

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

PPHF 2015: Asian Language Tobacco Quitline - financed solely by 2015 Prevention and Public Health Funds
CDC-RFA-DP15-1503
Application Due Date: 06/29/2015

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CDC-RFA-DP15-1503

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DP15-1503. 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)

B. Funding Opportunity Title:

PPHF 2015: Asian Language Tobacco Quitline - financed solely by 2015 Prevention and Public Health Funds

C. Announcement Type: New - Type 1

This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered Research for this purpose is defined at http://www.cdc. gov/od/ science / integrity/ docs/cdc- policy- distinguishing- public- health- research- nonresearch. pdf.

D. Agency Funding Opportunity Number:

CDC-RFA-DP15-1503

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

93.735

F. Dates:

1. Due Date for Letter of Intent (LOI):	**05/22/2015**
2. Due Date for Applications:	**06/29/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**05/19/2015**

From 3:00 pm - 4:00 pm EST

Join Lync Meeting: https://webconf.cdc.gov/zho7/1HN5JZ58

Join by phone: (855)-644-0229 Toll Free English (United States)

Conference ID: 5701377

Questions related to this FOA may be submitted at http://www.cdc.gov/tobacco/about/foa/asian-quitline/form /index.htm

A list of Frequently Asked Questions will be available at http://www.cdc.gov/tobacco/about/foa/asian-quitl ine/faq/index.htm

G. Executive Summary:

1. Summary Paragraph:

Tobacco cessation telephonic counseling services are an evidence-based intervention for smoking cessation. However, such services are limited for Asian immigrants with limited English proficiency. Several subgroups of Asian Americans have smoking rates that are higher than the general population. This includes men who predominantly speak Chinese (including Cantonese and Mandarin), Korean, and Vietnamese languages (CKV). Traditional state quitline services have not adequately met the needs of callers who predominantly speak these languages. Providing culturally and linguistically appropriate services and promotion for an Asian quitline is highly specialized and can be challenging with limited expertise available. CDC plans to directly support a national Asian language quitline with $1 million in annual funding for a

period of three years.

a. Eligible Applicants:	Open Competition
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	1
d. Total Project Period Funding:	$3,000,000
e. Average One Year Award Amount:	$1,000,000
f. Number of Years of Award:	3
g. Estimated Award Date:	08/01/2015
h. Cost Sharing and / or Matching Requirements:	N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts, such as state tobacco control programs, insurers, and employers, and community organizations that serve CKV-speaking populations to promote sustainability is strongly encouraged .

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Telephone quitlines increase quit rates among smokers trying to quit, have broad reach, and are effective with diverse populations. Proactive quitlines are quitlines that initiate calls as well as receiving calls. For example, proactive quitlines schedule follow-up calls with smokers who are trying to quit in order to support them throughout their quit attempt. There are currently eleven quitline providers operating state quitlines in the U.S. State quitlines exist in every state, the District of Columbia, Guam, and Puerto Rico; however, limited capacity to provide linguistically and culturally appropriate services may create barriers that contribute to tobacco-related disparities among several subgroups of Asian Americans. Based on the California Smokers' Helpline's previous experience serving callers who speak Asian languages, the Centers for Disease Control and Prevention (CDC) provided additional funding to California beginning in 2012 to extend these services nationwide. The Asian Smokers' Quitline (ASQ) has been serving Chinese, Korean, and Vietnamese (CKV)-speaking populations on a national basis since October 2012. In order to further formalize this service, to place it on a more stable, sustainable basis, and to further extend its reach, CDC plans to directly support a national Asian language quitline with $1 million in annual funding for a period of three years. This project complements the national portals 1-800-QUIT-NOW (transfers English-speaking callers to English-language services available through their state quitlines) and 1-855-DEJELO-YA (transfers Spanish-speaking callers to Spanish-language services available through their state quitlines). Most state quitlines do not have staff with the necessary language skills to provide in-language services to CKV-speaking callers.

b. Statutory Authorities

This program is authorized under Section 4002 of the Affordable Care Act, Prevention and Public Health Fund.

c. Healthy People 2020

This FOA relates to following Healthy People 2020 objectives in the topic area of Tobacco Use (TU):

TU-4; Increase smoking cessation attempts by adult smokers;

TU-5: Increase recent smoking cessation success by adult smokers;

TU-8: Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency in states and the District of Columbia;

TU-9: Increase tobacco screening in health care settings;

TU-10: Increase tobacco cessation counseling in health care settings.

d. Other National Public Health Priorities and Strategies

This program supports the Government Performance Results Modernization Act (GPRA) Long-term Objective 4.6: Reduce Death and Disability Due to Tobacco, and the following measures: 4.6.3: Reduce the proportion of adults (age 18 and over) who are current cigarette smokers.

In addition, this program supports the following national initiatives and strategic plans:

• CDC's Winnable Battles – Tobacco: http://www.cdc.gov/winnablebattles/tobacco/index.html

• The National Prevention Council's National Prevention Strategy – Americas Plan for Better Health (Tobacco Free Living): http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf

• U.S. Department of Health & Human Services'(HHS) Strategic Plan (Promote Prevention and Wellness – Reduce Cigarette Consumption Among Adults and Proportion of Adolescents who are Current Cigarette Smokers): http://www.hhs.gov/secretary/about/message.html

• HHS's Ending the Tobacco Epidemic: A Tobacco Control Strategic Action Plan for the Department of Health and Human Services: http://www.hhs.gov/ash/initiatives/tobacco

e. Relevant Work

The proposed national Asian language quitline is based on a strong body of evidence generated by the California Smokers' Helpline (CSH) that science-based, linguistically and culturally tailored quitline services are effective in reaching CKV-speaking smokers and helping them quit. Beginning in 1993, CSH developed a protocol designed specifically for California callers who speak CKV languages and promoted it to these groups. CSH researchers reported results showing that Asians speaking these languages were just as likely to call the CSH as English-speaking whites and that the protocol increased callers' quit rates and was effective for each of the different Asian populations served. A pilot project conducted from January 2010-July 2012 to test the feasibility and impact of implementing this protocol in six additional states yielded positive outcomes. Subsequently, the national quitline for Asian speakers that began operating in 2012 has demonstrated the feasibility of operating such a service and has shown that there is substantial and widespread demand for such a service. This FOA also supports FOA DP14-1410PPHF14: Tobacco Use Prevention – Public Health Approaches for Ensuring Quitline Capacity, which has the purpose of ensuring and expanding state quitline capacity. This project is one component of CDC's comprehensive approach to reduce overall tobacco use, which includes efforts to promote tobacco cessation and to eliminate tobacco related disparities.

2. CDC Project Description

a. Approach

CDC-DP15-1503 Logic Model: National Asian Language Tobacco Quitline			
Inputs: Asian language tobacco quitline infrastructure and capacity, including culturally tailored and tested in-language treatment protocol; funding; community partnerships serving Chinese, Korean, Vietnamese (CKV)-speaking populations			
Evidence-Based Interventions, Strategies, and Activities	**Short-Term Outcomes (1–2 years)**	**Intermediate Outcomes (2–3 years)**	**Long-term Outcomes (4-5 years)**
Deliver a culturally tailored evidence-based treatment protocol in Chinese (Mandarin and Cantonese), Korean, and Vietnamese (CKV) languages, including provision of two weeks of FDA-approved cessation medication to eligible participants Identify, prioritize, and target markets for promotion and outreach to CKV-speaking populations, and deliver targeted promotion through earned and paid media. Promote awareness and facilitate referrals among health care providers and systems that serve CKV-speaking patients Collaborate with and conduct outreach to national, state, and local organizations and community partners that reach CKV-speaking populations Participate in monitoring, evaluation, and reporting efforts	Increased awareness of the quitline among: • CKV speakers (1) • **Community partners and media reaching CKV-speaking populations (2)** • **Health care providers/health systems (3)** • **State/large city tobacco control and other chronic disease programs(4)** **Increase in partnerships between the quitline and community partners serving CKV-speaking populations (5)** **Increased earned media in media outlets reaching CKV-speaking populations (6)** **Increased referrals to the quitline from health care providers and health systems serving CKV-speaking patients (7)** Increased number of state/large city tobacco control and other chronic disease programs promoting the Asian quitline (8) Increase in the number of state quitlines providing CKV-speaking callers warm transfers to the Asian quitline (9)	**Increased quitline call volume (10)** **Increased number of intakes and CKV-speaking tobacco users who call the quitline for help quitting (11)** **Increased number of CKV-speaking tobacco users receiving counseling and/or FDA-approved cessation medications via the quitline (12)** **Increased quit attempts among quitline callers (13)** **Increased cessation among quitline callers (14)**	Decreased tobacco use prevalence among CKV speakers Reduced tobacco-related morbidity and mortality among CKV speakers Decreased tobacco-related medical expenditures Decreased tobacco-related disparities
Environmental Context Educational media campaigns (including CDC's Tips), advertising and promotion of national portal numbers 1-800-QUIT-NOW and 1-877-DEJALO-YA, state quitlines with translation services, varied cessation coverage (Medicaid and private insurance coverage), excise tax rates, rates of smoking, smoke-free policies			

*__Bolded__ text indicate outcomes awardees will be held accountable for during the project period

i. Purpose

The CDC proposes to fund one applicant to operate and promote a fully linguistically and culturally appropriate nationwide quitline service for tobacco users who predominantly speak Chinese, Korean, and Vietnamese languages as well as their family members. Several subgroups of Asian Americans have smoking rates that are higher than the general population. This includes men who predominantly speak CKV languages. Traditional state quitline services have not adequately met the needs of callers who predominantly speak these languages. The project will also include, as appropriate, the distribution of FDA-approved cessation medications to quitline callers.

ii. Outcomes

As depicted in the logic model, awardees are expected to achieve the following short-term outcomes (Years 1-2) and intermediate outcomes (Year 3) by the end of the 3-year grant period. Numbers following each outcome (in parentheses) correspond to the numbered outcomes in the logic model.

Short Term Outcomes (1-2 years)

- Increased awareness of the quitline among community partners and media reaching CKV-speaking populations(2)
- Increased awareness of the quitline among health care providers/health systems (3)
- Increased awareness of the quitline among state/large city tobacco control and chronic disease programs (4)
- Increase in partnerships between the quitline and community partners serving CKV-speaking populations (5)
- Increased earned media about the quitline in media outlets reaching CKV-speaking populations (6)
- Increased referrals to the quitline from health care providers and health systems serving CKV-speaking patients (7)

Intermediate Outcomes (2-3 years)

- Increased quitline call volume (10)
- Increased number of intakes and CKV-speaking tobacco users who call the quitline for help quitting (11)
- Increased number of CKV-speaking tobacco users receiving counseling and/or FDA-approved cessation medications via the quitline (12)
- Increased quit attempts among quitline callers (13)
- Increased cessation among quitline callers (14)

iii. Strategies and Activities

The program strategies for this FOA are based on (1) Best Practices for Comprehensive Tobacco Control Programs-2014; (2) The Guide to Community Preventive Services; (3) the 2008 Public Health Service Clinical Practice Guideline on Treating Tobacco Use and Dependence; (4) the CDC guide Telephone Quitlines: A Resource for Development, Implementation, and Evaluation; and (5) current research on the effectiveness of tobacco cessation interventions, and specifically quitline interventions. The CDC/OSH strategy is a population-based environmental and systems change model designed to produce durable changes in social norms that, among other effects, motivate tobacco users to quit and make it easier for them to do so. This strategy is focused on approaches with the greatest reach in order to impact the largest population.

The proposed strategies are also based on a strong body of evidence that science-based, linguistically and culturally tailored quitline services are effective in reaching CKV-speaking smokers and helping them quit. This evidence base has been generated by the California Smokers' Helpline (CSH) over 20 years of providing quitline services to these populations.

For this FOA, awardees must address all of the following required activities:

1) Deliver a culturally tailored, evidence-based treatment protocol in the Chinese (Mandarin and Cantonese), Korean, and Vietnamese (CKV) languages that includes a 2 week supply of FDA-approved smoking cessation medications for eligible participants.

The awardee will provide effective, linguistically and culturally appropriate quitline services to CKV-speaking populations using evidence-based quitline protocols that have been tailored to the special context and needs of these populations.

The awardee will ensure that adequate quitline infrastructure exists to meet the demand for quitline services, including demand generated by the CDC's Tips From Former Smokers national tobacco education

campaign. Specifically, this infrastructure should include: 1) sufficient staff to support quitline operations; 2) at least three distinct toll free numbers, one per language, with adequate capacity for multiple simultaneous call handling; 3) evidence-based quitline protocols that have been tailored to the special context and needs of these populations; 4) partnerships and established communication systems that support state quitlines and cessation interventions; 5) use of engaged data for the purposes of cessation program planning, implementation, and evaluation; and 6) effective management of resources, including demonstrating and maintaining adequate staff and partnerships, as well as the requisite communication and administrative skills to execute the work plan and the cooperative agreement.

Awardee will ensure, at minimum, the following:

- The quitline should be in operation from Monday through Friday from 9 am to midnight Eastern Standard Time;
- All tobacco users calling the quitline should be offered one intake/initial call and four proactive coaching calls;
- Each call should be answered live or by a caller-friendly interactive voice response system that provides information and access to automated or live services;
- 85% of calls should be answered within 30 seconds during hours of operation;
- The abandonment rate for calls waiting more than 30 seconds since the initial client queue messages should be less than 5%;
- All voicemail and email messages should be returned within one business day;
- All referrals and registrations received through means other than live calls should be followed up within two business days;
- Up to three attempts should be made to contact an individual in order to complete a proactive call before documenting the person as unreachable;
- Callers should be provided with quit tips and encouragement to assist with quit attempts, including addressing barriers and helping callers make a plan and set a quit date, and providing support around staying quit;
- Callers should be referred to resources to assist them with quitting based on eligibility, including information on how to access medications through their health insurance;
- The quitline should make FDA-approved cessation medications available to quitline callers in a safe and effective manner, including screening for and addressing contraindications and having a system in place to fulfill requests for these medications in a timely manner;
- The quitline should be able to receive, respond to, track, and report calls transferred or referred to the Asian language quitline from state quitlines or community-based organizations;
- The quitline should be able to receive, respond to, track, and report on electronic referrals and fax referrals from health care providers, including supplying providers with feedback reports documenting whether the patients were successfully reached, the services and FDA-approved cessation medications they received, and their quit status;
- The quitline should have systems and processes in place for call center supervision and for assessing quitline counselors' performance and call quality and caller satisfaction, including communication, adherence to evidence-based tobacco cessation protocols, addressing relapse, and supporting proper use of FDA-approved cessation medications;
- The quitline should provide initial and ongoing training for quitline counselors

* The level of service specified above may be adjusted in consultation with CDC if necessary to increase reach.

2) Identify, prioritize, and target markets for promotion and outreach to CKV-speaking populations, and deliver targeted promotion through earned and paid media.

The awardee will promote the national Asian quitline and the availability of free cessation medications to eligible quitline callers in order to maximize awareness and use of the Asian quitline among CKV-speaking tobacco users. This includes:

- Conducting and evaluating paid media activities, potentially including print, out-of-home, and radio advertising, in CKV-language channels that are appropriate to reach CKV-speaking populations. This includes coordinating these activities with the Asian-language component of CDC's Tips From Former Smokers campaign as well as with other national, state, and local tobacco education media campaigns.
- Conducting earned media activities, including issuing press releases, holding public events, showcasing results, success stories, and testimonials, and reaching out to reporters to generate news media coverage.

3) Promote awareness and facilitate referrals among health care providers and systems that serve CKV-speaking patients.

The awardee will develop, maintain, and use a system to facilitate referrals of CKV-speaking patients from health care providers to the quitline and feedback reports from the quitline to these providers. This includes:

- Conducting outreach and providing technical assistance to health care systems, organizations of health care providers, and other organizations that work with health care providers serving CKV-speaking populations to promote e-referrals and fax referrals from health care providers to the national Asian quitline as well as to promote the availability of free cessation medications to quitline callers.

4) Collaborate with and conduct outreach to national, state, and local organizations and community partners that reach CKV-speaking populations

The awardee will at minimum conduct outreach to the following entities to increase awareness of, transfers to, referrals to, and utilization of the national Asian language quitline:

- State tobacco control programs and state quitlines
- National, state, and local organizations and community partners that serve Asian populations with limited English proficiency.

5) Participate in monitoring, evaluation, and reporting efforts

The awardee will be expected to evaluate their efforts and use the resulting data for quality improvement. In addition to collecting and reporting required performance measures, the awardee should work with stakeholders to answer evaluation questions of importance to the program. The awardee will be expected to make improvements in data collection when such improvements are requested by CDC. Findings should be shared with stakeholders. An evaluation plan and a final evaluation report should be submitted to CDC. The awardee will be expected to use the guidelines in the Evaluation and Performance section of the FOA to guide these efforts.

1.Collaborations

It is highly recommended and/or required that applicants collaborate with relevant partners in this work. Partnerships may include insurers, healthcare entities, employers, various chronic disease prevention and health promotion programs within state health departments, etc. Awardees are required to collaborate with CDC and CDC funded programs as well as programs external to CDC, with respect to their role in implementing and evaluating evidence-based interventions and strategies outlined in this FOA. Working with partners includes appropriate capacity-building with organizations through training, technical assistance, and consultation, as well as collaboration on implementing evidence-based quitline interventions and strategies. Evidence-based interventions and strategies supported by this award should align with the National Prevention Strategy Tobacco-Free Living, be consistent with OSH Best Practices 2014 and the Guide to Community Preventive Services, support the four CDC National Tobacco Control Program goal areas and the CDC National Center for Chronic Disease Prevention and Health Promotion four Domain areas.

a. With CDC-funded programs:

Collaboration with CDC-funded tobacco control programs within state health departments and the CDC-funded National Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities is required. Awardee is encouraged to identify and leverage opportunities, which will also enhance the recipient's work with entities and programs that address related chronic diseases or their underlying risk factors. This may include, but is not limited to, joint planning and leadership activities, cost sharing activities that cut across stakeholders and relate to recipient program activities, as well as supplemental funding for complementary activities based on stakeholder needs.

Letters of support are strongly encouraged from the following:

- State tobacco control programs funded through DP15-1509 National State-Based Tobacco Control Programs

b. With organizations external to CDC:

The awardee is encouraged to expand partnerships with organizations external to CDC working with Asian populations, especially CKV-speaking populations and immigrant populations. This may include for example, community, health, business, and social organizations. The awardee should also consider collaborations with other organizations external to CDC as appropriate. This may include for example; state and local health departments; state and local organizations; voluntary health organizations; and educational institutions.

Letters of support are strongly encouraged from the following:

- National organizations primarily working with Asian populations
- Community organizations that primarily serve Asian populations in distinct states, especially CKV-speaking populations and immigrant populations

2. Target Populations

The awardee will specifically target the Chinese, Korean, and Vietnamese (CKV)-speaking populations with limited English fluency and those organizations and entities that have the potential to reach these populations. English-speaking callers will be transferred to the national portal, 1-800-QUIT-NOW to receive English-language services available through their state quitlines.

a. Inclusion

The awardee is required to collaborate with organizations working with and representing low socioeconomic status (low SES) populations and individuals with mental health and substance abuse disorders with potential to reach the CKV-speaking population as well as with state tobacco control programs. This FOA specifically focuses on Chinese, Korean, and Vietnamese (CKV) tobacco users with limited English proficiency and their families. In reaching these populations, the awardee should include strategies and collaborations that are inclusive of and reach individuals with disabilities; lesbian, gay, bisexual, and transgender (LGBT) persons; persons with limited health literacy; persons of low SES; and persons with mental health and substance abuse disorders.

iv. Funding Strategy (for multi-component FOAs only)

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Throughout the three-year project period, CDC will provide technical assistance to the awardee to develop a comprehensive monitoring and evaluation plan which encompasses process evaluation, outcome evaluation, and performance measurement. The awardee will be expected to collect data on the performance measures and outcomes detailed below. In addition, they must detail how they plan to use performance measures to conduct quality improvement in service delivery, and how they plan to use other evaluation results for overall program improvement. The plan must be consistent with the CDC Framework for Evaluation in Public Health (http://www.cdc.gov/eval/framework.htm), including stakeholder involvement, developing evaluation questions, ensuring use of evalution findings, and sharing lessons learned.

Evaluation questions that CDC is interested in exploring include:

- Are states maximizing the use and impact of the national Asian quitline by promoting it to CKV-speaking smokers and warm transferring quitline callers to it?
- Are states maximizing the use and impact of the national Asian quitline by promoting it to health care providers and working with them to refer patients to the quitline?
- How effective are specific promotional strategies at driving tobacco users to the quitline?
- Are the states with the largest CKV populations utilizing the national Asian quitline at levels proportional to the size of their CKV-speaking population?
- In jurisdictions where reach (i.e., the proportion of CKV-speaking smokers in a jurisdiction who call the Asian quitline) can be calculated, is reach increasing over time?
- Is the cost per quit decreasing over time as awareness, partnerships, and transfer/referral systems improve?

CDC will assess outcomes using the following measures:

Relevant Logic Model Outcomes (number in logic model)	Recommended Measure
Short Term Outcomes (1-2 years)	
• Increased awareness of the quitline among community partners and media reaching CKV-speaking populations (2)	• Measure TBD by awardee, with approval from CDC
• Increased awareness of the quitline among health care providers/health systems (3)	• Measure TBD by awardee, with approval from CDC
• Increased awareness of the quitline among state/large city tobacco control and chronic disease programs (4)	• Number of states/large city programs promoting the quitline • Number of states/large city programs warm transferring CKV-speaking callers to the quitline
• Increase in partnerships between the quitline and community partners serving CKV-speaking populations (5)	• Number of partners (from partnership list)
• Increased earned media about the quitline in media outlets reaching CKV-speaking populations (6)	• Number of earned media spots, by venue, in media outlets reaching CKV-speaking populations
• Increased referrals to the quitline from health care providers and health systems serving CKV-speaking patients (7)	• Number of referrals to the quitline from health care providers, as measured by the referral tracking system
Intermediate Outcomes (2-3 years)	
• Increased quitline call volume (10)	• Total number of calls to quitline
• Increased number CKV-speaking tobacco users who call the quitline for help with quitting and intakes (11)	• Total number of intakes from CKV-speaking tobacco users • Total number of proxy callers
• Increased number of CKV-speaking tobacco users receiving counseling and/or FDA-approved cessation medications via the quitline (12)	• Total number of CKV-speaking tobacco users enrolled in counseling o Average number of counseling sessions for those enrolled • Total number of CKV-speaking tobacco users receiving FDA-approved medications via the quitline
• Increased quit attempts among quitline callers (13)	• Number and proportion of respondents who have made 24 hour quit attempts (responder and intention to treat rates)
• Increased cessation among quitline callers (14)	• Number and proportion of respondents who have quit for 30 days or more (responder and intention to treat rates)

CDC plans to use the above outcomes and performance measures provided by the awardee to evaluate the success of this FOA. Within six months, CDC will work with the awardee to finalize these performance measures and the data reporting/collection format. CDC will incorporate the specified performance measures into the National Quitline Data Warehouse (NQDW). The NQDW is a repository of data on tobacco quitline services and usage for all 50 states, the District of Columbia, Puerto Rico, and Guam. (See http://www.cdc.gov/tobacco/quit_smoking/cessation/nqdw/pdfs/nqdw-fact-sheet.pdf.)

The following table shows the linkages between the strategies/activities and the performance measures, and provides the required reporting frequency for the performance measures. Note: Data collected on caller characteristics are for statistical purposes only to be used for program planning and improvement.

Strategies / Activities	Process Performance Measures	Reporting Frequency
Deliver a culturally tailored evidence-based treatment protocol in Chinese (Mandarin and Cantonese), Korean, and Vietnamese (CKV) languages, including provision of two weeks of FDA-approved cessation medication to eligible participants	• Evidence of an adequate number of trained quitline counselors	Annually
	• **Service Availability Indicators** (from NQDW Quitline Services Survey): o Hours of operation o Languages offered o Counseling and medication available o Call volume o Services received • **Service Utilization Indicators,** by language and total (from NQDW Intake Survey): o Caller type (self or proxy) o Caller characteristics (gender; age; race/ethnicity; education; state of residence) o How callers heard about the quitline o Types of tobacco products used	Quarterly
	• **Seven-month Follow-up Sample Indicators,** by language and total (from NQDW 7-month follow-up Questionnaire): o Sample size (#) selected for follow-up (sample should be of sufficient size to estimate quit rate with an acceptable level of precision) o Number of respondents who complete seven-month follow-up survey o Response rate	Annually
Identify, prioritize, and target markets for promotion and outreach to CKV-speaking populations, and deliver targeted promotion through earned and paid media.	• Evidence of an executed annual media plan, including creative development and placement and media buys of paid media (such as a media vendor report on levels of media actually delivered), as well as placement of earned media across various channels as appropriate. This plan should include performance measures on the impact of these media campaign activities, along with an explanation of the methodology used. For example, an analysis of the impact of a media campaign (whether alone or in conjunction with the CDC Tips from Former Smokers campaign) on the number of calls to the national Asian quitline could be based on a comparison of weekly average calls to the Asian quitline prior to the campaign and during the campaign.	Annually

Promote awareness and facilitate referrals among health care providers and systems that serve CKV-speaking patients	• Evidence that awardee has developed, maintained, and used a system to receive referrals from and generate feedback to health care providers referring CKV-speaking patients to the quitline.	Annually
Collaborate with and conduct outreach to national, state, and local organizations and community partners that reach CKV-speaking populations	• Evidence of an executed annual partnership plan for outreach and technical assistance to stakeholders as appropriate. This should include at least the following: development of partnerships with, outreach to, and delivery of technical assistance to: states and large cities (especially those with large populations of the target population groups); health care systems/providers, especially those serving the target population groups; organizations that serve the target populations, federal agencies and national organizations.	Annually
Participate in monitoring, evaluation, and reporting efforts	• Evidence of development of Asian Quitline quality indicators (e.g., caller satisfaction) in consultation with CDC • Evidence of development of Asian Quitline reach metrics in consultation with CDC	Annual (Year 1 only)
	• Submission of information on quitline operations demonstrating adherence to Service Delivery Protocol Performance Measures reflecting the following standards: o 85% of all calls answered live in 1 of 3 languages within 30 seconds by a live counselor during hours of live counseling; o Less than 5% abandonment rate for calls waiting more than 30 seconds following the initial client queue message; Proactive calls: Up to three attempts are made to reach the caller to provide counseling services before documenting a participant as unreachable; o 100% of all voicemail and email messages returned within 1 business day; o 100% of referrals and registrations through means other than live calls followed up within two business days	Annually

	• Submission of all measures required by the National Quitline Data Warehouse (NQDW), with date of service indicated, so that CDC has the ability to classify call data in weekly, monthly, and quarterly increments by state. Measures required by NQDW: Service Availability, Service Utilization, Seven-month Follow-up Sample, Seven-Month Follow-up Cessation Outcome indicators, in the reporting intervals specified herein (provided above and below for reference).	Varies

	Project Period Performance Measures:
	• Submission of the final evaluation report to CDC at the end of the 3 year cooperative agreement. Along with a description of sampling methodology, the seven-month follow-up cessation outcomes are expected to be aggregated and included. Sample size should be large enough to estimate quit rates with an acceptable level of precision when data are aggregated. Below are the relevant NQDW indicators that must be submitted and referenced in the final evaluation report:
	  • **Seven-Month Follow-up Cessation Outcome Indicators**, by language and total (from NQDW 7-month follow-up Questionnaire):
	  o Number and proportion of respondents who have made 24 hour quit attempts (responder and intention to treat rates)
	  o Number and proportion of respondents who have quit for 30 days or more (responder and intention to treat rates)
	  o Satisfaction of respondents with national Asian language quitline services
		End of Grant

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must describe how they will collect the required performance measures, and how they develop an evaluation plan that is consistent with the CDC evaluation and performance measurement section of this FOA. In addition, they must detail how they plan to use performance measures to conduct quality improvement in service delivery, and how they plan to use other evaluation results for overall program improvement.

Applicants are required to submit a draft evaluation plan with the application. Within six months of award, the awardee is expected to integrate the performance measures and outcomes into a comprehensive monitoring and evaluation plan. This plan should supplement the performance measures with additional evaluation strategies based on stakeholder feedback. This plan is expected to include the seven-month follow-up performance measures detailed above as part of the outcome evaluation. Guidance and tools on developing a useful evaluation plan can be found in *Developing an Evaluation Plan* (http://www.cdc.gov/obesity/downloads/cdc-evaluation-workbook-508.pdf). Throughout the three-year project period, CDC will provide technical assistance to the awardee to ensure a useful plan which encompasses process evaluation, outcome evaluation, and performance measurement. The final plan must:

- Describe how program staff and partners will be engaged in the evaluation planning process;
- Describe how evaluation findings and performance measurement will be used for continuous program

and quality improvement;
- Describe evaluation questions, methods, findings, and how results will be disseminated and shared with various stakeholder audiences.

It is expected that the final evaluation report will, at minimum, describe how the above were implemented in the course of the evaluation, in addition to the 7 month Follow-up cessation Outcome Indicators specified in the Performance Measurement section.

c. Organizational Capacity of Awardees to Execute the Approach

- The applicant must have at least 3 years of experience in providing proactive tobacco cessation quitline telephonic counseling in the Chinese (including both Mandarin and Cantonese), Korean and Vietnamese languages, using a culturally tailored, tested, evidence-based service protocol. Quitline calls must have been conducted in the callers' predominant languages by counselors fluent in the respective language, rather than through the use of translation services. The applicant must provide evidence of the effectiveness of their past approach.
- The applicant must have at least 3 years of experience in the distribution of FDA-approved cessation medications to eligible callers.
- The applicant must have at least 3 years of experience collaborating with and conducting outreach to community partners serving CKV-speaking populations regarding the availability of quitline services.
- The applicant must demonstrate at least 3 years of experience working with media partners that reach CKV-speaking populations to develop and implement quitline promotions in Asian language media outlets. The applicant must provide evidence of the existence and outcomes of such partnerships and promotions.
- The applicant must demonstrate the presence of a full-time quitline manager, a medical director, and adequate supervisory and program staff with sufficient workforce capacity and competence to ensure successful, sustained delivery of evidence-based, linguistically and culturally competent quitline services.
- The applicant must demonstrate the ability to coordinate and collaborate with state health department chronic disease prevention and health promotion programs and other partners to leverage limited resources and maximize reach and impact.
- The applicant must demonstrate adequate financial management procedures to ensure on-time reporting for PPHF funding and compliance with other federal reporting requirements.

d. Work Plan

Applicants will develop a detailed work plan for Year 1 of the award and this should be submitted with the application. A sample work plan template is available for use at http://www.cdc.gov/tobacco/osh/foa.

Applicants are not required to use the work plan template, but are required to include all of the elements listed within the template.

Applicants must submit a detailed work plan for Year 1 that at a minimum includes: (1) evidence-based quitline interventions, strategies and activities to support achievement of FOA outcomes (interventions, strategies, and activities must be in alignment with the Asian Language Tobacco Quitline Logic Model and should have appropriate performance measures); (2) staff roles and responsibilities to support implementation of recipient activities, and (3) project monitoring and evaluation processes to ensure successful implementation.

Project period and annual objectives should be written in SMART (specific, measurable, achievable, realistic, and timely) format. Quantitative baselines should be provided for each objective that leads to an increase, decrease, or maintenance over time.

CDC will provide feedback and technical assistance to awarded applicants to finalize the work plan

post-award.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee 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 awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee 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:

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

Other activities deemed necessary to monitor the award, if applicable.

These activities may include 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 grantees.

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

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

- Provide ongoing guidance, technical assistance, training, consultation and support in implementing evidence-based cessation/quitline interventions and strategies.
- Access to CDC's Office on Smoking and Health Media Campaign Resource Center and CDC's Tips from Former Smokers campaign resources.
- Collaborate with selected sites on the evaluation of innovative strategies addressing priority populations including publication of results.
- Provide surveillance and evaluation technical assistance through a variety of mediums including phone, guidance tools, and webinar trainings.
- Provide technical assistance if requested for the development of quitline success stories and publish selected success stories on the CDC/OSH website as appropriate.
- Provide technical assistance if requested with the submission of data to the National Quitline Data Warehouse (NQDW).
- Facilitate the development of the evidence base, especially with regard to innovative strategies for reaching targeted populations and eliminating tobacco-related disparities.
- Use evaluation to inform technical assistance, best practices development, future FOAs, and peer reviewed publications.
- Provide resources and technical assistance to develop and enhance monitoring and surveillance systems.
- Provide guidance to identify indicators that can be used to monitor and evaluate awardee efforts.

- Collect and analyze data that can be used to monitor and evaluate cessation/quitline initiatives.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.

2. Award Mechanism:

3. Fiscal Year: 2015

Estimated Total Funding: $1,000,000

4. Approximate Total Fiscal Year Funding: $1,000,000

5. Approximate Project Period Funding: $3,000,000

6. Total Project Period Length: 3 year(s)

7. Expected Number of Awards: 1

8. Approximate Average Award: $1,000,000 Per Budget Period

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

10. Award Floor: $750,000 Per Budget Period

11. Estimated Award Date: 08/01/2015

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (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 project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

12. Budget Period Length: 12 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
County governments
City or township governments
Special district governments
Independent school districts
Public and State controlled institutions of higher education
Native American tribal governments (Federally recognized)
Public housing authorities/Indian housing authorities
Native American tribal organizations (other than Federally recognized tribal governments)
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education

For profit organizations other than small businesses
Small businesses
Others (see text field entitled "Additional Information on Eligibility" for clarification)
Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Government Organizations:

State (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

Other:

Private colleges and universities
Community-based organizations
Faith-based organizations

2. Additional Information on Eligibility

This funding requires immediate implementation to ensure there is no lapse in access to care, which would contribute to the existing disparity for this population. Applicants must currently operate a proactive tobacco cessation telephone quitline that provides counseling in Chinese (Mandarin and Cantonese), Korean and Vietnamese languages, using a culturally tailored, tested, evidence-based service protocol. These calls must be answered in the callers' predominant languages by counselors fluent in the respective language, rather than through the use of translation services.

The award ceiling for this FOA is $1,000,000. CDC will consider any application requesting an award higher than this amount as non- responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf)

3. Justification for Less than Maximum Competition

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 FOA exists, leveraging other resources and related ongoing efforts, such as state tobacco control programs, insurers, and employers, and community organizations that serve CKV-speaking populations to promote sustainability is strongly encouraged .

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

Additional materials that may be helpful to applicants: http://www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf.

1. Required Registrations

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

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet athttp:// fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge.If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

c. Grants.gov: The first step in submitting an application online is registering your organization through www.grants.gov, the official HHS E-grant website. Registration information is located at the "Get Registered" option atwww.grants.gov.

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

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 funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO 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 PGO.

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

Due Date for Letter of Intent: **05/22/2015**

b. Application Deadline

Due Date for Applications: **06/29/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Informational Conference Call: 05/19/2015

From 3:00 pm - 4:00 pm EST

Join Lync Meeting: https://webconf.cdc.gov/zho7/1HN5JZ58

Join by phone: (855)-644-0229 Toll Free English (United States)

Conference ID: 5701377

Questions related to this FOA may be submitted at http://www.cdc.gov/tobacco/about/foa/asian-quitline/form/index.htm

A list of Frequently Asked Questions will be available at http://www.cdc.gov/tobacco/about/foa/asian-quitline/faq/index.htm

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html.

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

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

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

A letter of intent is requested but optional

Descriptive title of proposed project:

- Name, address, telephone number, and email address of the Principal Investigator or Project Director, or both
- Name, address, telephone number, and e-mail address of the primary contact for writing and

submitting this application
- Number and title of this FOA

LOI must be sent via U.S. express mail, delivery service, fax, or email to:

Anna Schecter

CDC, NCCDPHP

Address:

CDC 4770 Buford Hwy, NE MS F-79

or for fed-ex/direct delivery: 4770 Buford Hwy, NE Bldg 107 Rm 7225.2

Atlanta, GA 30341

Telephone number: 770-488-2499

Fax: 770-488-5767

Email address: zho7@cdc.gov

8. Table of Contents

(No page limit and not included in Project Narrative limit): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

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

9. Project Abstract Summary

(Maximum 1 page)

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

10. Project Narrative

(Maximum of 20 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 20 pages will not be considered. The 20 page limit includes the work plan. For a multi-component FOA, maximum page limit is 25.)

The Project Narrative must include all of the bolded headings shown in this section. 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 project period as identified in the CDC Project Description section. Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov.

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 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. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

iii. Strategies and Activities
Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period 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 CDC Project Description: Strategies and Activities section.)

1. Collaborations
Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC.

Applicants choosing to file optional letters of support, as appropriate, may name the files "Letters of Support", and upload it as a PDF file at www.grants.gov.]

Applicants are expected to collaborate with diverse stakeholders in order to implement evidence-based interventions and strategies to reduce tobacco use, tobacco-related disparities and associated disease, disability, and death among CKV-speaking populations through the Asian language quitline.

Applicants must describe how they will collaborate with:

- CDC-funded state tobacco control programs (DP15-1509) and National Networks to Impact Populations Experienceing Tobacco Related and Cancer Health Disparities (DP13-1314) and any other chronic disease prevention and health promotion programs
- Partners and organizations serving or reaching low socioeconomic populations
- Partners and organizations serving or reaching persons with mental health illnesses and substance abuse addictions
- Partners and organizations serving or reaching the target populations identified for this project period
- National, state or local organizations with dedicated tobacco control funding that is not federal funding
- Health care organizations
- Provider organizations
- Medicaid
- Private Insurers

2. Target Populations
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. Refer back to the CDC Project Description section – Approach: Target Population.

The applicant must describe the specific target population(s) that this project intends to serve and how the applicant's proposed approach achieves the goals of the award and/or alleviates health disparities among tobacco users who predominantly speak CKV languages as well as well as their family members. Refer back to the CDC Project Description section – Approach: Target Population.
Inclusion: Applicants must address how they will include tobacco users who predominantly speak CKV languages as well as their family members who can benefit from the program, refer back to the CDC Project Description section – Approach

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an overall evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Affirm the ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy. (For guidance regarding the Paperwork Reduction Act, please visit http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html)
- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe how evaluation findings will be used for continuous program quality improvement.

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

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

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first 6 months of the project, as outlined in the reporting section of the FOA.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first 6 months of the project, as outlined in the reporting section of the FOA.

d. Organizational Capacity of Applicants to Implement the Approach

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

Applicant is strongly encouraged to include written documentation substantiating the applicant's provision of outlined services for at least three years, including the existence of active telephone numbers for these services by attaching to the appendices a complete list of the contract(s) and/or funding agreement(s) under which the applicant has provided the above quitline services within the United States, including:

(A) The beginning and ending dates of the contracts/funding agreements;
(B) The services provided under those contracts/funding agreements;
(C) The name, address, and telephone number of at least one manager in each client organization who is personally familiar with the applicant's performance under the contract/funding agreement.

Applicants should name this file "Organizational Capacity" and upload it at www.grants.gov.

Applicant must include CVs/Resumes for the following:

1) Principal Investigator

2) Program Manager

Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov.

11. Work Plan

(Included in the Project Narrative's 20 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 awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.

12. Budget Narrative

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. 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 will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities). The CDC will not reimburse indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period.

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

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 FOA 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 FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost

allocation plan approval letter for those Grantees under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

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13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care,or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: http://www.gsa.gov/ graphics/pbs/Guidelines_for__Federal_Concessions_and_Vending__Operations.pdf).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

http://www.cdc.gov/ nccdphp/dnpao/hwi/ toolkits/ tobacco/index.htm

http://www. thecommunityguide.org/ tobacco/index.html

http:// www.cdc.gov /obesity /strategies /food-serv-guide.html

14. Health Insurance Marketplaces

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplaces and the health care law, visit: www.HealthCare.gov.

15. Intergovernmental Review

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

16. 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 CFR section 3.908 to the award and requires that grantees 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.

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees 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 is not allowed.
- 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 http:// www.cdc.gov /grants /additional requirements /index.htm l#ar12 for detailed guidance on this prohibition and http://www. cdc.gov/ grants /documents/Anti- Lobbying _ Restrictions _ for_CDC _ Grantees_July _ 2012.pdf
- 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.
- No more than 10% of funds may be used on FDA-approved cessation medications unless otherwise directed through official communication from CDC.

18. Other Submission Requirements

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

Applications must be submitted electronically by using the forms and instructions posted for this funding

opportunity at www.grants.gov.

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

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

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. 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 Applicant User Guide, Version 1.1, page 102.

http:// www.grants.gov /documents /19/18243 /Grantsgov ApplicantUserGuide .pdf /ce754626 -c2aa-44bc- b701 -30a75bf428c8

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@www.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@www.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 or call 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 postmarked 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, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase I Review

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC NCCDPHP and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility 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

Budget	**Maximum Points: 0**

- The extent to which the applicant shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes
- Does not exceed 10% limit for FDA-approved smoking cessation medication

Approach	**Maximum Points: 35**

1. The extent to which the applicant describes strategies to deliver a culturally tailored evidence-based treatment protocol in Chinese (Mandarin and Cantonese), Korean, and Vietnamese (CKV) languages, that includes a 2-week supply of FDA-approved smoking cessation medications to eligible participants. Specifically, the applicant describes:

- Providing adequate quitline infrastructure to meet the demand for linguistically and culturally appropriate quitline services, including demand generated by the CDC's Tips From Former Smokers national tobacco education media campaign. Specifically, this infrastructure includes: 1) sufficient staff to support quitline operations; 2) at least three distinct telephone toll free numbers, one per language, with adequate capacity for multiple simultaneous call handling; 3) evidence-based quitline protocols that have been tailored to the special context and needs of CKV-speaking populations; 4) partnerships and established communication systems that support state quitlines and cessation interventions; 5) use of engaged data for the purposes of cessation program planning, implementation, and evaluation; and 6) effective management of resources, including demonstrating and maintaining adequate staff and partnerships, as well as the requisite communication and administrative skills to execute the work plan and the cooperative agreement.
- Operating a quitline capable of, at minimum: providing the required hours of operation; implementing evidence-based protocols for an intake/initial call and four subsequent proactive counseling calls (as described under the Strategies and Interventions section of the FOA); receiving, tracking, and reporting calls transferred from state quitlines; and establishing, implementing, and tracking systems for recruiting and receiving referrals from health care providers that include feedback loops; appropriate provision of FDA-approved cessation medications; call center supervision and assessment of quitline counselors' performance, call quality, and caller satisfaction; and initial and ongoing training as needed for quitline counselors.

2. The extent to which the applicant describes processes to identify, prioritize, and target markets for promotion and outreach to CKV-speaking populations, and to deliver targeted promotion

through earned and paid media.

- Applicant describes strategies to effectively promote the national Asian quitline and the availability of free cessation medications to eligible quitline callers in order to maximize awareness and use of this service among CKV-speaking tobacco users, including:

  a) Conducting and evaluating paid media activities, potentially including print, out-of-home, and radio advertising, in CKV-language channels that are appropriate to reach CKV-speaking populations. This includes coordinating these activities with the Asian-language component of CDC's Tips From Former Smokers campaign as well as with other national, state, and local tobacco education media campaigns.

  b) Conducting earned media activities, including issuing press releases, holding public events, showcasing results, success stories, and testimonials, and reaching out to reporters to generate news media coverage.

3. The extent to which the applicant describes effective strategies to promote awareness and facilitate referrals among health care providers and systems that serve CKV-speaking patients:

- The applicant describes strategies to develop, maintain, and use a system to facilitate referrals of CKV-speaking patients from health care providers to the quitline and feedback reports from the quitline to these providers.
- The applicant describes a process to conduct outreach and provide technical assistance to health care systems and organizations of health care providers serving Asian populations, including working with these systems and organizations to promote e-referrals and fax referrals from health care providers to the national Asian quitline as well as the availability of free cessation medications to quitline callers.

4. The extent to which the applicant describes strategies to collaborate with and conduct outreach to national, state, and local organizations and community partners that reach CKV-speaking populations:

- The applicant describes conducting outreach to state tobacco control programs to encourage them to promote the Asian language national quitline and to transfer callers to this quitline, as well as to support their efforts to do so.
- The awardee describes conducting outreach to national, state, and local organizations and community partners that serve Asian populations with limited English proficiency.

5. The extent to which the awardee describes participating in monitoring, evaluation, and reporting efforts, including:

- Collecting and reporting required quarterly data for the National Quitline Data Warehouse and other measures requested by CDC. This includes tracking and reporting on counseling and cessation medications provided through the quitline, as well as tracking and reporting on the number of quitline referrals received from health care providers. Awardee will be expected to make improvements in data collection when such improvements are requested by CDC.
  - A draft evaluation plan was included that describes:
    - Analyzing data and sharing findings with relevant stakeholders, including providing information on the quitline's cost per call.
    - Using data to create documents on the impact of the national Asian quitline for use with stakeholders and for sustainability activities.
    - Developing a final evaluation report, including, but not limited to, reports on the outcome performance measures and the other progress measures specified in the CDC Evaluation and Performance Measurement Strategy section per the timelines specified.

6. The extent to which the applicant describes collaborations with partners both within CDC and external to CDC, including:

- CDC-funded state tobacco control programs and National Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities
- CDC-funded chronic disease prevention and health promotion programs;
- Partners and organizations serving Asian populations, especially CKV-speaking populations and immigrant populations. This could include, for example, community, health, business, and social organizations;
- Partners and organizations working with low socioeconomic populations;
- Partners and organizations working with persons with populations with mental health and substance abuse conditions;
- National, state or local organizations with dedicated tobacco control funding that is not federal funding;
- Health care organizations;
- Health provider organizations;
- State Medicaid programs;
- Private Insurers

7. The extent to which the applicant describes the specific target population(s) and how the applicant's proposed activities will achieve the goals of the award and/or alleviate health disparities among tobacco users who predominantly speak CKV languages as well as their family members.

- Additionally, the extent to which the applicant includes strategies and collaborations that are inclusive of and reach individuals with disabilities; lesbian, gay, bisexual, and transgender (LGBT) persons; persons with limited health literacy; persons of low SES; and persons with mental health and substance abuse disorders.

Evaluation and Performance Management	**Maximum Points: 25**

- The applicant shows/affirms the ability to collect data on performance measures (to be reported quarterly, to CDC for inclusion in the National Quitline Data Warehouse (NQDW), including:

  Service Availability Indicators (from NQDW Quitline Services Survey):

  - Hours of operation
  - Languages offered
  - Counseling and medication available
  - Call volume
  - Services received

  Service Utilization Indicators, by language and total (from NQDW Intake Survey):

  - Caller type (self or proxy)
  - Caller characteristics (gender; age; race/ethnicity; education; state of residence)
  - How callers heard about the quitline
  - Types of tobacco products used

- The applicant shows/affirms the ability to collect performance measures (to be reported annually for inclusion in the National Quitline Data Warehouse (NQDW), including:

Seven-month follow-up sample indicators (by language and total):

a) Sample size (#) selected for follow-up (sample should be of sufficient size to estimate quit rate with an acceptable level of precision)

b) Number of respondents who complete seven-month follow-up survey

c) Response rate

Seven-Month Follow-up Cessation Outcome Indicators (by language and total):

a) Number and proportion of respondents who have made 24 hour quit attempts (responder and intention to treat rates)

b) Number and proportion of respondents who have quit for 30 days or more (responder and intention to treat rates)

c) Satisfaction of respondents with national Asian language quitline services

- The applicant provides a work plan and narrative that appropriately:
  - Describes how an annual media plan will be developed that will include creative development and/or placement and media buys of paid media as well as placement of earned media across various channels as appropriate. Information provided should include, as appropriate: proposed approaches to developing ad flighting schedules and coordination with the CDC's Tips campaign; pre-testing of creative to ensure that ads will resonate with the target audiences; process measures to be used to ensure that adequate media levels are delivered such as numbers of ads placed; impressions delivered, as well as relevant outcome measures to be utilized to determine impact such as increased calls to the quitline.
  - Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
  - Describes how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the FOA and for continuous program quality improvement.
  - Describes how evaluation and performance measurement will contribute to expanding the evidence base for tobacco cessation and quitline services among CKV-speaking tobacco users and their families with limited English proficiency.
  - Describes any evaluation studies the applicant plans to undertake.
  - Describes the development of a partnership plan for providing outreach and technical assistance to stakeholders as appropriate. This should include at least the following: development of partnerships with, outreach to, and delivery of technical assistance to states and large cities (especially those with large populations of the target groups); health care systems/providers; organizations that serve the target populations, federal agencies and national organizations.
  - Description of submission of call data for the NQDW reports on a quarterly basis to CDC. Ability to report on call data in weekly, monthly, and quarterly increments when requested, especially during CDC's Tips campaign.
  - Describes a process to develop, maintain, and use a system to receive referrals from and generate feedback to health care providers serving CKV-speaking patients to the quitline.

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

The applicant demonstrates the following:

- At least 3 years of experience in providing proactive tobacco cessation quitline counseling in Chinese (including both Mandarin and Cantonese), Korean and Vietnamese languages, using a culturally tailored, tested, evidence-based service protocol. These calls must have been answered in the callers' predominant languages by counselors fluent in the respective language, rather than through the use of translation services. The applicant must provide evidence of the effectiveness of their past approach. This was substantiated by attaching to the appendices a complete list of the contract(s) and/or funding agreement(s) under which the applicant has provided the above quitline services within the United States, including:

  (A) The beginning and ending dates of the contracts/funding agreements;
  (B) The services provided under those contracts/funding agreements;
  (C) The name, address, and telephone number of at least one manager in each client organization who is personally familiar with the applicant's performance under the contract/funding agreement.

- At least 3 years of experience in the distribution of FDA-approved cessation medications to eligible callers.
- At least 3 years of experience collaborating with and conducting outreach to community partners that serve Asian populations to promote the availability of quitline services.
- At least 3 years of experience working with media partners that reach CKV-speaking populations to develop and implement quitline promotions in Asian language media outlets. The applicant must provide evidence of the existence and outcomes of such partnerships and promotions.
- A full-time quitline manager, a quitline medical director, and adequate supervisory and program staff with sufficient workforce capacity and competence to ensure successful, sustained delivery of evidence-based, effective, efficient, and linguistically and culturally competent quitline services.
- Ability to coordinate and collaborate with state tobacco control programs and state health department chronic disease prevention and health promotion programs and other partners to leverage limited resources and maximize reach and impact.
- Adequate financial management procedures to ensure on-time, accurate reporting for PPHF funding and compliance with other federal reporting requirements.

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.

c. Phase III Review

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

2. Announcement and Anticipated Award Dates

Successful applicants will anticipate notice of funding by July 24, 2015 with a start date of August 1, 2015.

F. Award Administration Information

1. Award Notices

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

Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and

Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

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

2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 C.F.R. Part 74 or Part 92 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html

The HHS Grants Policy Statement is available at http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf.

*Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

For more information on the C.F.R. visit http://www.ecfr.gov/cgi-bin/ECFR?page=browse.

3. Reporting

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

- Helps target support to awardees;
- Provides CDC with periodic data to monitor awardee progress toward meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the project period 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 FOA.

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 FOA copying the CDC Project Officer.

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes

Applicants are advised that any activities involving information collection (i.e., surveys, questionnaires, etc.) from 10 or more non-Federal individuals/entities are subject to OMB/PRA requirements and may require the CDC to coordinate an OMB Information Collection Clearance

General Provisions Title II, Division H, Consolidated Appropriations Act (2014).

Section 203 - Cap on Researcher Salaries: None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II; reduced from $199,700 to $179,700 effective December 23, 2011.

Section 217 - Gun Control Prohibition: None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

Section 218 - Prevention and Public Health Fund Reporting Requirements: Prevention Fund Reporting Requirements: This award requires the grantee to complete projects or activities which are funded under the Prevention and Public Health Fund (PPHF) (Section 4002 of Public Law 111-148) to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Responsibilities for Informing Sub-recipients: Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, CFDA number, and amount of 2014 PPHF funds. When a recipient awards 2014 PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental 2014 PPHF funds from regular sub-awards under the existing program.

Reporting Requirements:

Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of $25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 - June 30 and July 1 - December 31; and email such reports (in 508 compliant format) to the CDC website (template and point of contact to be provided after award) no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively). Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the subrecipient).

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

No part of any appropriation contained in this Act or transferred pursuant to Sec. 502(a), (b) and (c) of Title V, Division H, Consolidated Appropriations Act, 2014 and section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

No part of any appropriate contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay 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 the Congress or any State government, State legislature or local legislative body, other than normal and recognized executive-legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

Sec 422, Title IV, Division H. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, made a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that this further action is not necessary to protect the interests of the Government.

Sec 423, Title IV, Division H. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation with respect to which any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsibly for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

Sec 522, Title V, Division H of the Consolidated Appropriations Act, 2014. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

a. Awardee Evaluation and Performance Measurement Plan (required)
With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award.

This plan should provide additional detail on the following:

- The frequency that evaluation and performance data are to be collected.
- How data will be reported.
- How evaluation findings will be used for continuous quality and program improvement.
- How evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., improved public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

b. Annual Performance Report (APR) (required)
The awardee must submit the APR via www.grants.gov 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.

This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and

update measures, if needed.

- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
    - Awardees must report progress on completing activities and progress towards achieving the project period outcomes described in the logic model and work plan.
    - Awardees must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Awardees must describe success stories.
- **Challenges**
    - Awardees must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
    - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
    - Awardees must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period 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 awardee must submit the Annual Performance Report via www.grants.gov 120 days before 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 awardees at the beginning of the award period.

See Performance Measure section above for required quarterly measures for the National Quitline Data Warehouse (NQDQ)

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted through eRA Commons 90 days after the end of the calendar quarter in which the budget period ends. 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, awardees are required to submit a letter of explanation to PGO and include the date by which the Grants Officer will receive information.

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

- Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
- Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
- Impact/Results/Success Stories – Awardees 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.
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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

The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible website, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than $25,000. For the full text of these requirements, see: http://www.gpo.gov /fdsys/browse/ collection.action?collectionCode= BILLS.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Anna Schecter, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: (770) 488-2499
Email: zho7@cdc.gov

Grants Staff Contact

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

Tessa Wright, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
Email: xcf8@cdc.gov

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

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

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

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Table of Contents for Entire Submission

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 74 and Part 92 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 FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additional requirements/index.html. Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

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

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

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

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

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

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (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 awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

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

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

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects)

to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The FOA evaluation plan is used to describe how the awardee 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.

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

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

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

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.

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

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

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

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

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

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

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

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

Outcome: The results of program operations or activites; 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.

Plain Writing Act of 2010: Requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

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 FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.

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.

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

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

System for Award Management (SAM): The primary vendor database for the U.S. federal government.

SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

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

Work Plan: The summary of project period 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.

CKV: Chinese, Korean, and Vietnamese

FDA-approved smoking cessation medications: The Food and Drug Administration (FDA) has approved a variety of smoking cessation medications. These include prescription medicines as well as over-the-counter (OTC) products such as skin patches, lozenges, and gum. Smoking cessation medications are regulated through FDA's Center for Drug Evaluation and Research, which ensures that the products are effective and that their benefits outweigh any known associated risks. http://www.fda.gov/tobaccoproducts/resourcesforyou/ucm168231.htm#

National Quitline Data Warehouse: The National Quitline Data Warehouse (NQDW) was established to assist in the evaluation of Centers for Disease Control and Prevention (CDC)-funded State and territorial quitlines and to provide a resource to states for ongoing tobacco control program evaluation and improvement.

Proactive Quitlines: Telephone line providing evidence-based behavioral counseling and support to help tobacco users who want to quit by initiating calls as well as receiving calls. For example, proactive quitlines schedule follow-up calls with smokers who are trying to quit in order to support them throughout their quit attempt.