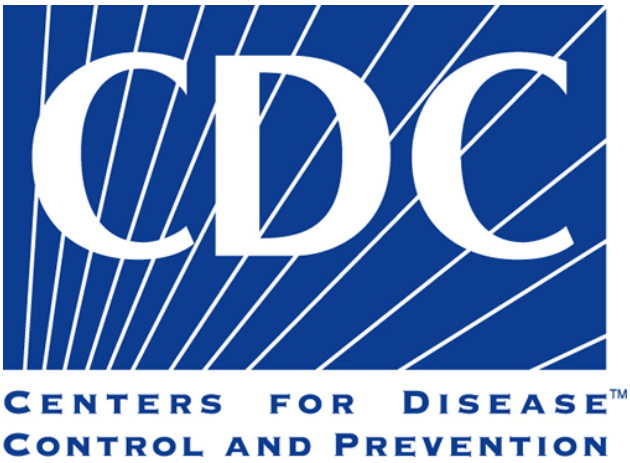


Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Outcomes Building Capacity to Reduce the Burden of Menthol and Other Flavored Commercial Tobacco Products in Communities that Experience Health Disparities

CDC-RFA-DP-23-0019

07/06/2023

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP-23-0019. 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:

Outcomes Building Capacity to Reduce the Burden of Menthol and Other Flavored Commercial Tobacco Products in Communities that Experience Health Disparities

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP-23-0019

E. Assistance Listings Number:

93.387

F. Dates:

1. Due Date for Letter of Intent (LOI):
05/15/2023

2. Due Date for Applications:
07/06/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due 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 05/23/2023 at 3:00 p.m. US Eastern Standard Time. The conference call information is:

Join ZoomGov Meeting
https://cdc.zoomgov.com/j/1602381765?pwd=SFU2UnhGTXZFbFhuSUpBNVN4UHBndz09

Meeting ID: 160 238 1765
Passcode: 2?*cz?1A
One tap mobile
+16692545252,,1602381765#,,,,*83911472# US (San Jose)
+16469641167,,1602381765#,,,,*83911472# US (US Spanish Line)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 964 1167 US (US Spanish Line)
+1 646 828 7666 US (New York)
+1 415 449 4000 US (US Spanish Line)
+1 551 285 1373 US
+1 669 216 1590 US (San Jose)
Meeting ID: 160 238 1765
Passcode: 83911472
Find your local number: https://cdc.zoomgov.com/u/auJdtOi3k

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/reduce-burden-menthol/index.html

G. Executive Summary:

1. Summary Paragraph
This Notice of Funding Opportunity (NOFO) seeks to advance health equity through strategic partnerships and community engagement by addressing disparities caused by menthol and other flavored tobacco product marketing and use. This collaboration will 1) promote and support social, economic and community change; 2) educate the public, community leaders, partners, and decision makers on policy, systems, and environmental changes that can prevent and reduce menthol tobacco use; 3) implement culturally appropriate interventions tailored for community needs; and 4) use research, surveillance, and evaluation to measure progress made and inform

public health action. Over 5 years, this NOFO aims to achieve the following community-based outcomes:

- Increased participation, engagement, and mobilization among inclusive and diverse multi-level/ multi-sectoral partners in promoting social, economic, and community changes
- Increased knowledge of the harms of menthol and other flavored tobacco use among youth and populations experiencing tobacco-related disparities and increased public support for evidence-based tobacco control interventions
- Increased awareness of cessation services and coverage options among populations experiencing tobacco-related disparities
- Increased equitable adoption, implementation, and enforcement of policies prohibiting the sale of menthol and other flavored tobacco products, including menthol cigarettes

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
8

d. Total Period of Performance Funding:
$20,000,000

e. Average One Year Award Amount:
$400,000

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

g. Estimated Award Date:
September 01, 2023

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
Cigarette smoking is the leading cause of preventable disease, disability, and death in the United States, killing more than 480,000 people yearly. Commercial tobacco use contributes to higher rates of premature death and chronic conditions, such as cancer and heart disease. (All references to tobacco use apply to commercial tobacco use and not the traditional use of tobacco by

indigenous communities.) More than 16 million Americans are living with a disease or health condition caused by smoking.

Federal law prohibits tobacco manufacturers from marketing cigarettes with "characterizing flavors," except for menthol- or tobacco-flavored cigarettes. In 2019 and 2020, sales of menthol cigarettes made up 37% of all cigarette sales in the United States—the highest share since 1967 when major tobacco companies were first required to report this information. https://www.cdc.gov/tobacco/basic_information/menthol/index.htmlStudies of local U.S. policies show that restricting the sale of flavored tobacco products reduces the proportion of youth who try or use tobacco products. In 2022, the Federal Drug Administration proposed regulations to ban the sale of menthol cigarettes and flavored cigars. Finalization and implementation of such regulations may take time. Public health action to address disparities related to flavored tobacco product use remains necessary to advance health equity.

This NOFO addresses health disparities caused by menthol and other flavored tobacco product use among U.S. populations who are harmed by them disproportionately. Outcomes for this NOFO are:

- Increased participation, engagement, and mobilization among inclusive and diverse multi-level/ multi-sectoral partners in promoting social, economic, and community changes
- Increased knowledge of the harms of menthol and other flavored tobacco use among youth and populations experiencing tobacco-related disparities and increased public support for evidence-based tobacco control interventions
- Increased awareness of cessation services and coverage options among populations experiencing tobacco-related disparities
- Increased equitable adoption, implementation, and enforcement of policies prohibiting the sale of menthol and other flavored tobacco products, including menthol cigarettes

This approach supports a community-based participatory approach and will strengthen community-centered efforts through community coalitions and partnerships. Community engagement, appropriate evidence-based and promising practices that resonate with a community, and a meaningful financial investment are necessary to support steps toward the reduction and elimination of tobacco-related health disparities. Community engagement ensures that efforts to increase health equity are more effective and sustainable. Communities know and understand the programmatic challenges of addressing health disparities in specific populations (mistrust, create barriers to participation, historical and intergenerational trauma).

b. Statutory Authorities

This program is authorized under section 317(k)(2) of the *Public Health Service Act*, 42 U.S.C. § 247b(k)(2), Sec 3(a) *Comprehensive Smoking Education Act of 1984* 15 U.S.C. § 1341, Sec 301(a) of the *Public Health Service Act* 42 U.S.C.§ 241(a) and Sec 2(a) *Comprehensive Smokeless Tobacco Health Education Act of 1986,* 15 U.S.C. § 4401.

c. Healthy People 2030

Tobacco Use

d. Other National Public Health Priorities and Strategies

- HHS Action Plan to Reduce Racial and Ethnic Health Disparities
- The Public Health Action Plan to Prevent Heart Disease and Stroke: Ten-Year Update
- Million Hearts Initiative
- Ending the Tobacco Epidemic: A Tobacco Control Strategic Action Plan for the US Department of Health and Human Services
- E-cigarette Use Among Youth and Young Adults: A Report of the Surgeon General, 2016 (see Call to Action)
- Surgeon General's Report on Smoking and Health, The Health Consequences of Smoking—50 Years of Progress ("A Vision for Ending the Tobacco Epidemic: Toward a Society Free of Tobacco-Caused Death and Disease"

e. Relevant Work

This NOFO builds on the community-based disparity requirement in the DP20-2001 National and State Tobacco Control Program.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA- DP23-0019 Logic Model: *Building Capacity to Reduce the Burden of Menthol and Other Flavored Commercial Tobacco Products in Communities that Experience Health Disparities*

Bold indicates period of performance outcome.

Strategies and Activities	**Short-term Outcomes**	**Intermediate Outcomes**	**Long-term Outcomes**	**Impact Outcomes**
Engage diverse partners to promote and support social, economic and community change to increase awareness of the harms of menthol and other flavored tobacco product use and availability of cessation services.	**Outcome 1: Increased participation, engagement, and mobilization among inclusive and diverse multi-level/ multi-sectoral partners in promoting social, economic, and community changes**	**Outcome 5: Increased equitable adoption, implementation, and enforcement of policies prohibiting the sale of menthol and other flavored tobacco products, including menthol cigarettes**	Outcome 7: Increased adoption and availability of health care systems changes that promote and support cessation for populations experiencing tobacco-related disparities Outcome 8: Reduced	Outcome 9: Reduction of health disparities associated with the initiation of menthol tobacco product use in youth, the use of menthol tobacco products among adults, and the reduction in exposure to

Educate the public, community leaders, partners, and decision makers on policy, systems, and environmental changes that can prevent and reduce menthol tobacco use. Implement culturally appropriate interventions tailored for community needs to prevent and reduce menthol and other flavored tobacco product use. Use research, surveillance, and evaluation to measure progress made in reducing tobacco use and menthol tobacco-related disparities and inform public health action.	**Outcome 2: Increased knowledge of the harms of menthol and other flavored tobacco use among youth and populations experiencing tobacco-related disparities and increased public support for evidence-based tobacco control interventions** **Outcome 3: Increased awareness of cessation services and coverage options among populations experiencing tobacco related disparities** Outcome 4: Increased knowledge and awareness of and increased support for menthol and other flavored tobacco product-related policy and health systems changes, including cessation services, among	Outcome 6: Increased quit attempts, quit attempts using evidence-based cessation services, and successful cessation among populations experiencing tobacco-related disparities	initiation of menthol and other flavored tobacco product use among youth and populations experiencing tobacco-related disparities	second-hand smoke and aerosols due to menthol and flavored tobacco product use. Outcome 10: Advanced health equity as a result of reduced disparities in tobacco product-related morbidity and mortality

policy and decision makers

i. Purpose

This NOFO supports recipients working to address health disparities among populations who use menthol and other flavored tobacco products, through coalitions that will 1) promote and support social, economic and community change; 2) educate the public, community leaders, partners, and decision makers on policy, systems, and environmental changes that can prevent and reduce menthol tobacco use; 3) implement culturally appropriate interventions tailored for community needs; and 4) use research, surveillance, and evaluation to measure progress made and inform public health action.

ii. Outcomes

Short -Term Outcomes

- Increased participation, engagement, and mobilization among inclusive and diverse multi-level/ multi-sectoral partners in promoting social, economic, and community changes
- Increased knowledge of the harms of menthol and other flavored tobacco use among youth and populations experiencing tobacco-related disparities and increased public support for evidence-based tobacco control interventions
- Increased awareness of cessation services and coverage options among populations experiencing tobacco related disparities

Intermediate Outcome

- Increased equitable adoption, implementation, and enforcement of policies prohibiting the sale of menthol and other flavored tobacco products, including menthol cigarettes

iii. Strategies and Activities

The strategies and activities in this NOFO are designed to be conducted over a 5-year period of performance in the proposed community(ies). Applicants must select a minimum of one activity per strategy. Recipients are allowed to change or add activities annually. Applicants may not propose additional activities other than what is listed in the NOFO. Recipients may propose additional activities starting in year two. All proposed activities must use local level policy, system and environmental (PSE) approaches that support community level activities/actions. Strategies that address flavored tobacco products must include menthol. All recipients are required to conduct an equity assessment in the first six months of the cooperative agreement. Equity assessments are systematic examinations of available data and expert input on how various groups—especially those facing inequity or disparities—are or likely will be affected by a policy, program, or process. They aim to minimize unintended adverse outcomes and maximize

opportunities and positive outcomes. A Framework for Assessing Equity in Federal Programs and Policies may be helpful.

Strategy 1: Engage diverse partners to promote and support social, economic and community change to increase awareness of the harms of menthol and other flavored tobacco product use and availability of cessation services.

- Seek engagement of partners to implement evidence-based strategies and promising practices that prevent and reduce menthol and other flavored tobacco product use.
- Recruit non-traditional partners to collaborate with the community coalition.
- Include strategies related to menthol and flavored tobacco product use in community health improvement plans and other similar implementation plans in the community.
- Train existing and new partners about the harms of menthol and other flavored tobacco product use, predatory tobacco industry marketing, cessation resources, and options for community change to improve equity.

Strategy 2: Educate the public, community leaders, partners, and decision makers on policy, systems, and environmental changes that can prevent and reduce menthol tobacco use.

- Train, inform, and educate the public, community leaders, partners, and decision makers about culturally appropriate strategies and evidence-based policies that reduce and prevent menthol and other flavored tobacco product use.
- Promote public discussion throughout the community to increase understanding of the harms of menthol and other flavored tobacco use.
- Use data on tobacco industry marketing to inform community discussions with partners, decision makers, and stakeholders.
- Train community and youth spokespersons to engage in developing and using appropriate messaging to reach populations most impacted and at risk for menthol and other flavored tobacco product use.
- Educate community leaders, partners, and decision makers about equitable enforcement of commercial tobacco control policies that reduce menthol and other flavored tobacco product use.

Strategy 3: Implement culturally appropriate interventions tailored for community needs to prevent and reduce menthol and other flavored tobacco product use

- Assess what motivates individuals who use menthol and other flavored tobacco products to make a quit attempt (such as health concerns, concerns about family members, policies in the community).
- Employ low-cost counter marketing strategies, including earned and social media strategies.

- Provide technical assistance and other support to communities employing policies to reduce menthol and other flavored tobacco product use.
- Pilot novel approaches that motivate individuals who use menthol and other flavored tobacco products to seek community based and other available cessation services.
- Work with community health care center staff, such as community health workers, nurses, and other traditional and non-traditional providers, to increase access to cessation services including counseling and evidence-based cessation medications.
- Use existing public health mass media campaigns and ads related to menthol and other flavored tobacco products (such as Tips From Former Smokers®)

Strategy 4: Use research, surveillance, and evaluation to measure progress made in reducing tobacco use and menthol tobacco-related disparities and inform public health action.

- Collect and analyze community-based data (such as surveys, community health needs assessments, readiness assessments, focus groups and other community-participatory means) to increase understanding of most effective culturally appropriate approaches to prevent and reduce menthol and other flavored tobacco product use among youth and adults, including people experiencing tobacco-related disparities.
- Evaluate novel approaches and promising practices to reduce menthol and flavored tobacco product use and dependence among populations that use menthol and flavored tobacco products at higher rates or have more exposure to secondhand smoke due to others' use of menthol and flavored tobacco products.
- Share programmatic or research findings, novel surveillance methodologies, promising practices and evaluation results with the Advisory Council, Community Coalition, Community Leaders, other recipients of this NOFO, and/or DP20-2001 National and State Tobacco Control Program through formal and informal channels.

1. Collaborations

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

Recipients are encouraged to collaborate with CDC-funded chronic disease prevention programs to ensure that activities align with ongoing chronic disease prevention efforts. Applicants are required to submit a letter of support from the state, territorial or tribal tobacco control program. (If the applicant is a tribe a letter should be submitted from their Tribal Health Organization.) The letter of support should describe how they will collaborate with and/or provide technical assistance to the applicant. The National Tobacco Control Program will be a resource for technical assistance and training as well as sustainability and a potential source for data. The letter must be signed by the Program Manager or Administrator of the CDC-funded program. Applicants must name the file 'NTCP_Letter_of_Support' and upload the letter to www.grants.gov as a part of the application.

CDC-funded chronic disease and health promotion programs include the following:

The recipient must collaborate with the following:

1. National Tobacco Control Program

2. Networking2Save

The recipient is encouraged, but not required to collaborate with the following:

1. Cancer Prevention and Control
2. Diabetes
3. Good Health and Wellness in Indian Country
4. Heart Disease and Stroke Prevention
5. Nutrition, Physical Activity, and Obesity
6. Racial and Ethnic Approaches to Community Health (REACH)
7. Reproductive Health
8. School Health
9. NCCDPHP Success Stories Library
10. Prevention and Control of Chronic Disease and Associated Risk Factors in the U.S. Affiliated Pacific Islands, U.S. Virgin Islands, and Puerto Rico

b. With organizations not funded by CDC:
The applicant is required to identify and engage with an existing community coalition to create sustainable community-level change and fulfill activities under this NOFO throughout the entire award period. For the purposes of this NOFO, a community coalition is defined as a community-based formal arrangement of cooperation and collaboration among multi-sector groups or sectors in which each group retains its identity but agrees to work together toward a common goal. The community coalition will facilitate sociodemographic and multi-disciplinary diversity to employ culturally appropriate evidence-based strategies and encourage the use of promising practices and the development of novel approaches, while building and sustaining capacity through technical assistance and training.

Recipients will:

- Engage with a community coalition. The coalition should include representatives from the following groups:
    - Recipient
    - Community leaders
    - Community stakeholders (businesses, employee organizations/unions, community organizations, and governance boards)
    - Youth and young adult community representative with lived experience of the health inequity being addressed
    - Adult community representative
    - Local public health department representative
    - State public health department representative
    - Health care professionals (hospital associations, medical societies, individual providers/subject matter experts)
    - Multi-disciplinary and diverse community partners (health care systems,housing, faith-based organizations, education institutions and businesses)

The recipient must work to strengthen collaborations that support the efforts of a community-based coalition that is working to seek better health for residents, help change local healthcare

practices, and mobilize communities to implement appropriate and feasible, community-specific public health programs to reduce health disparities.

Key partners may include:

- Community-based and civic organizations
- Non-profit and non-partisan community service organizations
- Tribes, tribal or native serving organizations and health systems, urban Indian organizations
- Academic institutions, and universities (e.g., Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs))
- Asian American, Native Hawaiian, and Pacific Islander serving institutions or organizations
- Faith-based organizations
- Public and private non-governmental organizations
- Correctional facilities and institutions
- Local governmental agencies and community leaders
- Local businesses and business community networks and organizations (employers, local chambers of commerce, small business community groups or associations)
- Labor Unions and other employee organizations
- Social services providers and organizations, including those that address social determinants of health (community transportation; anti-discrimination organizations; legal services; service providers for persons with disabilities and local housing authorities)
- Health care providers, including community health centers (federally qualified health centers (FQHCs)) and related organizations (health professional organizations, health center associations, and pharmacies)
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs)
- Governmental organizations focused on non-health services (e.g., Coordinating Council on Access and Mobility – Department of Transportation, Supportive housing for the elderly – Housing and Urban Development; Community Development Financial Institutions Fund - Department of the Treasury)
- Community Development Corporations
- Social and Recreational Clubs (501(c)(3), 501(c)(4), 501(c)(7))

Additional Requirements for the Application:

A letter of support from a minimum of two members of the community coalition are required for the application and must include a specific description of their role in support of the proposed work

Letters of support must be named: ‘PartnerName_Letter of Support’ and uploaded as PDFs into **www.grants.gov**

2. Target Populations

This NOFO addresses the public health needs of populations that are disproportionately affected by disparities related to chronic disease and related risk factors from menthol and other flavored tobacco products. Depending on the needs and priorities of the applicant, these populations may include Black/African American, Hispanic/Latino, American Indian and Alaska Native, Asian/ Asian American, and Native Hawaiian and Pacific Islander people, and other people of color; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people; people with disabilities; people who have mental health and substance use diagnoses; women, youth, and people otherwise adversely affected by persistent poverty or inequality.

Applicants should clearly identify the population(s) and the tribe, community, or catchment area they will serve and the data which shows that this population is disproportionately affected.

a. Health Disparities

CDC recognizes that social and economic opportunities, health behavior, and the physical environment in which people live greatly impact health outcomes. Health disparities represent preventable differences in the burden of disease, disability, injury, or violence, or in opportunities to achieve optimal health.

This NOFO will address health disparities for those who use menthol and other flavored tobacco products. The NOFO will also engage the community directly through trusted organizations that interact with and serve the community regularly. The relationship between the community and these organizations provides an opportunity for the development of innovative approaches that recognize health beliefs and perceptions about behavior change, and other cultural nuances of the community. Those affected by commercial tobacco-related health disparities often are intentional targets for predatory marketing, leading to use of products and health behaviors that contribute to undesirable health outcomes. A community is a geographical location or setting that can include a city, county, parish, tribe or jurisdiction/sub-jurisdiction that is a significant enough area to allow for population-wide interventions and measurable results and includes a targeted focus to address disparities resulting from the use of menthol and other flavored tobacco products.

Applicants should clearly identify and describe how the target population is impacted by the following:

* The health disparities and inequities from the use of menthol and flavored tobacco products.

* The predatory marketing of commercial tobacco products in their communities; and

*How the proposed strategies and activities can benefit the identified population(s) and tribe, community, or catchment area.

Tobacco-related disparities are created and affected by a complex mix of factors. Social determinants of health, tobacco industry influence, a lack of comprehensive tobacco control policies, and a changing U.S. population can contribute to and maintain tobacco-related disparities. Social determinants of health are the conditions in the environments where 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. These disparities can affect populations based on certain factors, including but not limited to the following:

- Age
- Disabilities

- Educational attainment
- Geographic location (e.g., rural/urban)
- Income (e.g., individual and/or family income, living below poverty index)
- Behavioral Health Conditions, including mental health conditions and substance use disorders
- Employment status
- Race
- Ethnicity
- Sex
- Sexual orientation and gender identity
- Veteran and active military status

Health equity in tobacco prevention and control is the opportunity for all people to live a healthy, tobacco-free life, regardless of their race or ethnicity, level of education, gender identity, sexual orientation, the job they have, the neighborhood they live in, or whether they live with a disability. With the goal of reducing menthol and other flavored tobacco commercial tobacco use, the recipient will implement strategies that reduce tobacco-related disparities among people who use menthol tobacco.

CDC's support of community based participatory approaches demonstrates respect for existing communities and cultures and their ability to contribute and solve the problems that they know well, given that effort, along with the appropriate level of financial resources and multi-sector partnership and coalitions, are created and nurtured. All applicants should describe how proposed activities would address tobacco-related disparities and inequities in their populations using CDC Preferred Terms for Select Population Groups & Communities.

iv. Funding Strategy

CDC will fund up to 8 awards with an average award amount of $400,000 – $750,000. Funding amounts will be based on consideration of the community size and the scope of the work proposed. See the glossary of this NOFO for the CDC definition of "community".

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help demonstrate program accomplishments and strengthen the evidence for program strategies and activities. In consultation with CDC, develop and implement an evaluation plan for selected activities executed to meet the requirements of the NOFO as well as other evaluation questions that may arise, as feasible. The recipient should also work closely with the State Tobacco Control Program. CDC will collaboratively work individually and collectively with recipients to track implementation of recipient strategies and activities and assess progress in achieving NOFO outcomes during the period of performance and will seek to answer the following questions:

- To what extent did the recipient create or strengthen an existing coalition/partnership or collaboration which is aimed at reducing the burden of menthol or other flavored tobacco products?

- To what extent did the recipient create or enhance the leadership structure needed for decision-making that will support sustained efforts in the community?
- To what extent did the recipient create communications methods that are used to increase the knowledge and awareness of harms caused by menthol and other flavored products?
- To what extent did the recipient develop a plan of action that is comprehensive, is communicated to the community, and includes policy, systems, or environmental change?
- To what extent did recipient efforts increase knowledge of the harms of menthol tobacco use among the selected populations?
- To what extent did recipient efforts increase support for evidence-based menthol tobacco-prevention and control interventions and policies among leaders and decision-makers?
- To what extent did recipient efforts improve awareness of evidence-based cessation services and coverage options among populations experiencing tobacco-related disparities?
- What impact did recipient efforts have on equitable adoption, implementation, and enforcement of menthol tobacco product use prevention and control policies, systems, or environmental change interventions?
- What strategies were effective (and not effective) at reaching and improving positive tobacco-related outcomes among the selected populations affected by tobacco-related disparities?

Performance measures developed for this NOFO correspond to the high-level broad strategy categories and outcomes described in the logic model. Recipients will report performance measures annually to CDC, who will also manage and analyze the performance measure data to identify recipient program improvements, respond to broader technical assistance needs, and to report to partners and allies.

DMP is required and applicants will include the following DMP requirements, at a minimum:

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

Outcomes	*Performance Measures*
Outcome 1: Increased participation, engagement, and mobilization among inclusive and diverse multi-level/ multi-sectoral partners in promoting social, economic, and community changes.	1. Number and type of multi-level, multi-sectorial organizations and partners participating and their perceived level of commitment

	2. The number and type of participants, including frequency of attendance, who are present at coalition/community meetings.
Outcome 2: Increased knowledge of the harms of menthol and other flavored tobacco product use among youth and populations experiencing tobacco-related disparities and increased public support for evidence-based tobacco control interventions.	3. Number and proportion of educational event attendees, stratified by population, reporting an increase in knowledge of the harms of menthol tobacco from pre to post survey.
Outcome 3: Increased awareness of cessation services and coverage options among populations experiencing tobacco related disparities.	4. Proportion of tobacco users who are aware of available cessation services (e.g., FDA-approved cessation medications, state quitlines), overall, and among population groups experiencing tobacco-related disparities.
Outcome 5: Increased equitable adoption, implementation, and enforcement of policies prohibiting the sale of menthol and other flavored tobacco products, including menthol cigarettes.	5. Number and reach of comprehensive local (city, county, or tribal) policies that have been adopted, implemented, and/or enforced to restrict the sale of all menthol and other flavored tobacco products, including menthol cigarettes.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

Upon receipt of award recipients must be able to readily implement this program in the state in which they operate and are located. The applicant's organizational capacity statement must clearly describe the applicant has the necessary skills and relevant experience to successfully implement the strategies and activities outlined.

Applicant should describe their history of experience using a community-based participatory approach that builds on existing community assets and existing coalitions, allowing for the flexibility necessary to tailor interventions to meet the unique needs of the selected population.

Applicants proposing to work in a state, tribe, locality, or territory other than where the applicant is physically located and operates must provide justification and documentation that demonstrates the capability to execute the requirements of the NOFO without the need for physical proximity to the catchment area.

Recipients are required to demonstrate adequate infrastructure, project management structure and workforce capacity, and expert knowledge of the community through inclusion of community members as employees, volunteers, and/or board members. Recipients are required to have appropriate systems for data collection and evaluation of project performance measures, as well as adequate financial systems to meet federal government procurement requirements and statutes. This includes experience with budget management and administration capacity to establish financial procedures and track, monitor, and report expenditures.

To ensure that applicants are able to readily execute CDC program requirements and meet period of performance outcomes, applicants must describe the following:

- A history of working with a multi-disciplinary diverse coalition, engaging and mobilizing communities to address public health issues related to health disparities and capable of affecting community-level change.
- Ability to inform and educate the community, general public, local decision makers and community leaders about: 1) the history of specific targeting of the local community with menthol and other flavored tobacco products, 2) the dangers of tobacco use and dependence (with a focus on products containing menthol as a characterizing flavor), 3) second hand smoke (SHS) exposure and related harms, and 4) tobacco-related disparities.
- Provide evidence of experience in serving the identified population of focus to reduce the prevalence of menthol and other flavored tobacco use through evidence-based/promising practice-based approaches (including policy-based interventions and systems change approaches).

- Understanding of evidence-based commercial tobacco control interventions, promising practices, and culturally appropriate strategies to address use of menthol and other flavored tobacco products.
- Ability to develop and maintain a relationship of bi-directional support, mutual respect, acceptance of appropriate technical assistance, and information exchange with the state tobacco control program and/or other health department programs.
- Experience engaging communities in public health planning and implementation processes addressing SDOH that improve outcomes for chronic disease, including current activities.
- Experience using data to identify populations and tribes, communities, or catchment areas most affected by chronic diseases and SDOH.
- Experience implementing strategies and activities in collaboration with multi-sectoral partners to reduce health disparities and improve health equity.
- Demonstrates success in addressing health equity through prior implementation of public health community interventions.
- Previous experience working with the population(s) and the tribe, community, catchment area they will serve.

Applicants must submit their responses related to CDC program requirements listed above under the file name “Program_Requirements” and upload to www.grants.gov with their application.

CDC requires a full time equivalent to serve as the program manager who will be responsible for the day-to-day management of the implementation of activities.

Applicant must provide an organizational chart, CVs/resumes, position descriptions and project management structure that will be sufficient to meet the goals of the proposed project. Applicants must name the files "Organizational_Chart," "Resumes," "Position_Descriptions," and "Project_Management_Structure" and upload them to www.grants.gov with their application.

d. Work Plan

Applicants must submit a detailed work plan for Year 1 of the award. Additionally, applicants must provide a general summary of work plan strategies and activities for Years 2-5 in narrative form. The Work Plan is part of the 20-page limit allowed for the Project Narrative. This work plan should include activities listed in section iii. Strategies and Activities. Applicants must name this file "Work_Plan" and upload to www.grants.gov with their application. A simple work plan example is provided below.

The work plan should include the following components:

- Strategies and Activities
- Period of Performance Outcome
- Performance Measures
- Responsible Party
- Completion Date

A complete work plan and timeline for the first budget period that describes each proposed strategy and its activities; intended outcomes; staff, partners, contractors and administration staff roles and functions to support implementation of the award; identified measures for relevant outcomes that align with the performance measures, and milestones for accomplishing key tasks for each outcome. The plan must include first year outcomes that are achievable with performance measures consistent with CDC guidance in the NOFO.

A sample work plan format is presented below to show how a traditional work plan aligns with the logic model and narrative.

- In this format, **the table would be completed for each period of performance outcome**. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

Period of Performance Outcome: *[from Outcomes section and/or logic model]*		***Outcome Measure:*** *[from Evaluation and Performance Measurement section]*	
Strategies and Activities	***Process Measure*** *[from Evaluation and Performance Measurement section]*	***Responsible Position / Party***	***Completion Date***
1.			
2.			
3.			
4.			
5.			
6.			

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

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

f. CDC Program Support to Recipients

Technical Assistance:

The recipient will have access to CDC-sponsored training, including training specific to menthol tobacco products and other commercial tobacco control topics. Recipients will have access to the Technical Assistance providers of the National and State Tobacco Control Program, including the applicants of Networking2Save and Cooperative Agreements of the National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce that are focused on Social Determinants of Health, Health Equity, and Commercial Tobacco Control, including menthol.

Strategic and Technical Advice:

CDC OSH will convene an annual meeting for the recipient to meet with the following:

- One OSH funded national network
- At least one representative from the state tobacco control program
- At least one OSH subject matter expert
- At least one non-governmental organization

CDC OSH will fund the meeting and the recipient will need to budget for travel, lodging and per diem.

Recipients must have the ability to attend CDC-sponsored trainings, meetings and events as well other developmental opportunities recommended by CDC (in-person or virtually).

B. Award Information

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

2. Award Mechanism:
U58 - Chronic Disease Control Cooperative Agreement

3. Fiscal Year:
2023

4. Approximate Total Fiscal Year Funding:

$3,000,000

5. Total Period of Performance Funding:
$20,000,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$20,000,000

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

year(s)

7. Expected Number of Awards:
8

8. Approximate Average Award:

$400,000
Per Budget Period

9. Award Ceiling:
$750,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$300,000
Per Budget Period

11. Estimated Award Date:
September 01, 2023

12. Budget Period Length:
60 month(s)

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

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

11 (Native American tribal organizations (other than Federally recognized tribal governments))

12 (Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education)

13 (Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education)

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))

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

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

State controlled institutions of higher education

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

Applicants must be physically located and operate in the state, tribe, locality, or territory for which the work is proposed. Applicants must provide a statement that identifies the community and state, territory or tribe in which the applicant will do the proposed work. Applicant must provide proof of physical location (e.g., official letterhead, articles of incorporation, business card). This documentation must be labeled "Proposed_Work_Statement" and uploaded to www.grants.gov as a part of their application. See the glossary of this NOFO for the CDC definition of "community".

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

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

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their UEI 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 and a Unique Entity Identifier (UEI). All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at SAM.gov and the SAM.gov Knowledge Base.

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	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
2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI number to become an Authorized Organization Representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the	It takes one day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

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

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 05/15/2023

05/15/2023

b. Application Deadline

Due Date for Applications 07/06/2023

07/06/2023
11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

Due Date for Information Conference Call
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 05/23/2023 at 3:00 p.m. US Eastern Standard Time. The conference call information is:

Join ZoomGov Meeting
https://cdc.zoomgov.com/j/1602381765?pwd=SFU2UnhGTXZFbFhuSUpBNVN4UHBndz09

Meeting ID: 160 238 1765
Passcode: 2?*cz?1A
One tap mobile
+16692545252,,1602381765#,,,,*83911472# US (San Jose)
+16469641167,,1602381765#,,,,*83911472# US (US Spanish Line)

Dial by your location
+1 669 254 5252 US (San Jose)

+1 646 964 1167 US (US Spanish Line)
+1 646 828 7666 US (New York)
+1 415 449 4000 US (US Spanish Line)
+1 551 285 1373 US
+1 669 216 1590 US (San Jose)
Meeting ID: 160 238 1765
Passcode: 83911472
Find your local number: https://cdc.zoomgov.com/u/auJdtOi3k

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/reduce-burden-menthol/index.html

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and UEI.

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

DP23-0019 Building Capacity to Reduce the Burden of Menthol and Other Flavored Commercial Tobacco Products in Communities that Experience Health Disparities

LOI is requested but optional. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. LOI must be sent via email to:

Project Officer: Michon Mabry

CIO: CDC/DDNID/NCCDPHP/OSH

Email address: MDDP230019@cdc.gov

Applicants need to include 1-2 sentence(s) about their interest regarding applying for this NOFO.

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-

based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

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

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

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

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

CDC requires a full time equivalent to serve as the program manager who will be responsible for the day-to-day management of the implementation of activities.

The applicant can obtain guidance for completing a detailed justified budget on CDC's website, at https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf".

Applicants should budget for travel, lodging and per diem for the CDC OSH annual meeting for at least four staff members to participate for up to three days (tentative training site is Atlanta GA).

CDC recommends that applicants allocate a minimum of 10% of funding to implement evaluation activities.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards.

Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

15. Copyright Interests Provisions

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting

authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

16. Funding Restrictions

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

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

The recipient may not accept funding from any organizations that manufactures, sells, markets, or distributes commercial tobacco products or organizations/individuals who accepts funds or gifts from an organization that manufactures, sells, markets, or distributes commercial tobacco products.

17. Data Management Plan

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

18. Other Submission Requirements

a. Electronic Submission:

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

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

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

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

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

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent

by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

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

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

Evaluate the extent to which the applicant describes:

- A complete work plan and timeline for the first budget period that describes each proposed strategy and its activities; intended outcomes; staff, partners, contractors and administration staff roles and functions to support implementation of the award; identified measures for relevant outcomes that align with the performance measures, and milestones for accomplishing key tasks for each outcome. The plan must include first year outcomes that are achievable with performance measures consistent with CDC guidance in the NOFO. (10)
- How the applicant's proposed strategies and activities will contribute to the reduction of health disparities and improve the advancement of health equity in the selected tribe, community, or catchment area. (10)
- The population(s) and the tribe, community, catchment area they will serve (5)
- A project approach that demonstrates that the applicant understands the burden of commercial tobacco use, particularly of menthol and other flavored tobacco products places on the health of the community. (10)

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

Evaluate the extent to which the applicant describes:

- An evaluation plan consistent with their workplan and the CDC evaluation performance strategy. (10)
- How they will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. (5)
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant). (5)
- Monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (5)

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

Evaluate the extent to which the applicant describes:

- Adequate infrastructure, project management structure and workforce capacity to carry out the scope of the proposed project including a staffing plan, job descriptions, and organizational chart with resumes/CVs of key personnel demonstrating appropriate subject matter expertise and review of project management structure (10)
- A history of experience working with community coalitions that meets the requirements identified in the Collaboration section. (5)
- Previous experience of successfully working with multi-sectoral partnerships (5)
- Previous experience working with the population(s) and the tribe, community, catchment area they will serve (5)
- Experience engaging communities in public health planning and implementation processes addressing SDOH that improve outcomes for chronic disease, including current activities. (5)

- Budget management and administration capacity to establish financial procedures and track, monitor, and report expenditures (3)
- At least two letters of support from members of the community coalition that include a specific description of their role in the proposed work. (5)
- A letter of support from the state tobacco control program that describe how they will collaborate with and/or provide technical assistance to the applicant (2)

Budget **Maximum Points:** 0

The budget is required but will not be scored. The budget must align with planned program activities and includes:

- A feasible and detailed itemized budget and narrative that follows the guidance in the Budget Narrative section
- Applicants should budget for at least four staff to participate for up to three days (tentative training site is Atlanta GA).

c. Phase III Review

Objective review panels will evaluate complete, eligible applications in accordance with the "Phase II Review" criteria section of the NOFO. Applications will be funded in order by score and rank determined by the review panel.

The following factors also may affect the funding decision:

CDC may fund out of rank order in order to ensure geographic diversity. 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

Announcement Date: 05/05/2023

Anticipated Award Date: 09/01/2023

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider- obligations/index.html and https://www.hhs.gov/civil-rights/for- individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.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	No later than 90 days after the end of the budget period.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	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 publicly available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

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

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

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**

- Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
- Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.

- **CDC Program Support to Recipients**
  - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost Rate Agreement.

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

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

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

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

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.

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

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

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

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

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

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

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

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

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

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a

foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

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

Address:
4770 Buford Highway, Atlanta, Ga 30341

Telephone:
770-488-3791

Email:
fox1@cdc.gov

Grants Staff Contact

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

First Name:
Stephanie
Last Name:
Latham
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
4770 Buford Highway, Atlanta, Ga 30341

Telephone:
770-488-2917

Email:
fzv6@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

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

Position descriptions

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

In responding to this NOFO, applicant's Project Narrative Section is limited to 20 pages.

Applicants must submit with the following attachments and upload them to www.grants.gov with their application:

- Work Plan
- Proposed Work Statement

- Project Management Structure
- Program Requirements
- Organizational Chart
- Position Description
- Resumes
- NTCP Letter of Support
- Partner Name Letter of Support

I. Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOFO-specific Glossary and Acronyms

Clarification on the definition of menthol flavored products:

Menthol is flavor compound added to cigarettes, which produces a minty taste and cooling sensation when inhaled. Menthol's flavor and sensory effects reduce the harshness of cigarette smoke and make it easier for new users to continue experimenting and progress to regular use. Tobacco companies add menthol to commercial tobacco products to make them more appealing to young people and to people who have never used tobacco products. Menthol enhances the effects of nicotine on the brain and can make tobacco products even more addictive and even more difficult to quit. Menthol cigarettes cause the same health outcomes (e.g., cancer, heart disease, stroke) as other cigarettes. Almost all the cigarettes sold in the United States contain some natural or lab-created menthol.

However, there is usually more menthol in cigarettes marketed specifically as "menthol" compared to other cigarettes. Federal law prohibits cigarettes from containing characterizing flavors other than tobacco or menthol. Menthol is also used in non-cigarette tobacco products, such as cigars, cigarillos, hookah (waterpipe) tobacco, smokeless tobacco (dip, chew, snuff, and snus), nicotine pouches, and e-cigarettes.

Other flavor compounds also are added to tobacco products to increase their appeal. Non-cigarette tobacco products are available in a variety of fruit, candy, and other kid-friendly characterizing flavors, such as cherry, grape, fruit punch, cotton candy, mint, and chocolate. Applicants are advised to work addressing flavor additives, compounds, constituents, and ingredients in tobacco products rather than focusing only on characterizing flavors.

Menthol Tobacco Products

Community - A community is a geographical location or setting that can include a city, county, parish, tribe or jurisdiction/sub-jurisdiction that is a significant enough area to allow for population-wide interventions and measurable results, and includes a targeted focus to address disparities resulting from the use of menthol and other flavored tobacco products.