Target populations in National and State, Tribal, Territorial Interventions to	Increased support for comprehensive smokefree workplace and multiunit housing strategies Increased support for cessation coverage and awareness of benefits Increased organizational policies and health system practices that support quality cancer screening for the target population Increased knowledge, attitudes, and intentions for cancer screening Increased support for community programs linked to clinical services that help cancer survivors from the target population manage cancer diagnoses, comorbidities, and improve quality of life Increased awareness of the dangers of commercial tobacco use, secondhand smoke, the health benefits of quitting, and resources to help tobacco users quit Increased awareness of the benefits of vaccination, screening and early detection of cancer.	**comprehensive smokefree strategies** **Increases in comprehensive smokefree multiunit housing strategies** **Increases in retail strategies** **Increased quit attempts among target populations** **Increased physical activity among target populations** Increased intentions among the target population to receive appropriate cancer screening and vaccinations **Increased cancer screening among target populations** Increased cancer-related vaccinations among target populations Increased intentions among the target population to quit commercial tobacco use	among target populations **Decreased incidence of advanced stage disease among the target populations** Decreased disparities in cancer health outcomes **Bolded** outcomes have associated performance measures.

Prevention and Control Tobacco-Related Cancers - Environmental and system level change - Health care systems strategies - Community-clinical linkages - Mass Reach Health Communications - Expand and leverage CDC media campaigns and science/evidence based publications though network channels - Support media engagement efforts			

i. Purpose

Fund a consortium of National Networks to reduce tobacco and cancer related health disparities including: African Americans; American Indians/Alaskan Natives; Asian Americans/Pacific Islanders/Hawaiian Natives; Latinos/Hispanics; LGBT persons; Persons with Low Socioeconomic Status; Persons with Mental Health and Substance Abuse Disorders; Geographically Defined Populations with High Commercial Tobacco Use. Program strategies include network management; training/technical assistance; population focused interventions; and mass reach health communications.

ii. Outcomes

Short-term outcome

- Increased capacity of CDC-funded tobacco and cancer control programs in improving the collection and use of the target population data.

Intermediate outcomes

- Strengthened relationships between organizations serving target populations, CDC-funded programs/partners, and other funded National Networks
- Increased delivery of evidence-based interventions to reach and impact target populations
- Increases in comprehensive smokefree strategies
- Increases in comprehensive smokefree multiunit housing strategies
- Increases in retail strategies
- Increased quit attempts among target populations
- Increased physical activity among target populations
- Increased cancer screening among target populations

Long-term outcome

- Decreased incidence of advanced stage disease among the target populations

iii. Strategies and Activities

Recipients must implement at least one activity from each of the overall strategies below. Some activities are required; an asterisk notes activities that are required to be described in the work plan each year.

Administer and manage a National Network

- Convene network members and facilitate communication among members to determine appropriate strategies to reduce the high prevalence of commercial tobacco use and tobacco-related cancers.
- Recruit and maintain organizations to become active members of the network.*
- Develop and maintain information collection system on network members and their contributions to the network?s activities and efforts.*
- Disseminate population-specific data to key decision makers and stakeholders.

Providing training and technical assistance to network members and CDC-funded programs

Training

- Assess knowledge, skills and abilities of network members and CDC-funded NTCP and the NCCCP for training.
- Use an assessment to plan, develop, and deliver appropriate training.
- Monitor and report outcomes of training activities.*

Technical Assistance

- Assess the capacity of CDC funded state programs to implement interventions within the target population.
- Use findings from a needs assessment to plan and deliver appropriate technical assistance to the CDC funded NTCP and the NCCCP.
- Monitor and report on technical assistance activities and outcomes.*
- Advise CDC-funded programs on available population-specific data and its use.

Increase reach of national, state, tribal, territorial, and local interventions

Recipients should work with CDC funded NTCP and the NCCCP to ensure culturally appropriate inclusion of target populations in intervention work, and by engaging network members in community-based interventions around three major chronic disease domains. As appropriate, recipients should collaborate with the other CDC-funded National Networks in enhancing the impact of evidence-based interventions with the target populations.

- Environmental and system level change to address tobacco and cancer prevention and control. Such interventions include, but are not limited to, smokefree multiunit housing, comprehensive smokefree strategies, retail strategies, urban design and land use policies, food product placement policies, and increased access to community wellness programs.
- Health care systems interventions include, but are not limited to, provider and health system efforts to support tobacco-related cessation and cancer prevention, including increasing access to quality screening and treatment services and clinical trials, or increasing efforts to reduce vaccine-preventable cancers.
- Community-clinical linkages include, but are not limited to, patient navigation to facilitate timely access to screening, education-related recommendation from The Community Guide to promote health equity, or enhancing methods to identify and describe health disparities.

Increase reach of mass reach health communications

- Expand and leverage CDC media campaigns (including Tips from Former Smokers^{R} campaign) and science/evidence based publications though network channels.*
- Support media engagement efforts at the national and state levels through tailoring messages to target populations.

1. Collaborations

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

Recipients will be required to collaborate with other CDC programs and CDC funded organizations as described below. The applicant must provide evidence of their capacity to collaborate in the following ways:

- Describe capacity to participate in stakeholder meetings and other collaborative efforts with public health partners to provide expert consultation to CDC and CDC-funded

programs (as requested).

- Participate with CDC-funded programs and CDC in collaborative efforts to proactively identify needs and response to request from NCCCP (https://www.cdc.gov/cancer/ncccp/index.htm) and NTCP (https://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/ntcp/index.htm) and their partners (within the limits of the funded program strategies and related activities).
- Proactively identify needs and provide technical assistance and training to the NCCCP (https://www.cdc.gov/cancer/ncccp/index.htm) and NTCP (https://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/ntcp/index.htm) and their partners (within the limits of the funded program strategies and related activities).
- Meet regularly and highly encouraged to seek collaborative opportunities with other network recipients funded under this cooperative agreement in enhancing the work with the target population.
- Seek collaborative opportunities with CDC funded state Disability and Health Programs especially where these states overlap with efforts by NTCP and NCCC programs. (https://www.cdc.gov/ncbddd/disabilityandhealth/programs.html)
- Seek collaborative opportunities with CDC funded Immunization program.

Applicants are required to provide letters of support as evidence of collaboration in working with CDC programs/CDC-funded organizations. These letters should state the organization's commitment to joining the proposed network and a description of the organizations experience working with CDC programs/CDC-funded organizations. The letters of support must be dated within 30 days of the application from CDC programs and CDC-funded organizations with whom they will collaborate. Applicants must file the letters of support, as appropriate, name the file ?Letters of Support?, and upload it as a PDF file at www.grants.gov.

b. With organizations not funded by CDC:

The recipient is required to establish and maintain a National Network that is comprised of multi-sector participants representing national, regional, state, tribal, territorial, jurisdictional and local level commercial tobacco use prevention, comprehensive cancer control, chronic disease prevention, behavioral health programs, and other public health programs/partners/organizations with specific expertise and experience improving and enhancing public health systems (as described below). The applicant must provide evidence of their capacity to collaborate in the following ways:

- As part of its network, required to build and/or continue strategic public health partnerships and collaborations with:
    - Federal agencies such as Indian Health Service, Federal Drug Administration, Department of Defense, Housing and Urban Development, National Cancer Institute, Substance Abuse and Mental Health Services Administration as well as local health departments that have a role in achieving the NOFO outcomes and proposed activities.
    - Key national organizations such as American Cancer Society, American Heart Association, American Lung Association, Tobacco Free Kids, American Nonsmokers? Rights Foundation, Legal Consortium, National Association of Chronic Disease Directors, The Association of State and Territorial Health

Officials, National Colorectal Cancer Round Table, National Association of Community Health Centers, National Cancer Registrars Association that have a role in achieving the NOFO outcomes and proposed activities.

The applicant is required to provide letters of support as evidence of collaboration in working with federal agencies, local health departments, and key national organizations. These letters should state the organization's commitment to joining the proposed network and a description of the organization's experience working with federal agencies, local health departments, and key national organizations. The letters of support must be dated within 30 days of the application from the federal agencies, local health departments, and key national organizations with whom they will collaborate. Applicants must file the letters of support, as appropriate, name the file ?Letters of Support?, and upload it as a PDF file at www.grants.gov.

2. Target Populations

National Networks must identify and focus on populations experiencing high prevalence of commercial tobacco use and tobacco related cancers including: 1) African Americans; 2) American Indians/Alaskan Natives; 3) Asian Americans/Pacific Islanders/Hawaiian Natives; 4) Latinos/Hispanics; 5) Lesbian, Gay, Bisexual and Transgender persons; 6) Persons with Low Socioeconomic Status; 7) Persons with Mental Health and Substance Abuse Disorders; and 8) Geographically Defined Populations with High Commercial Tobacco Use and Related Health Disparities.

Applicants addressing racial and ethnic populations should address the inclusion of subpopulations within the identified target population that can benefit from the program strategies listed in this NOFO. These subpopulations can include groups such as people with low socioeconomic status, people with mental health or substance abuse disorders, non-English speaking populations, Lesbian, Gay, Bisexual, and Transgender (LGBT) populations, persons with disabilities, or other populations who may otherwise be missed by the program. In addition, applicants will be expected to provide specific activities to address the variances in disparities within the identified target populations. (For more information, see CDC Health Disparities and Inequalities Report, 2011, www.cdc.gov/Features/HealthDisparitiesReport/).

a. Health Disparities

CDC recognizes that modifiable risks, such as commercial tobacco use, influence cancer outcomes and are closely related to social and economic opportunities, health behaviors, and the physical environment in which people live. The organizations awarded under this NOFO will convene networks of partners committed to improving tobacco-related and cancer prevention health outcomes in disparate populations.

iv. Funding Strategy

Up to 8 programs will be awarded. No more than one award for each target population will be selected for funding. Only one application should be submitted per organization. Organizations will not be funded for more than one target population.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will use performance measures and annual progress reports, as well as independent evaluation activities to answer key CDC evaluation questions, such as:

1. To what extent do networks maintain active membership that is representative of the populations they target (geographically, ethnically, etc.), and how are they maintaining or growing the network?s representation over time?
2. How does the structure of a recipient (e.g., whether they are affiliate-based or independent) influence interaction and success with state programs?
3. How can CDC best facilitate connection and collaboration with CDC-funded programs, including between the funded networks?
4. What is the impact of network activity on state capacity to collect data on target populations?
5. What is the impact of network technical assistance on state, tribal, territorial ability reach target populations with evidence-based interventions?
6. How do networks best achieve synergy to address intersectional disparity issues (e.g., behavioral health in racial/ethnic populations)?
7. How can networks scale up work with CDC-funded programs to leverage resources and increase impact?
8. How did networks help reach tobacco and cancer prevention and control goals in states, territories and tribes?

As part of CDC evaluation requirements, recipients will report performance measures annually using a template provided by CDC. These measures will demonstrate the contribution of recipient strategies to reducing tobacco- and cancer-related health disparities, and will be aggregated by CDC across recipients and time. CDC will work with recipients to finalize the following proposed performance measures, including how they are operationalized and reported.

Outcomes and Associated Proposed Performance Measures, by Tier

Associated Outcomes	**Tier 1** All recipients must report each of #1-3.
Increased capacity of CDC-funded tobacco and cancer control programs in improving the collection and use of the target population data.	1. Number of state, tribal, and/or territorial tobacco and cancer control programs who improve the collection and use of the following types of population-specific data to tailor and/or target interventions for the target population: a. Commercial Tobacco use in adults (e.g., BRFSS, adult tobacco surveys) b. Commercial Tobacco use in youth (e.g., YRBS, youth tobacco surveys) c. Quitline intake (i.e., state quitline assessing all demographic

	indicators) d. Cancer surveillance data (i.e., USCS, BRFSS, EHR data)
Strengthened relationships between organizations serving target populations, CDC-funded programs, other funded networks, and CDC	2. At least two examples of the outcomes of network members and/or partners? relationships with CDC-funded programs resulting from network participation (e.g., trainings, tools, webinars, mentoring), including an assessment of the impact of each improvement
Increased delivery of evidence-based interventions to reach and impact target populations	3. At least two examples how evidence-based interventions that reach and impacted target populations through state, tribal, territorial or local programs were improved after consultation with the network from: a. Tobacco control programs b. Cancer control programs
Associated Outcomes	**Tier 2** Recipients must report annually, based on selected strategies, for each state receiving technical assistance on these strategies: · At least two measures from #4-7 · #8 if strategy is selected · Both #9-10
Increases in comprehensive smokefree strategies	4. Increase in number of persons covered by 100% comprehensive smokefree laws (covering restaurants, workplaces, and bars) in states where no statewide law exists[1]
Increases in comprehensive smokefree multiunit housing strategies	5. Increase in number of multi-unit housing complexes that implement comprehensive smokefree policies, and the number of units/persons protected by these policies
Increases in retail strategies	6. Increase in retail strategies implemented, and population reach of these strategies.
Increased quit attempts among target populations	7. Increase in adults among the target population who have attempted to quit tobacco using the state quitline
Increased physical activity among target populations	8. Increase in adults in the target population who report moderate physical activity >=5 times per week or who report vigorous physical activity >=3 times per week
Increased cancer screening	9. Increase in cancer screening in target population (Recipient will propose activities to increase screening for either breast

among target populations[2]	cancer, cervical cancer, or colorectal cancer screening based on population-specific burden.) a. Breast: Increase in women age 50-74 in target population who have had a mammogram in the past 2 years b. Cervical: Increase in women age 21-65 in the target population who have been screened for cervical cancer within the past 3 years. c. Colorectal: Increase in adults age 50-75 in the target population who have been screened for colorectal cancer.
Decreased incidence of advanced stage disease among the target populations	10. Decrease in incidence of advanced stage disease in target population (Recipient will propose activities to decrease incidence of advanced stage disease for either breast cancer, cervical cancer, or colorectal cancer screening based on population-specific burden.) a. **Breast:** Decreased incidence of advanced stage disease among women in the target population. b. **Cervical:** Decreased incidence of advanced stage disease among women in the target population. c. **Colorectal**: Decreased incidence of advanced stage disease among adults in the target population

1 Activities to support this performance measure include education, technical assistance and training, and resource sharing but must not include impermissible lobbying (For more information regarding anti-lobbying restrictions for CDC Grantees, visit: http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf).

2Based on U.S. Preventive Services Task Force cancer screening recommendations.

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the

applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

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

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

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

Applicants must provide an evaluation and performance measurement plan that will fulfill the requirements in the CDC Evaluation and Performance Measure section. Applicants must:

- Develop an initial evaluation and performance plan to indicate how they will identify progress in implementing program strategies, activities, and achieving program outcomes.
- Ensure that the evaluation plan follows the CDC Evaluation Framework and describes how they will collect data to report on the performance measures.

This plan should cover the 5-year cooperative agreement, and can be updated as work plans change throughout the cooperative agreement. It should include process and outcome evaluation questions, and should include a data collection plan that informs performance measures.

Evaluation plans should be developed in alignment with the CDC Framework for Evaluation in Public Health. Recipients will be required to update CDC on progress in implementing the plan by reporting evaluation findings; evaluation findings must be reported annually in the Annual Progress Report, and per CDC guidance throughout the cooperative agreement.

More information on developing evaluation plans can be found at https://www.cdc.gov/obesity/downloads/cdc-evaluation-workbook-508.pdf.

c. Organizational Capacity of Recipients to Implement the Approach

Organizational capacity ensures applicants demonstrate their ability to successfully execute the NOFO strategies and meet the program outcomes. Applicants must demonstrate and provide evidence of:

1. Organizational capacity, expertise and experience to enhance the quality and performance of public health programs, public health data and information systems, public health

practice and services, public health partnerships, and public health resources that focus on the prevalence of commercial tobacco use and tobacco related cancers in specific populations.

2. Experience serving the identified target population to impact the prevalence of commercial tobacco use and tobacco related cancers through systems based approaches.
3. Capacity to engage diverse, multi-sector public health partners across all 50 states, tribes, territories, and jurisdictions.
4. Capacity and structures in place to administer a National Network comprised of stakeholders representing national, regional, state, tribal, territory, jurisdictional and/or local level commercial tobacco control, comprehensive cancer control, chronic disease prevention within the identified target population.
5. Successful experience convening diverse, multi-sector partners to promote the use of evidence-based (including policy-based interventions and systems change approaches) approaches and culturally competent strategies for addressing the prevalence of commercial tobacco use and tobacco related cancers in the identified target population.
6. Demonstrated knowledge and understanding of appropriate methods to reach and engage organizations which serve members of the identified target populations.
7. An existing, active, multi-sector membership that includes partners with demonstrated success implementing culturally appropriate evidence-based (including policy-based interventions and systems change approaches) strategies.
8. Adequate physical space and electronic information and communication systems to implement the program.
9. Adequate program management and staffing plans with sufficient workforce capacity and competence to ensure program success. Management and staffing plans should, at a minimum, include
10. 1.0 FTE program manager and 0.5 FTE program evaluator. The curriculum vitae?s/resumes should indicate evidence of the staff capacity. The Applicant must name this file "CVs/Resumes" and upload it at www.grants.gov.
11. Adequate performance measurement, evaluation, quality improvement, travel, fiscal management, and financial management procedures and full capacity to manage contracting and procurements efforts, including the ability to write and award subcontracts in accordance with 45 C.F.R. 75, as applicable.
12. Experience in conducting and using needs assessments to work with CDC-funded programs, including the use of assessment findings to improve programmatic activities and ultimately show impact.
13. Ability to attend CDC sponsored trainings, meetings and events and other training opportunities.
14. Ability to conduct sustainability planning that assures the implementation of National Network activities are scalable and are proven to be effective beyond the CDC funding cycle.

d. Work Plan

CDC will use performance measures and annual progress reports, as well as independent evaluation activities to answer key CDC evaluation questions, such as:

1. To what extent do networks maintain active membership that is representative of the

populations they target (geographically, ethnically, etc.), and how are they maintaining or growing the network?s representation over time?

2. How does the structure of a recipient (e.g., whether they are affiliate-based or independent) influence interaction and success with state programs?

3. How can CDC best facilitate connection and collaboration with CDC-funded programs, including between the funded networks?

4. What is the impact of network activity on state capacity to collect data on target populations?

5. What is the impact of network technical assistance on state, tribal, territorial ability reach target populations with evidence-based interventions?

6. How do networks best achieve synergy to address intersectional disparity issues (e.g., behavioral health in racial/ethnic populations)?

7. How can networks scale up work with CDC-funded programs to leverage resources and increase impact?

8. How did networks help reach tobacco and cancer prevention and control goals in states, territories and tribes?

As part of CDC evaluation requirements, recipients will report performance measures annually using a template provided by CDC. These measures will demonstrate the contribution of recipient strategies to reducing tobacco- and cancer-related health disparities, and will be aggregated by CDC across recipients and time. CDC will work with recipients to finalize the following proposed performance measures, including how they are operationalized and reported.

Outcomes and Associated Proposed Performance Measures, by Tier

Associated Outcomes	**Tier 1** All recipients must report each of #1-3.
Increased capacity of CDC-funded tobacco and cancer control programs in improving the collection and use of the target population data.	1. Number of state, tribal, and/or territorial tobacco and cancer control programs who improve the collection and use of the following types of population-specific data to tailor and/or target interventions for the target population: a. Commercial Tobacco use in adults (e.g., BRFSS, adult tobacco surveys) b. Commercial Tobacco use in youth (e.g., YRBS, youth tobacco surveys) c. Quitline intake (i.e., state quitline assessing all demographic indicators) d. Cancer surveillance data (i.e., USCS, BRFSS, EHR data)

Strengthened relationships between organizations serving target populations, CDC-funded programs, other funded networks, and CDC	2. At least two examples of the outcomes of network members and/or partners? relationships with CDC-funded programs resulting from network participation (e.g., trainings, tools, webinars, mentoring), including an assessment of the impact of each improvement
Increased delivery of evidence-based interventions to reach and impact target populations	3. At least two examples how evidence-based interventions that reach and impacted target populations through state, tribal, territorial or local programs were improved after consultation with the network from: a. Tobacco control programs b. Cancer control programs
Associated Outcomes	**Tier 2** Recipients must report annually, based on selected strategies, for each state receiving technical assistance on these strategies: · At least two measures from #4-7 · #8 if strategy is selected · Both #9-10
Increases in comprehensive smokefree strategies	4. Increase in number of persons covered by 100% comprehensive smokefree laws (covering restaurants, workplaces, and bars) in states where no statewide law exists[1]
Increases in comprehensive smokefree multiunit housing strategies	5. Increase in number of multi-unit housing complexes that implement comprehensive smokefree policies, and the number of units/persons protected by these policies
Increases in retail strategies	6. Increase in retail strategies implemented, and population reach of these strategies.
Increased quit attempts among target populations	7. Increase in adults among the target population who have attempted to quit tobacco using the state quitline
Increased physical activity among target populations	8. Increase in adults in the target population who report moderate physical activity >=5 times per week or who report vigorous physical activity >=3 times per week
Increased cancer screening among target populations[2]	9. Increase in cancer screening in target population (Recipient will propose activities to increase screening for either breast cancer, cervical cancer, or colorectal cancer screening based on population-specific burden.)

	a. Breast: Increase in women age 50-74 in target population who have had a mammogram in the past 2 years b. Cervical: Increase in women age 21-65 in the target population who have been screened for cervical cancer within the past 3 years. c. Colorectal: Increase in adults age 50-75 in the target population who have been screened for colorectal cancer.
Decreased incidence of advanced stage disease among the target populations	10. Decrease in incidence of advanced stage disease in target population (Recipient will propose activities to decrease incidence of advanced stage disease for either breast cancer, cervical cancer, or colorectal cancer screening based on population-specific burden.) a. **Breast:** Decreased incidence of advanced stage disease among women in the target population. b. **Cervical:** Decreased incidence of advanced stage disease among women in the target population. c. **Colorectal**: Decreased incidence of advanced stage disease among adults in the target population

1 Activities to support this performance measure include education, technical assistance and training, and resource sharing but must not include impermissible lobbying (For more information regarding anti-lobbying restrictions for CDC Grantees, visit: http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf).

2Based on U.S. Preventive Services Task Force cancer screening recommendations.

e. CDC Monitoring and Accountability Approach

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes

within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

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

In a cooperative agreement, CDC staff members are involved in program activities as needed, above and beyond site visits and routine grant monitoring. The CDC program will work as partners with recipients to ensure success of the cooperative agreement by:

1. Supporting recipients in understanding and implementing cooperative agreement requirements and meeting program outcomes, including the development of templates to facilitate annual reporting;
2. Providing guidance to recipients to improve the work plans and evaluation strategies;
3. Collaborating and supporting recipients to document progress, including doing so in a culturally appropriate way;
4. Providing technical assistance for the collection and reporting for recipients? evaluation and performance measures;
5. Supporting opportunities to network, improve communication and coordination; and
6. Organizing and participating in important meetings related to the cooperative agreement.
7. Ensuring that recipients have access to expertise found throughout CDC?s National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). For example, a team of subject matter experts could include, but is not limited to, the project officer, health scientists, epidemiologists, statisticians, policy analysts, communication specialists, health economists, and evaluators to provide technical assistance to recipients. Technical assistance teams will also work in collaboration with other programs and divisions across NCCDPHP to identify specific actions that improve efficiency and greater public health impact.
8. Collaborating with recipients to explore appropriate flexibilities needed to meet public health outcomes and goals. Flexibility in cooperative agreements includes recipient?s ability to propose alternative methods to achieve the outcomes and goals of the cooperative agreement that align with recipient?s opportunities for success, infrastructure, partner and stakeholder buy-in, demographics, and burden. This includes bringing together resources from multiple cooperative agreements to jointly advance the goals of each, and expanding the dialogue to bring in other CDC and recipient staff to reach a win / win solution.
9. Creating greater efficiencies and consistency across NCCDPHP programs for recipients. Examples of how NCCDPHP divisions and programs work together to achieve this include but are not limited to:

    - Joint site visits that maximize the ability to do collaborative problem solving, offer insights and ideas to strengthen or augment recipient approaches, and increase understanding of recipient?s context to accomplish chronic disease prevention and health promotion.
    - Jointly developed resources and tools that focus on cross-cutting functions, settings, domains, risk factors, conditions and diseases to ensure consistent messages and to meet recipient technical assistance needs.
    - Joint training and technical assistance opportunities that help recipients produce strategies and programs that are more holistic and fully supportive of work in tobacco, nutrition, physical activity, chronic disease management and other strategies and topics, as appropriate.
10. Continuing and expanding support for recipients to leverage NCCDPHP resources to address cross-cutting functions, domains, settings, risk factors and diseases.

To assist recipients in achieving the purpose of this NOFO, CDC will conduct the following activities:

- Provide ongoing guidance, technical assistance, training, and support in the following areas:
    - Evidence-based and practice-based approaches, including diffusion of proven and promising practices and current scientific findings and data
    - Surveillance, epidemiology and state-specific data collected by CDC
    - Community engagement and partnership development
    - Program sustainability and program administration strategies
    - Strategic plan development
    - Project monitoring and evaluation
    - Anti-lobbying restrictions for CDC Recipients
    - Health communication strategies
- Provide professional development and training opportunities ? either in person or through virtual web-based training formats ? for the purpose of sharing the latest science, best practices, success stories, and program models.
- Provide periodic updates regarding comprehensive tobacco control and cancer control, including information on best practices related to coordination and integration of cancer prevention (including addressing risk factors such as commercial tobacco use, poor nutrition and lack of physical activity), early detection, diagnosis, treatment, and survivorship practices.
- Develop and maintain partnerships with other Federal agencies, including collaboration with the Food and Drug Administration, Substance Abuse and Mental Health Services Administration (SAMHSA), Housing and Urban Development, and Department of Defense providing information related to new regulations.
- Facilitate communication between National Networks and other national partners including other Federal agencies.
- Provide expert resources to assist in the design, collection, analysis, and use of comparable evaluation data to assess and strengthen programs.
- Ensure consistency in measurement to facilitate comparability across recipient programmatic activities.

- Provide appropriate performance measures along with guidance on formats and timelines for submission of required information.
- Serve as a convener and resource for the continued expansion of the science base of chronic disease prevention and health promotion programs.
- Collaborate with recipients in the development of training and technical assistance efforts.
- Participate on conference calls.
- Review, edit and approve summaries and reports.

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:	2018
4. Approximate Total Fiscal Year Funding:	$3,500,000
5. Approximate Period of Performance Funding:	$17,500,000

This amount is subject to the availability of funds.

For 5 years, subject to availability of funding including both direct and indirect cost.

Estimated Total Funding:	$17,500,000
6. Approximate Period of Performance Length:	5 year(s)
7. Expected Number of Awards:	8
8. Approximate Average Award:	$425,000 Per Budget Period
9. Award Ceiling:	$500,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:	$350,000 Per Budget Period
11. Estimated Award Date:	09/01/2018
12. Budget Period Length:	12 month(s)

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

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

2. Additional Information on Eligibility

Applicants must demonstrate the ability to meet ALL of the following special eligibility requirements:

- The award ceiling for this NOFO is $500,000. CDC will consider any application requesting higher than this amount as nonresponsive and it will receive no further review.
- Application must address one of the eight target populations as outlined in the ?Target Population? section of the NOFO. CDC will consider any application requesting working outside of the target populations listed nonresponsive and it will receive no further review.
- The following documents are required to be included as part of the application:
    - Project Abstract
    - Project Narrative (including work plan)
    - Evaluation and Performance Measure plan
    - Budget Narrative

If any required documents are missing, CDC will consider the application nonresponsive and it will receive no further review.

In order to effectively support, disseminate, and amplify public health efforts to address tobacco-related and cancer health disparities, the applicant organization must provide evidence of national reach as evidenced by:

- An organizational chart that includes potential network members and locations to reflect established organizational reach
- Letters of support from at least six (6) potential network members. The letter of support should include the following:
    - A description of the organization supporting the proposed project.

- A description of how the organization has worked collaboratively with the applicant in the past including outcomes/impact of the activities.
- A specific commitment of the supporting organization to address program requirements and implement project activities.
- A statement from the writer describing organizational capacity to commit stated support.

This evidence must be uploaded in Grants.gov under ?Other Attachment Forms?, as a separate attachment and must be labeled ?Evidence of National Reach?. Failure to submit the evidence in the manner described above will result in the application being considered non-responsive and will not be entered into the review process.

3. Justification for Less than Maximum Competition

Not applicable.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing of 10% is strongly encouraged for this program. In addition, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged. Examples include complementary funding from other non-federal sources. Applicants should coordinate with multiple sectors, such as public health, environmental protection, transportation, education, health care delivery, agriculture and others.

5. Maintenance of Effort

Maintenance of Effort is not required for this NOFO.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization	Same day but can take 8 weeks to be fully registered	Register early! Log into grants.gov and check AOR status until it

		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	and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	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: **05/04/2018**

b. Application Deadline

Due Date for Applications: **06/18/2018** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

The recipient must indicate the population to be addressed. Only one award will be made per target population.

Date for Information Conference Call

CDC will conduct a conference call for all interested applicants to provide technical assistance

and respond to any questions regarding this Notice of Funding Opportunity. **This call will take place on 05/07/2018 at 03:00 p.m. US Eastern Standard Time. The dial in information is 1-866-556-2078, Participant passcode: 3335689#.** The call will also be recorded. Instructions for accessing the recording and a list of frequently asked questions will be available at https://www.cdc.gov/tobacco/about/foa/national-networks-nofo/index.htm.

5. CDC Assurances and Certifications

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

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

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

Duplication of Efforts

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

6. Content and Form of Application Submission

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

7. Letter of Intent

The submission of a Letter of Intent (LOI) is requested but optional. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

If submitting an LOI, it should include the following:

- Descriptive title of proposed project
- Name, address, telephone number, and email address of the Principal Investigator/Project Director
- Name, address, telephone number, and email address of the primary contact for writing and submitting this application
- Number and title of this funding opportunity
- A brief project description including the purpose and the specific target population to be addressed in the application.

The due date for submission of the LOI is May 4, 2018 by 11:59 p.m. U.S. Eastern Standard Time. The LOI must be sent via U.S. express mail, delivery service, fax, or email to:

Chanel Recasner

CDC, NCCDPHP

Address: 4770 Buford Highway NE, MS K-50

Atlanta, GA 30341

Fax: 770-488-5767

Email address: DP18.1808.NOFO@cdc.gov

8. Table of Contents

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

9. Project Abstract Summary

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

10. Project Narrative

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

Applicants must provide an evaluation and performance measurement plan that will fulfill the requirements in the CDC Evaluation and Performance Measure section. Applicants must:

- Develop an initial evaluation and performance plan to indicate how they will identify

progress in implementing program strategies, activities, and achieving program outcomes.

Ensure that the evaluation plan follows the CDC Evaluation Framework and describes how they will collect data to report on the performance measures.

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data.
Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000.
Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national

standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

Applicants will be required to attend at least two recipient meetings during the 5-year period of performance; an estimated three annual training events, and participate in periodic trainings offered virtually. Applicants should plan to attend two reverse site visits to be held in Atlanta during the 5-year period of performance.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

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

- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

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

17. Funding Restrictions

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

- Recipients may not use funds for research.

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

- The recipient may not use funds for construction.
- The recipient may not use funds to purchase nicotine replacement therapy or other products used for cessation.
- The recipient may not use funds to provide direct cessation services or other direct services other than those through evidence-based quitline services.
- The recipient may not use funds to support compliance checks, enforcement, and retailer education.

18. Data Management Plan

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

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

19. Other Submission Requirements

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

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

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

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

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

b. Phase II Review

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

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

i. Approach Maximum Points:35

i. **Background and Need** (5 Points)

The extent to which the applicant:

1. The extent to which the applicant:
    1. Demonstrates evidence of the target population's current tobacco-and cancer-related health disparity needs.
    2. Demonstrates a comprehensive understanding of the NTCP and the NCCCP in addressing the needs of the target population.
    3. Demonstrates an understanding of sub-populations (e.g. persons with disabilities, Non-English speaking populations, people with mental health/substance abuse disorders, Lesbian, Gay, Bisexual and Transgender Americans; Persons with Low Socioeconomic Status, Persons with Mental Health and Substance Abuse Disorders or other populations that may otherwise be missed) within the target population with the greatest tobacco-related and cancer health disparities.
    4. Demonstrates a history of working collaboratively with other organizations to address tobacco-and cancer-related health disparity needs.
    5. Demonstrates an understanding of evidence-based (including policy-based interventions and systems change approaches) approaches appropriate to address commercial tobacco use prevention and cancer prevention and control.

ii. **Strategies and Activities** (15 Points)

The extent to which the applicant:

1. Provides a clear and concise description of how they will adequately achieve the intended program outcomes and carry out the proposed objectives.
2. Demonstrates how the plan will focus on priorities that addresses the needs of the specific target population and subpopulations as appropriate.
3. Provides a complete and comprehensive work plan for the first budget period that:
    - Contain SMART objectives and are appropriate to achieve the desired program outcomes
    - Address the needs of the target population and relate to the program strategies and activities.
    - Describe activities that are achievable, build capacity, and are likely to lead to the attainment of the proposed objectives.
    - Describe outcomes that are achievable and address the purpose of the NOFO.
4. Provides a work plan that contains SMART objectives and are appropriate to achieve

the desired program outcomes by the end of the five-year period of performance.
5. Provides five-year period of performance outcomes that address the purpose of the NOFO.

iii. **Collaboration** (15 Points)

The extent to which the applicant:

1. Provides examples of their experience in working collaboratively with CDC funded programs (i.e., NTCP, NCCCP, and other CDC-funded programs) as well as non CDC funded programs in addressing the needs of the target population.
2. Describes how they will collaborate with relevant CDC funded programs (i.e., NTCP, NCCCP, and other CDC-funded programs) and organizations such as State Health Departments to address the needs of the target population.
3. Demonstrates a history of working collaboratively with CDC-funded NTCP and NCCCP state programs to address tobacco-related and cancer health disparity needs.
4. Demonstrates a history of working collaboratively with national partners to address commercial tobacco use and tobacco related cancers.

ii. Evaluation and Performance Measurement — Maximum Points:25

i. **Evaluation Plan** (15 Points)

The extent to which the applicant:

1. Provides an initial evaluation plan indicating how they will monitor progress in implementing program strategies, activities, and measure program outcomes
2. Demonstrates through written narrative an understanding of the performance measures described in Performance Measurement section
3. Fully describes existing evaluation capacity
4. Clearly states intentions to develop a 5 year evaluation plan that meets the criteria outlined the CDC Evaluation Framework

ii. **Conduct and Use of Assessments to Improve Programs** (10 Points)

The extent to which the applicant:

1. Describes needs assessments or other types of assessments conducted with CDC-funded programs on culturally appropriate inclusion of target population in intervention planning, collection and use of target population data, or tailored and targeted messaging.
2. Demonstrates use of assessment findings to improve communications, collaborations, or other aspect of work with CDC-funded programs, and impact on programs, if applicable.

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points:40

i. **Organizational Capacity Statement** (20 Points)

The extent to which the applicant, through written narrative and the required supporting

documentation, i.e. organizational chart, partnership list, and letters of support, demonstrates:

1. Organizational capacity, expertise and experience to enhance the quality and performance of public health programs, public health data and information systems, public health practice and services, public health partnerships, and public health resources that focus on the prevalence of commercial tobacco use and tobacco related cancers in specific populations.
2. Existing, active, multi-sector public health partners with demonstrated success or experience implementing evidence-based (including policy-based interventions and systems change approaches) strategies which benefit the target population.
3. Capacity and structures in place to engage multi sector public health organizations comprised of stakeholders representing national, regional, state, tribal, territory, jurisdictional and/or local level working in commercial tobacco control, comprehensive cancer control, chronic disease prevention within the identified target population.
4. A sustainability plan that includes evidence of scalable activities and the ability to conduct activities independent of CDC funding.

ii. **Relationship with Target Population** (15 Points)

The extent to which the applicant, through written narrative and the required supporting documentation, i.e. organizational chart and letters of support, demonstrates:

1. Experience serving the identified target population to impact the prevalence of commercial tobacco use and tobacco related cancers through systems based approaches.
2. Knowledge and understanding of appropriate methods to reach and engage organizations which serve members of the identified target populations.
3. An established track record of providing technical assistance and trainings to NTCP, NCCCP, and/or other CDC-funded initiatives.

iii. **Project Management/Staffing Plans** (5 Points)

The extent to which the applicant, through written narrative and the required supporting documentation, i.e. organizational chart, partnership list, and letters of support,:

1. Indicates appropriate staff member experience.
2. Demonstrates clearly defined roles for staff members.
3. Demonstrates sufficient staff member capacity to accomplish program outcomes.

Budget

Reviewed but not scored.

The extent to which the proposed budget is reasonable and consistent with the stated objectives and planned activities.

c. Phase III Review

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

panel. In addition, CDC may fund out of rank order to ensure representation and inclusion of each of the target populations identified in the "Target Population" section of this NOFO. Only one application for each target population may be selected for funding. The highest ranking applicant from any one target population focus area may be funded based on score. NOFO will only fund one target population from a single recipient. Only one application per organization will be considered. Organizations will not be funded for more than one target population.

CDC will provide justification for any decision to fund out of rank order.

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 will be notified in writing by CDC OGS at least 30 days prior to the anticipated award date. The anticipated award date is September 01, 2018.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

The following administrative requirements apply to this project:

- *AR-8: Public Health System Reporting*
- *AR-9: Paperwork Reduction Act Requirements*
- *AR-10: Smoke-Free Workplace Requirements*
- *AR-11: Healthy People 2010*
- *AR-12: Lobbying Restrictions*
- *AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities*
- *AR-14: Accounting System Requirements*
- *AR-15: Proof of Nonprofit Status*
- *AR-21: Small, Minority and Women-Owned Business*
- *AR-23: Compliance with 45 CFR Part 87 (Faith-based organizations)*

- *AR-24: Health Insurance Portability and Accountability Act Requirements*
- *AR-25: Data Management and Access*
- *AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009*
- *AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973*

For more information on the Code of Federal Regulations, visit the National Archives and Records Administration at http://www.access.gpo.gov/nara/cfr/cfr-table-search.html.

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

3. Reporting

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

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

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

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, 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

Data on Performance Measures	Annual progress reporting	Yes
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	Yes
Evaluation reports	Per CDC guidance; at minimum, evaluation findings are included in each APR.	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.

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

The carryover request must:

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

CDC will provide the template for recipients to use.

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.

Recipients will submit annual performance reports based on their selected program strategies and activities. These performance measures and the frequency of reporting will vary by project. CDC will provide the template for recipients to use to report their performance measures during the Annual Progress Report.

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).

At the end of the five-year period of performance, recipients should submit a final report to include a final financial and performance report. This report is due 90 days after the end of the period of performance and should not exceed 40 pages.

At a minimum, this report must include the following:

- Performance Measures (including outcomes): Recipients should report final performance data for all performance measures for the period of performance.
- Evaluation results: Recipients should report final evaluation results for the period of performance.
- Impact/Results: Recipients should describe the impact/results of the work completed over the period of performance, including success stories.
- The completed FFR (SF-425).

The report should be emailed to the CDC Project Officer and the Grant Officer listed in "Agency Contacts" section of the NOFO.

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:

Chanel Recasner, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Email: DP18.1808.NOFO@cdc.gov

Grants Staff Contact

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

Barbara Strother, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Email: bstrother@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Bona Fide Agent status documentation, if applicable

- Work Plan
- References/Citations
- Proof of Nonprofit status, if applicable
- Proof of National Scope of Work, if applicable
- Proof of Public Health Mission, if applicable

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed

in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

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

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

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

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

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

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

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

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

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

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

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

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

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is

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

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

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

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

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

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

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

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

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

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.
Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.
Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.
Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of

action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.
Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).
Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.
Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.
Outcome: The results of program operations or activitIes; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.
Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.
Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.
Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period
Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
Social Determinants of Health: Conditions in the environments in which people are born, live,

learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

Award Ceiling: The maximum amount of funding an organization may request in its application budget.

Award Floor: The minimum amount of funding an organization may request in its application budget.

Behavioral Risk Factor Surveillance System (BRFSS): The nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

Commercial Tobacco Use: Commercial tobacco is manufactured by companies for recreational and habitual use in cigarettes, e-cigarettes, smokeless tobacco, pipe tobacco, cigars, hookahs, and other products.

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

Domains:

- Epidemiology and surveillance-to monitor trends and track progress.
- Environmental approaches-to promote health and support healthy behaviors.
- Health care system interventions-to improve the effective delivery and use of clinical and other high-value preventive services.
- Community programs linked to clinical services-to improve and sustain management of

chronic conditions.

Full-time equivalent (FTE): A unit of measurement showing how many employees an organization has or a project requires assuming all employees work a full-time schedule.

Library of Indicators and Data Sources (LIDS): A list of indicators linked to measures from national data sources and evidenced based interventions, which serves as a clearing house for evidenced base interventions and optimal measures of effectiveness in the areas of primary prevention, early detection/screening, survivorship, and health disparities. LIDS has been developed as a tool to facilitate the use of evidenced based interventions and appropriate indicators for cancer prevention and control program managers. The LIDS tool is a static resource that is periodically updated; however, if there are changes in guidelines that impact LIDS indicators, LIDS users should always modify the LIDS indicator to align with the new guidelines.

National Tobacco Control Program (NTCP): CDC funded program that provides funding and technical support to state and territorial health departments in addressing the elimination of exposure to secondhand smoke, promotion of quitting among adults and youth, the prevention of the initiation among youth and young adults, and identifying and eliminating tobacco-related disparities.

National Comprehensive Cancer Control Program (NCCCP): CDC funded program that supports comprehensive cancer control in U.S. states, Pacific Island Jurisdictions, territories, and tribes and tribal organizations. NCCCP provides funding and technical advice to create, carry out, and evaluate *comprehensive cancer control plans,* (https://www.cdc.gov/cancer/ncccp/ccc_plans.htm) which focus on issues like prevention, detection, treatment, survivorship, and health disparities. Today, CDC funds CCC programs in all 50 states, the District of Columbia, 6 U.S. Associated Pacific Islands and Puerto Rico, and 8 tribes or tribal organizations.

Risk Factors, Conditions, and Diseases: Nutrition, physical activity, tobacco, sleep, excessive alcohol use, maternal and infant health, Alzheimer's, arthritis, diabetes, cancer, chronic obstructive pulmonary disease, heart disease and stroke, and oral health.

Settings: Early care and education, schools, worksites, community, health care system, etc.

United States Preventive Services Task Force (USPSTF): An independent group of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, or preventive medications.