

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

National Collaboration to Support Health, Wellness and Academic Success of School-Age Children

CDC-RFA-DP16-1601

Application Due Date: 01/19/2016

National Collaboration to Support Health, Wellness and Academic Success of School-Age Children

CDC-RFA-DP16-1601

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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-DP16-1601. 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:

National Collaboration to Support Health, Wellness and Academic Success of School-Age Children

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-DP16-1601

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

93.858

F. Dates:

1. Due Date for Letter of Intent (LOI):	**12/15/2015**
2. Due Date for Applications:	**01/19/2016**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**12/01/2015**

CDC will conduct a conference call for all interested applicants to provide technical assistance and respond to any questions regarding the Funding Opportunity Announcement (FOA) process. Conference call lines are limited so we encourage those who can to call in from one location. The call-in information is: 1-866-730-1290; Passcode: 42127644. The call will take place for applicants on: December 1, 2015 at 3:00p.m., U.S. Eastern Standard Time. The call will be recorded and instructions for accessing the call will be available at http://www.cdc.gov/chronicdisease/about/foa/1601/index.htm

G. Executive Summary:

1. Summary Paragraph:

The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 2016 funds to implement FOA DP16-1601, National Collaboration to Support Health, Wellness and Academic Success of School-Age Children. There are five priority areas to this FOA. Approximately $2,250,000 per year is available for this funding announcement. The project period is 5 years, with a 12-month budget period and an anticipated award date of June 1, 2016. This FOA supports nationwide implementation of cross-cutting approaches to promote health and prevent and control chronic diseases and their risk factors. This program represents activities and intervention strategies that draw from each of the four chronic disease domains. For information on the Chronic Disease Prevention and Health Promotion Domains, refer to the Glossary section of this FOA or http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm

The five priority areas in this FOA are: (1) Physical Education and Physical Activity, (2) School Nutrition Environment and Services, (3) Out of School Time Healthy Eating and Physical Activity, (4) School Health Services for Managing Chronic Conditions, (5) School Health Services for Promoting Sexual Health. If an

applicant wishes to apply for multiple priority areas, a separate project narrative, work plan, and budget narrative must be submitted with the application forms for each priority the applicant is applying for.

a. Eligible Applicants:	Limited
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	5
d. Total Project Period Funding:	$11,250,000
e. Average One Year Award Amount:	$375,000
f. Number of Years of Award:	5
g. Estimated Award Date:	06/01/2016
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Heart disease, cancer, and stroke are leading causes of death among adults in the U.S. All of these diseases are influenced, in part, by dietary and physical activity behaviors. During the transition from childhood to adulthood, adolescents establish patterns of behavior and make lifestyle choices that affect their health. Some adolescents struggle to adopt behaviors that could decrease their risk of developing chronic diseases in adulthood, such as eating nutritiously and engaging in physical activity. During the last 3 decades, the number of obese youth between the ages of 6-19 has tripled. Obesity among children and adolescents is linked to other chronic conditions, such as diabetes, high blood pressure, and high cholesterol.

Many young people engage in sexual behaviors that place them at risk for HIV infection, other STD, and pregnancy. According to the 2013 National Youth Risk Behavior Survey (YRBS) results, 47% of U.S. high school students ever had sexual intercourse; 34% had sexual intercourse with at least one person during the 3 months before the survey; and 15% had had sexual intercourse with four or more persons during their lifetime. Of those sexually active high school students, 41% reported that either they or their partner had not used a condom during last sexual intercourse, and 75% reported that either they or their partner had not used birth control pills or Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any intrauterine device (IUD) before last sexual intercourse.

Young people's behaviors and eventual health outcomes are influenced at the individual, peer, family, school, community, and societal levels. Because many sectors of society contribute to adolescent health, safety, and well-being, a collaborative effort that engages various community partners is necessary. Such joint efforts can also help to promote a more comprehensive approach to addressing adolescent health—one that views each adolescent as a whole person, recognizing and drawing upon his or her assets and not just focusing on risks. Schools, however, serve a unique role in addressing young people’s health behaviors and outcomes, as over 95% of young people are enrolled in and spend 6-7 hours per day in school. Schools can play a significant role in helping young people prevent future chronic diseases and in managing existing chronic conditions such as asthma, diabetes, food allergies, and tooth decay. Additionally, schools can influence students’ risk for HIV infection and other STD through provision of or referral to school health services. To have the most positive impact on child and adolescent health behaviors and conditions, schools can work with government agencies, community organizations, and other community members to provide safe and nurturing environments for our nation’s youth, enabling them to be healthy and productive members of society.

b. Statutory Authorities

Public Health Service Act Section 317(k)(2) of the Public Health Service Act, 42 U.S.C. 247b(k)(2)

c. Healthy People 2020

This program addresses the "Healthy People 2020" focus areas of Access to Health Services, Nutrition and Weight Status, Physical Activity, Adolescent Health, and Reproductive and Sexual Health available at http://www.healthypeople.gov.

d. Other National Public Health Priorities and Strategies

This program supports strategies to improve multiple chronic diseases and the risk factors associated with the following public health priorities: the incidence of obesity; increased physical activity and healthy eating in youth; and improving the management of chronic conditions in students as outlined in the following national plans and guidelines:
CDC Winnable Battles: http://www.cdc.gov/winnablebattles/
CDC and ASCD Whole School, Whole Community, Whole Child model: http://www.cdc.gov/healthyyouth/wscc/
The Guide to Community Preventive Services: http://www.thecommunityguide.org/index.html
The National Prevention Strategy: http://www.surgeongeneral.gov/priorities/prevention/strategy/index.html
National Physical Activity Plan: http://www.physicalactivityplan.org
Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation:
http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx
Let's Move! Active Schools: www.letsmoveschools.org
Presidential Youth Fitness Program: www.presidentialyouthfitnessprogram.org
National After School Alliance Healthy Eating and Physical Activity Standards: http://www.niost.org/pdf/host/Healthy_Eating_and_Physical_Activity_Standards.pdf
United States Department of Agriculture Smart Snacks: http://www.fns.usda.gov/sites/default/files/allfoods_flyer.pdf
United States Department of Agriculture School Meal Programs: http://www.fns.usda.gov/nslp/national-school-lunch-program-nslp
United States Department of Agriculture Local School Wellness Policy:
http://www.fns.usda.gov/tn/local-school-wellness-policy
CDC School Health Guidelines to Promote Healthy Eating and Physical Activity:
http://www.cdc.gov/mmwr/pdf/rr/rr6005.pdf
The National HIV/AIDS Strategy:
https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas.pdf
National Asthma Education and Prevention Program Expert Panel Review-3 Guidelines for the Diagnosis and Management of Asthma (NAEPP EPR-3):
http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines/full-report

e. Relevant Work

For over 20 years, the National Center for Chronic Disease Prevention and Health Promotion has provided scientific leadership and technical expertise to state departments of health and education to assist them with building their capacity to develop, deliver, and implement chronic disease and health promotion programs that have measureable impact. This FOA builds on CDC's ongoing efforts to improve the health and well-being of youth and prepare them to be healthy adults, including CDC's cooperative agreement "State Public Health Actions" (CDC RFA DP13-1305). The School Health Branch in the Division of Population Health (SHB/DPH) and the Division of Adolescent and School Health (DASH) have a rich history of working collaboratively with national non-governmental organizations (NGOs), and state departments of health and education to increase their ability to implement evidence-based strategies aimed toward reducing risk factors associated with a variety of chronic diseases (such as obesity, physical inactivity, and unhealthy eating) and HIV/STD prevention. In our most recent FOA, CDC's National Programs to Improve the Health and

Educational Outcomes of Young People (CDC RFA DP11-1101), CDC funded NGOs to help schools and communities create an environment that fostered wellness and encouraged healthy choices. NGOs provided capacity-building assistance to health and education agencies, community-based organizations, institutions of higher education, and other organizations. The program supported components of a coordinated school health (CSH) approach through systems and environmental change strategies in the areas of food allergy management, physical activity, nutrition, HIV/STD prevention, and professional development.This FOA will build on these efforts as well as expand to out of school time. The national approach outlined in this FOA builds on the lessons learned over the past 5 years implementing collaboration and integration models and is intended to maximize CDC's investment in the work of national non-governmental organizations as they implement public health activities and strategies as well as demonstrate capacity to carry out strategies and interventions to maximize reach and impact in states, health systems, communities, and school environments.

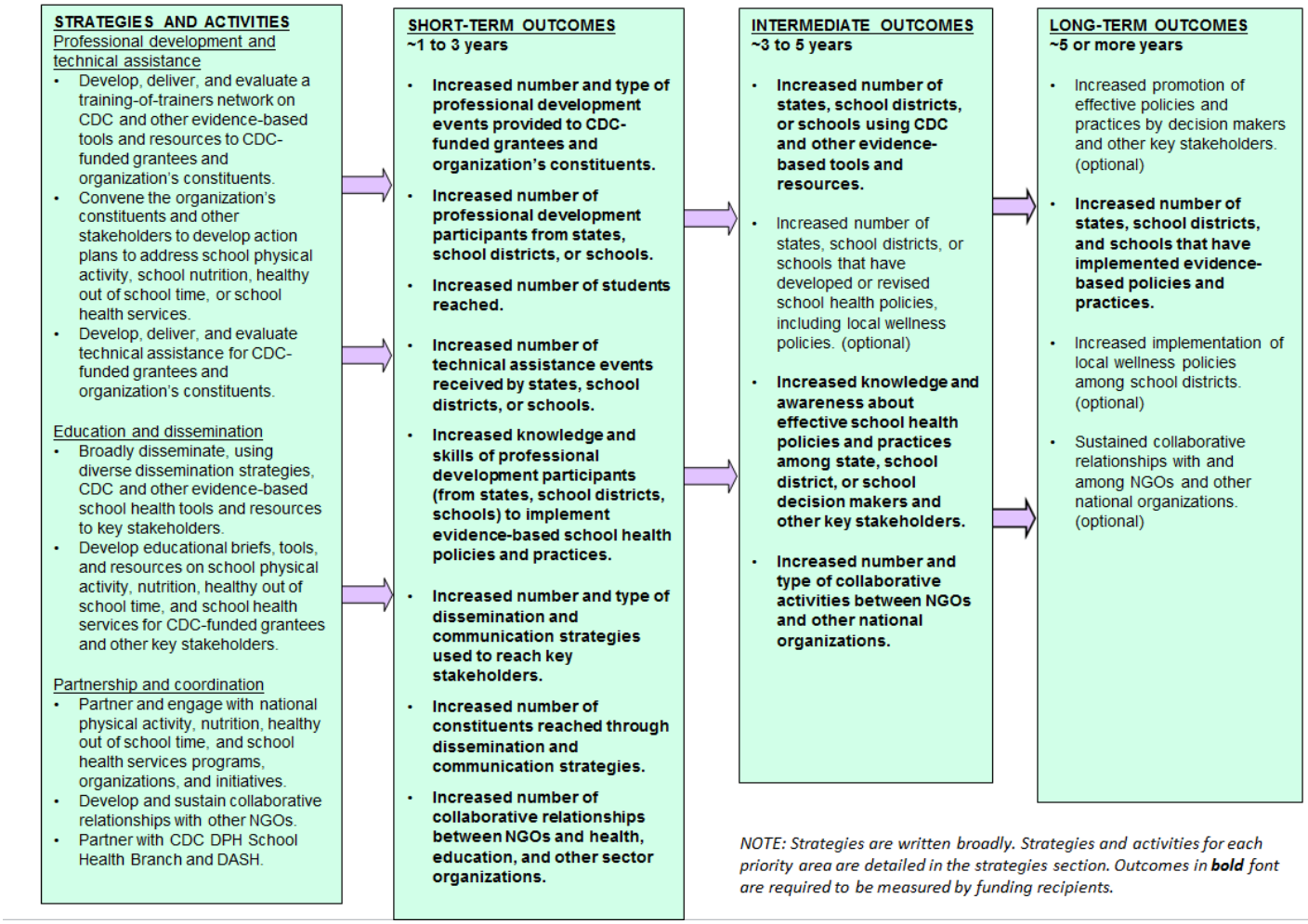
2. CDC Project Description

a. Approach

The National Collaboration to Promote Health, Wellness, and Academic Success of School-Age Children – FOA DP16-1601- is focused on promoting and implementing evidence-based policies, practices, and programs in five priority areas: (1) Physical Education and Physical Activity, (2) School Nutrition Environment and Services, (3) Out of School Time Healthy Eating and Physical Activity, (4) School Health Services for Managing Chronic Conditions, (5) School Health Services for Promoting Sexual Health.

National non-government organizations (NGOs) will support CDC-funded grantees and their organization's constituents; including states, school districts, or schools; to achieve short, intermediate, and long-term outcomes. Per the logic model, there are three strategies and associated activities in this FOA: 1) professional development and technical assistance, 2) education and dissemination, and 3) partnership and coordination. These three categories of strategies and associated activities will provide school health and education leaders in states, districts, and schools with greater knowledge, skills, and abilities to develop and implement evidence-based policies, practices, and programs. These strategies have broad reach, sustained health impact, and are a good investment for public health. They will be applied in the five priority areas listed above.

National Collaboration to Support Health, Wellness, and Academic Success of School-Age Children



i. Purpose

The purpose of this FOA is to improve the health of youth by funding national NGOs to assist CDC-funded grantees and the organization's constituents, including states, school districts or schools; to implement environmental and systems changes that support and reinforce healthful behaviors, reduce disparities, and address non-academic barriers to learning. This program announcement emphasizes training and professional development, technical assistance, education and dissemination, and program implementation and evaluation. All activities are to be developed and delivered within the Whole School, Whole Community, Whole Child framework (http://www.cdc.gov/healthyyouth/wscc/).

ii. Outcomes

The outcomes listed below have been expressed generally. Within the logic model, those outcomes that the applicant will be responsible for measuring are in bold font and others are listed as optional. Additionally, in the CDC Project Description: CDC Evaluation and Performance Measurement section, corresponding performance measures that are required to report on are described for each of the five priority areas.

Per the logic model, the following long-term outcomes will be expected at the end of the five years:
• Increased promotion of effective policies and practices by decision makers and key stakeholders.
• Increased number of states, school districts, or schools that have implemented evidence-based policies and practices.
• Increased implementation of local wellness policies among school districts.

• Sustained collaborative relationships with and among NGOs and other national organizations.

These are expected to be achieved because the grantees will accomplish the following intermediate and short-term outcomes.
Intermediate:
• Increased number of states, school districts, or schools using CDC and other evidence-based tools and resources.
• Increased knowledge and awareness about effective school health policies and practices among state, school district, or school decision makers and key stakeholders.
• Increased number and type of collaborative activities between NGOs and other national organizations.

Short-term:
• Increased number and type of professional development events provided to CDC-funded grantees and organization's constituents.
• Increased number of professional development participants from states, school districts, or schools.
• Increased number of students reached.
• Increased number of technical assistance events received by states, school districts, or schools.
• Increased knowledge and skills of professional development participants (from states, school districts, or schools) to implement evidence-based school health policies and practices.
• Increased number and type of dissemination and communication strategies used to reach decision makers and key stakeholders.
• Increased number of constituents reached through dissemination and communication strategies.
• Increased number of collaborative relationships between NGOs and health, education, and other sector organizations.

iii. Strategies and Activities

This section describes the activities that are required for each strategy under each of the five priority areas. The program strategies for this FOA are derived from evidence-based guidelines and recommendations from CDC and other expert organizations. The guidelines and recommendations used to develop these strategies include CDC's School Health Guidelines to Promote Healthy Eating and Physical Activity; Institute of Medicine's (IOM) Educating the Student Body report; the Community Guide's recommendation for enhanced physical education; IOM's Nutrition Standards for Foods in Schools; IOM's Accelerating Progress in Childhood Obesity; Standards for Healthy Eating and Physical Activity in Out-of-School-Time Programs; CDC's Voluntary Guidelines for Managing Food Allergies in Schools; Initiating Change: Creating an Asthma-Friendly School; Helping the Student with Diabetes Succeed: A Guide for School Personnel; Community Guide's Recommendation for School-based Dental Sealant Delivery Programs; the Whole School Whole Community Whole Child framework; the National Coalition of STD Directors' (NCSD) and Cicatelli Associates Inc (CAI) Developing a Referral System for Sexual Health Services: An Implementation Tool Kit; the NCSD and CAI's Establishing Organizational Partnerships to Increase Student Access to Sexual Health Services; and the Division of Adolescent and School Health's Program 1308 Guidance: Supporting State and Local Education Agencies to Reduce Adolescent Sexual Risk Behaviors and Adverse Health Outcomes Associated with HIV, Other STD, and Teen Pregnancy. Targeted efforts of this FOA include dissemination and implementation of CDC's evidence-based tools and resources (e.g., School Health Guidelines to Promote Healthy Eating and Physical Activity, School Health Index, Comprehensive School Physical Activity Program Guide, Water Access in Schools Toolkit); delivery of professional development and technical assistance; and support to local schools and school districts to implement and sustain systematic environmental changes that promote the health of youth. These strategies are to be implemented in key education settings and with key constituents of the funded NGOs.

Priority 1: Physical Education and Physical Activity

The intent of Priority 1: Physical Education and Physical Activity is to support school districts and schools with implementation of evidence-based policies, practices, and programs that increase opportunities for youth

to be physically active during the school day and increase youth physical activity participation. The intent is to fund one applicant within this priority area. The funded applicant should work within the Whole School, Whole Community, Whole Child model, to develop, implement, and evaluate the following specific activities.

Strategy 1: Professional development and technical assistance
- Develop, deliver, and evaluate a training-of-trainers network that focuses on the use and implementation of CDC tools and resources (e.g., Comprehensive School Physical Activity Program guide, Physical Education Curriculum Analysis Tool, Health and Academic Achievement) and implementation of local wellness policies to CDC-funded grantees and the organization's constituents. Other physical education and physical activity tools and resources can be used with CDC approval. Provide follow-up technical assistance and support to training participants.
- Periodically convene the organization's state, school district, or school level constituents and other key stakeholders (e.g., physical education teachers, physical activity leaders) to provide training and in-depth technical assistance (webinar, in-person, or virtual) on development of action plans that address implementation of comprehensive school physical activity programs. Follow-up technical assistance and other training opportunities should occur at regular intervals after each convening.
- Develop, deliver, and report on technical assistance on physical education and physical activity policies, practices, and programs that align with evidence-based recommendations, tools, and resources for CDC-funded grantees (e.g., State Departments of Health and Education) and the organization's constituents.

Strategy 2: Education and dissemination
- Develop, in collaboration with CDC, evidence-based educational briefs, and tools and resources on physical education and physical activity for CDC-funded grantees and the organization's constituents and key stakeholders.
- Broadly disseminate, using a set of diverse dissemination strategies (e.g., e-newsletters, list servs, webinars, virtual trainings, e-learning, meetings), CDC (and other) evidence-based physical education and physical activity tools and resources to decision makers and key stakeholders (e.g., school administrators, superintendents, physical education coordinators, and teachers).

Strategy 3: Partnership and coordination
- Partner with other national organizations and engage in national physical activity initiatives (e.g., the Presidential Youth Fitness Program, National Physical Activity Plan) to provide professional development and technical assistance on evidence-based school physical activity recommendations, policies, practices, and programs.

Priority 2: School Nutrition Environment and Services
The intent of priority 2: School Nutrition Environment and Services is to support school districts and schools in the implementation of evidence-based policies, practices, and programs that increase opportunities for youth to learn about healthy eating and increase healthy eating among youth. The intent is to fund one applicant within this priority area. The funded applicant should work within the Whole School, Whole Community, Whole Child model, to develop, implement, and evaluate the following specific activities.

Strategy 1: Professional development and technical assistance
- Develop, deliver, and evaluate a training-of-trainers network on CDC tools and resources (e.g., CDC's School Health Guidelines to Promote Healthy Eating and Physical Activity, Putting Local School Wellness Policies into Action: Stories from School Districts and Schools, Increasing Access to Drinking Water in School tool kit, Health and Academic Achievement) to CDC-funded grantees and the organization's constituents to support implementation of Local Wellness Policies, Smart Snacks in School nutrition standards, and use of strategies to market and promote healthy foods and beverages and reduce the marketing of unhealthy items. Other tools and resources can be used with CDC approval. Provide follow-up technical assistance and support to training participants.
- Periodically convene the organization's state, school district, or school constituents and other key stakeholders (e.g., child nutrition directors, school nutrition directors) to provide training and in-depth

technical assistance (webinar, in-person, or virtual) on development of action plans that address implementation of strategies for healthy school nutrition environments. Follow-up technical assistance and other training opportunities should occur at regular intervals after each convening.
- Develop, deliver, and evaluate technical assistance on school nutrition environment policies, practices, and programs for CDC-funded grantees (e.g., State Departments of Health and Education) and the organization's constituents.

Strategy 2: Education and dissemination
- Develop, in collaboration with CDC, evidence-based educational briefs and tools and resources on school nutrition environment and services for CDC grantees and the organization's constituents and key stakeholders.
- Broadly disseminate, using a diverse set of dissemination strategies (e.g., e-newsletters, list servs, webinars, virtual trainings, e-learning, meetings), CDC (and other) evidence-based nutrition tools and resources to decision makers and key stakeholders (e.g., school administrators, superintendents, school nutrition professionals, and teachers).

Strategy 3: Partnership and coordination
- Partner with other organizations focused on school nutrition (e.g., U.S. Department of Agriculture, Institute of Child Nutrition, and other NGOs) to provide professional development and technical assistance to CDC grantees and the organization's constituents on school nutrition environment policies, practices, and programs.

Priority 3: Out of School Time Healthy Eating and Physical Activity
The intent of priority 3: Out of School Time Healthy Eating and Physical Activity is to support school districts, schools, and community-based organizations with implementation of evidence-based policies, practices, and programs that increase opportunities for healthy eating and physical activity in school-based out of school time programs. The intent is to fund one applicant within this priority area. The funded applicant should work within the Whole School, Whole Community, Whole Child model, to develop, implement, and evaluate the following specific activities.

Strategy 1: Professional development and technical assistance
- Develop, deliver, and evaluate a training-of-trainers network to the organization's constituents and CDC-funded grantees on nationally recommended out of school time healthy eating and physical activity standards and supporting tools, resources, and recommendations for implementation. Provide follow-up technical assistance and support to training participants.
- Periodically convene the organization's state, school district, or school constituents and other key stakeholders (e.g., out of school time providers) to provide training and in-depth technical assistance (webinar, in-person or virtual) on development of action plans that address implementation of strategies for increasing healthy eating and physical activity for out of school time. Follow-up technical assistance and other training opportunities should occur at regular intervals after each convening.
- Develop, deliver, and evaluate technical assistance on healthy out of school time policies, practices, and programs for CDC-funded grantees (e.g., State Departments of Health and Education) and the organization's constituents.

Strategy 2: Education and dissemination
- Develop, in collaboration with CDC, evidence-based tools and resources and translational materials to improve healthy eating and physical activity in out of school time programs.
- Broadly disseminate, using a diverse set of dissemination strategies (e.g., e-newsletters, list servs, webinars, virtual trainings, e-learning, meetings), evidence-based tools and resources to decision makers and key stakeholders (e.g., out of school time practitioners, school administrators, superintendents).
- Develop evidence-based educational briefs and position statements on healthy eating and physical activity in out of school time programs for CDC-funded grantees and the organization's constituents and key stakeholders.

Strategy 3: Partnership and coordination

- Lead and regularly facilitate a coalition or workgroup of key out of school time organizations that are focused on increasing awareness and adoption of the national standards on healthy eating and physical activity.
- Partner with other out of school time NGOs or initiatives to provide professional development and technical assistance to CDC grantees and the organization's constituents on promoting and implementing healthy eating and physical activity in out of school time.

Priority 4: School Health Services—Managing Chronic Conditions
The intent of priority 4: School Health Services—Managing Chronic Conditions is to support school districts and schools with implementation of evidence-based policies, practices, and programs that improve the delivery of school health services and students' management of chronic conditions, such as asthma, diabetes, obesity, food allergies, tooth decay, and seizure disorders. The intent is to fund one applicant within this priority area. The funded applicant should work within the Whole School, Whole Community, Whole Child model, to develop, implement, and evaluate the following specific activities.

Strategy 1: Professional development and technical assistance
- Develop, deliver, and evaluate a training-of-trainers network on CDC tools and resources (e.g. Initiating Change: Creating an Asthma-Friendly School, Helping the Student with Diabetes Succeed: A Guide for School Personnel, CDC Voluntary Guidelines for Managing Food Allergies in Schools Toolkit, etc.) for managing chronic conditions within schools to CDC-funded grantees and the organization's constituents. Other tools and resources can be used with CDC approval. Provide follow-up technical assistance and support to training participants.
- Periodically convene the organization's state, school district, or school constituents and other key stakeholders (e.g., school nurses, health aides, school-based health center providers) to provide training and in-depth technical assistance (webinar, in-person or virtual) on development of action plans that address implementation of strategies for managing chronic conditions in schools. Follow-up technical assistance and other training opportunities should occur at regular intervals after each convening.
- Develop, deliver, and evaluate technical assistance on managing chronic conditions within schools for CDC-funded grantees (e.g., State Departments of Health and Education) and the organization's constituents.

Strategy 2: Education and dissemination
- Develop, in collaboration with CDC, evidence-based educational briefs on managing chronic conditions within schools for CDC-funded grantees and the organization's constituents and key stakeholders.
- Develop, disseminate, and evaluate, in collaboration with CDC, evidence-based tools and resources to address data infrastructure and the creation and implementation of policies and practices (e.g., identification and tracking of students with chronic conditions, enrollment in health insurance) to improve school nursing and other school health services.
- Broadly disseminate, using a diverse set of dissemination strategies (e.g., e-newsletters, list servs, webinars, virtual trainings, e-learning, meetings), CDC (and other) evidence-based school health services tools and resources to decision makers and key stakeholders (e.g., school administrators, superintendents, school health services professionals, and teachers).

Strategy 3: Partnership and coordination
- Partner with other school health services NGOs or initiatives to provide professional development and technical assistance to CDC grantees and the organization's constituents on managing chronic conditions within schools.

Priority 5: School Health Services – Promoting Sexual Health
The intent of priority 5: School Health Services – Promoting Sexual Health is to support school districts and schools with implementation of evidence-based policies, practices, and programs that improve the efficiency and effectiveness of school health services that promote sexual health as described in chapter three of program guidance developed by Division of Adolescent and School Health (http://www.cdc.gov/healthyyouth/funded partners/1308/pdf/program_guidance_final.pdf). Key sexual health services include anticipatory guidance for prevention, including delaying the onset of sexual activity; promoting HIV and STD testing, counseling,

and treatment, and the dual use of condoms and highly effective contraceptives among sexually active adolescents; HIV and STD testing, counseling, and referral; pregnancy testing; and HPV vaccinations. The intent is to fund one applicant within this priority area. The funded applicant should work within the Whole School, Whole Community, Whole Child model, to develop, implement, and evaluate the following specific activities.

Strategy 1: Professional development and technical assistance
- Develop, deliver, and evaluate a training-of-trainers network on CDC and other evidence-based tools and resources (e.g., http://www.cdc.gov/healthyyouth/fundedpartners/1308/pdf/program_guidance_final.pdf) for promoting sexual health services for adolescents to CDC-funded grantees and the organization's constituents. Other sexual health tools and resources can be used with CDC approval. Provide follow-up technical assistance and support to training participants.
- Periodically convene the organization's state, school district, or school constituents and other key stakeholders (e.g., school nurses, health aides, school-based health center providers) to provide training and in-depth technical assistance (webinar, in-person, or virtual) on development of action plans that address implementation of strategies promoting sexual health services for adolescents. Follow-up technical assistance and other training opportunities should occur at regular intervals after the convening.
- Develop, deliver, and evaluate technical assistance on promoting sexual health services for adolescents for CDC-funded grantees (e.g., Departments of Health and Education) and the organization's constituents.

Strategy 2: Education and dissemination
- Develop, in collaboration with CDC, evidence-based educational briefs and position statements on promoting sexual health services for adolescents for CDC-funded grantees and the organization's constituents.
- Develop, disseminate, and evaluate, in collaboration with CDC, evidence-based tools and resources to address the creation and implementation of policies and practices (e.g., referral to sexual health services or increasing reimbursement for services) to improve school nursing and other school health services.
- Broadly disseminate, using a diverse set of dissemination strategies (e.g., e-newsletters, list servs, webinars, virtual trainings, e-learning, meetings), CDC (and other) evidence-based school health services tools and resources to key education audiences (e.g., school administrators, superintendents, school health services professionals, and teachers).

Strategy 3: Partnership and coordination

- Partner with other school health services NGOs or initiatives to provide professional development and technical assistance to CDC grantees and the organization's constituents on managing sexual health services within schools.

1.Collaborations

Applicants should collaborate with CDC-funded programs as well as programs external to CDC, with respect to their role in implementing the program strategies outlined in this FOA. These types of collaborations allow for more efficient use of existing resources and exchange of information among experts working in various areas of public health and other sectors. Applicants are encouraged to use evidence-based collaboration models (e.g., PRECEDE/PROCEED model (http://www.lgreen.net/precede.htm) or Mobilizing for Action through Planning and Partnerships [MAPP] http://www.naccho.org/topics/infrastructure/mapp/framework/), as appropriate.

a. With CDC-funded programs

1. State education and health departments and local school districts: Applicant should collaborate with state and local school health leaders to develop, implement and deliver professional development, technical assistance and dissemnation activities related to the organization's content area(s).

2. NGOs funded under this announcement: Applicant should collaborate with national organizations to ensure that activities, resources, messages, etc., are in alignment and not duplicative or redundant.

3. When interests and activities align, awardees are encouraged to collaborate with other state programs funded by CDC, for example, the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), the National Center for Environmental Health (NCEH), or the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP).

b. With organizations external to CDC:

Collaborations with a variety of public and private partners are encouraged to leverage resources and maximize reach and impact. These could include the business community; hospitals; non-governmental organizations not funded under this announcement; non-profit agencies; other federal, state, or local government agencies; public health community; CDC-funded Prevention Research Centers; Tribes or tribal organizations; professional organizations; quality improvement organizations; and federally qualified health centers.

2. Target Populations

Applicants should ensure that data, including burden data, are used to identify states, school districts, or schools, and constituent bases that have poor environments or are disproportionately affected by chronic diseases (for Priority Areas 1-4) or HIV/STD (for Priority Area 5). Applicants should strive to improve health status for the entire population and seek to reduce gaps in health status by targeting some efforts on specific population groups disproportionately affected by chronic diseases (for Priority Areas 1-4) or HIV/STD (for Priority 5). Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered.

a. Inclusion

N/A

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

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and Performance Measurement

Evaluation and performance measurement help demonstrate achievement of program outcomes; build a stronger evidence base for specific program interventions; clarify applicability of the evidence base to different populations, settings, and contexts; and drive continuous program improvement. Evaluation and performance measurement can also determine if program strategies are scalable and effective at reaching target populations.

CDC Evaluation and Performance Measurement Strategy

Throughout the five year project period, CDC will work individually and collectively with the NGOs to answer the following evaluation questions based on the program logic model and the strategies in the five priority areas:

1. To what extent have professional development and technical assistance been developed and delivered?
2. To what extent have professional development and technical assistance reached the appropriate stakeholders (e.g., CDC grantees, organization's constituents)?
3. To what extent have partnerships been developed with appropriate stakeholders (e.g., CDC grantees, organization's constituents)?
4. To what extent have evidence-based tools and resources been used and implemented by states, school districts, or schools?
5. To what extent have physical activity and physical education, nutrition, out of school time, and school health services policies, practices, and programs been adopted and implemented at the state, school district, or school level?
6. To what extent have school-based, out of school time and school health services policies, practices, and programs increased the promotion and reinforcement of healthful practices – physical activity, physical education, healthful eating, and management of chronic conditions?

To answer these questions, NGOs will be required to annually report on a series of process/implementation measures for each relevant strategy and activity they have undertaken and on a series of outcome measures for the short, intermediate, and long-term outcomes relevant to the strategies they have undertaken. See strategy and performance measure table for process and outcome measures for each priority area. In addition, awardees will develop and submit with their application an NGO-specific evaluation plan, and participate, with CDC, as requested in developing evaluation frameworks, templates, and reporting systems. This evaluation approach will provide data and information on the annual progress NGOs are making. CDC will work with the NGOs to fully operationalize the performance measures, identify data sources needed to monitor the performance measures, and provide technical assistance on data collection and reporting. CDC will work with all NGOs to manage and analyze the required performance measure data submitted by NGOs. CDC, in collaboration with the NGOs will develop specific performance measure reporting processes and report templates. NGO performance measure reports will be used for program monitoring and for targeting areas for quality improvement. CDC will use the overall evaluation findings from the five-year project period to establish key recommendations for NGOs and stakeholders on program impact, sustainability, and continued program improvement upon completion of the award.

Specific short-term, intermediate, and long-term performance measures for each of the five priority areas are listed in the tables below.

Priority 1: School Physical Education and Physical Activity ***Applicants must implement all of the identified strategies and corresponding activities, which are described in detail in the CDC Project Description Strategies and Activities Section. They are represented briefly in these tables.***	**Short-term Performance Measures (1-3 years)**	**Intermediate Performance Measures (3-5 years)**	**Long-term Performance Measures (5 or more years)**
1. Professional development and technical assistance			
a. Develop, deliver, and	- Number and type of	- Number of	- Number

evaluate a training-of-trainers network. b. Periodically convene the organization's state, school district, or school level constituents and other key stakeholders. c. Develop, deliver, and report on technical assistance.	physical education and physical activity professional development events (webinar, in-person training, distance learning) provided to CDC-funded grantees and organization's constituents. - Number of physical education and physical activity professional development participants from state, school district, and school levels. - Number of students in school districts or schools that have school health professionals who have received professional development on CDC and other physical education and physical activity tools and resources. - Number of individuals that reported increased knowledge and skill to implement evidence-based physical education and physical activity policies and practices as a result of professional development. - Number and type of physical education and physical activity technical assistance events provided to states, school districts, or schools.	states, school districts, or schools using CDC and other evidence-based tools and resources.	of states, school districts, or schools implementing evidence-based physical education and physical activity policies and practices.
2. Education and dissemination			
a. Develop evidence-based educational briefs, tools, and resources. b. Broadly disseminate physical education and activity tools and resources to decision makers and key	- Number and type of dissemination and communication strategies used to reach decision makers and key stakeholders. - Number of constituents and	- Increase in knowledge and awareness of school physical education and physical activity policies and practices by decision makers	

stakeholders.	stakeholders reached through dissemination and communication strategies. - Number and description of the type of new evidence-based tools and resources that were developed and disseminated.	and key stakeholders.	
3. Partnership and coordination			
a. Partner with other national organizations and initiatives.	- Number of national physical activity partners. - Number of activities conducted with national physical activity partners.	Number and type of collaborative activities with other NGOs.	
Priority 2: School Nutrition Environment and Services ***Applicants must implement all of the identified strategies and corresponding activities, which are described in detail in the CDC Project Description Strategies and Activities Section. They are represented briefly in these tables.***	**Short-term Performance Measures (1-3 years)**	**Intermediate Performance Measures (3-5 years)**	**Long-term Performance Measures (5 or more years)**
1. Professional development and technical assistance			

a. Develop, deliver, and evaluate a training-of-trainers network. b. Periodically convene the organization's state, school district, or school level constituents and other key stakeholders. c. Develop, deliver, and evaluate technical assistance.	- Number and type of school nutrition professional development events (webinar, in-person training, distance learning) provided to CDC-funded grantees and organization's constituents. - Number of school nutrition professional development participants from state, school district, and school levels. - Number of individuals that reported increased knowledge and skill to implement evidence-based school health nutrition policies and practices as a result of professional development. - Number of students in school districts or schools that have school health professionals who have received professional development on CDC and other school nutrition tools and resources. - Number of school nutrition technical assistance events provided to states, school districts, or schools.	- Number of states, school districts, or schools using CDC and other evidence-based school nutrition tools and resources.	Number of states, school districts, or schools implementing evidence-based school nutrition policies and practices.
2. **Education and dissemination**			
a. Develop evidence-based educational briefs, tools, and resources. b. Broadly disseminate nutrition tools and resources to decision makers and key stakeholders.	- Number and type of dissemination and communication strategies used to reach decision makers and key stakeholders. - Number of constituents and stakeholders reached through dissemination and communication strategies.	- Increase in knowledge and awareness of school nutrition policies and practices by decision makers and key stakeholders.	

	- Number and description of the type of new evidence-based tools and resources that were developed and disseminated.		
3. Partnership and coordination			
a. Partner with other national organizations and initiatives.	- Number of national school nutrition partners. - Number of activities conducted with national school nutrition partners.	- Number and type of collaborative activities with other NGOs.	
Priority 3: Out of School Time Healthy Eating and Physical Activity ***Applicants must implement all of the identified strategies and corresponding activities, which are described in detail in the CDC Project Description Strategies and Activities Section. They are represented in brief in these tables.***	**Short-term Performance Measures (1-3 years)**	**Intermediate Performance Measures (3-5 years)**	**Long-term Performance Measures (5 or more years)**
1. Professional development and technical assistance			
a. Develop, deliver, and evaluate a training-of-trainers network. b. Periodically convene the organization's constituents and other key stakeholders. c. Develop, deliver, and evaluate technical assistance.	- Number and type of out of school time healthy eating and physical activity professional development events (webinar, in-person training, distance learning) provided to CDC-funded grantees and organization's constituents. - Number of out of school time healthy eating	- Number of states, school districts, or schools using evidence-based out of school time healthy eating and physical activity tools and resources.	

	and physical activity professional development participants from state, school district, and school levels. - Number of individuals that reported increased knowledge and skill to implement evidence-based standards for out of school time healthy eating and physical activity as a result of professional development. - Number of students in school districts or schools that have out of school time staff who have received professional development on CDC and other out of school time healthy eating and physical activity tools and resources. - Number of out of school time healthy eating and physical activity technical assistance events provided to states, school districts, or schools.		
2. Education and dissemination			
a. Develop and disseminate, in collaboration with CDC, translational tools and resources. b. Broadly disseminate evidence-based tools and resources to decision makers and key stakeholders. c. Develop evidence-based educational briefs and position statements.	- Number and type of dissemination and communication strategies used to reach decision makers and key stakeholders. - Number of constituents and stakeholders reached through dissemination and communication strategies. - Number and description of the type of new evidence-based tools and resources that were developed and	- Number of states, schools districts, or schools using evidence-based tools and resources	

	disseminated.		
3. Partnership and coordination			
a. Lead and regularly facilitate a coalition of key out of school time organizations. b. Partner with other out of school time NGOs or initiatives	- Number of meetings of the coalition. - Number of out of school time partners. - Number of activities conducted with out of school time partners.	Number and type of collaborative activities with other NGOs.	
Priorities 4 and 5: School Health Services (4: Management of Chronic Conditions; 5: Promoting Sexual Health Services) ***Applicants must implement all of the identified strategies and corresponding activities, which are described in detail in the CDC Project Description Strategies and Activities Section. They are represented in brief in these tables.***	**Short-term Performance Measures (1-3 years)**	**Intermediate Performance Measures (3-5 years)**	**Long-term Performance Measures (5 or more years)**
1. Professional development and technical assistance			
a. Develop, deliver, and evaluate a training-of-trainers network. b. Periodically convene the organization's state, school district, or school level constituents and other key stakeholders. c. Develop, deliver, and evaluate technical	- Number and type of school health services professional development events (webinar, in-person training, distance learning) provided to CDC-funded grantees and organization's constituents. - Number of school health services professional development participants from state,	- Number of states, school districts, or schools using CDC and other evidence-based school health services tools and resources.	- Number of states, school districts, or schools implementing evidence-based school health services policies and practices.

assistance.	school district, and school levels. - Number of individuals that reported increased knowledge and skill to implement evidence-based school health services policies and practices as a result of professional development. - Number of students in school districts or schools that have school health professionals who have received professional development on CDC and other school health services tools and resources. - Number of school health services technical assistance events provided to states, school districts, or schools.		
2. **Education and dissemination**			
a. Develop educational briefs. b. Develop evidence-based tools and resources. c. Broadly disseminate evidence-based school tools and resources to decision makers and key stakeholders.	- Number and type of dissemination and communication strategies used to reach decision makers and key stakeholders. - Number of constituents and stakeholders reached through dissemination and communication strategies. - Number and description of the type of new evidence-based tools and resources that were developed and disseminated.	- Increase in knowledge and awareness of effective school health services policies and practices by key stakeholders.	
3. Partnership and coordination			
a. Partner with other	- Number of national	- Number and	

national organization's and initiatives.	school health services partners. - Number of activities conducted with national school health services partners.	type of collaborative activities with other NGOs.	

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that is consistent with the CDC strategy. The plan must:
• Affirm the ability to measure performance and collect the performance measures and respond to the evaluation questions specified in the CDC strategy.
• Describe how key program partners will participate in the evaluation and performance measurement planning process.
• Describe how evaluation findings will be used for continuous program quality improvement.

In addition, applicants must include in their evaluation plan the following:
• Specific evaluation activities for year 1, with key evaluation activities described quarterly for year 1 and annually for years 2 through 5.
• Potentially available data sources and timeline for data collection.
• Identification of individuals responsible for planning and implementing the evaluation.
• Description of any additional indicators desired for process and outcome measures.
• Description of how findings will be disseminated and how success stories will be generated annually from the strategies and activities being implemented.

At least 10% of the overall budget must be used for evaluation and performance measurement purposes. This will help ensure that a comprehensive evaluation is used and public health objectives are met.

c. Organizational Capacity of Awardees to Execute the Approach

Applicants must demonstrate the ability to execute the CDC strategies and activities and meet project outcomes. Applicants must demonstrate that they are national NGOs and that they have the ability to impact states, school districts, or schools in the chosen priority area through a national set of constituents, CDC-funded grantees, members, or other means. National NGOs represent constituencies (e.g., members, networks, affiliates, or chapters) within twenty-five or more states. Applicants must demonstrate a minimum of three years expertise, experience, and documented success in addressing the specific priority area for which they are seeking funding.

Additional capacities include:
• Past experience with developing, implementing, and evaluating high-quality professional development opportunities and technical assistance on the selected priority area.
• Ability and past experience convening a group of constituents or stakeholders to develop and implement an action plan and providing follow up support.
• Existing dissemination mechanisms for constituents and ability to access key education audiences with information related to the selected priority area.
• Experience developing educational materials (e.g., resources, tools, one-pagers) for stakeholders, constituents, or CDC grantees.
• Past partnerships with other organizations or NGOs related to the selected priority area.

Applicants must also demonstrate capacity to carry out work of the project, including proposing staffing for at least one full-time employee with the necessary skills and experience required to carry out strategies and activities in the FOA. In addition, systems for fiscal management should be demonstrated to ensure that funds

are used appropriately, in keeping with the work plan and intent of the FOA and that spending is monitored to prevent unobligated balances.

d. Work Plan

The work plan must describe how the applicant plans to implement all of the required activities to achieve FOA outcomes. At a minimum, it should include:

- Year 1 activities and timelines to support achievement of FOA outcomes. These activities must be in alignment with the FOA logic model and the strategies and activities for the specific priority area detailed in the (CDC Description: Strategies and Activities section) and should have appropriate milestones for accomplishing tasks.
- Information for each of the performance measures; either
    - A baseline, current year target, and year 5 target for each measure
    - If data are currently unavailable, a description of the process by which data will be collected after funding is awarded for each measure
- The audience type reached as part of each strategy (states, school districts, schools, CDC-funded grantees, organizational constituents).
- A general summary of planned activities for years 2-5 to supplement the detailed year 1 work plan.
- A sample work plan template is available for use at http://www.cdc.gov/chronicdisease/about/foa/1601/index.htm. Applicants are strongly encouraged to use the work plan template. If the template is not used, applicants must include all of the elements listed within the template. CDC will provide feedback and technical assistance to awardees to finalize the work plan activities 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.

CDC will monitor cooperative agreements in partnership with the awarded applicants. Monitoring milestones and performance measures ensures the mutual success of CDC and the awardees in achieving the FOA outcomes. The awarded applicant and CDC staff will work together to assess key capacity areas aligned with strategies to establish a baseline for monitoring program improvement over time. The proposed work plan will be reviewed by the CDC project officer and evaluation staff and may need to be altered to better reflect the recipient program activities as outlined in the FOA. Monitoring will occur routinely through ongoing communication between CDC and awardees, annual site visits, and awardee's reporting (i.e., work plans, process and outcome performance measures, and financial reporting). Post-award cooperative agreement monitoring and, provision of technical assistance and training will include:

• Ensuring the adequacy of awardees' systems that underlie and generate data and reports;
• Ensuring that awardees' work plans are feasible, fiscally responsible, consistent with the intent of the award, and have acceptable milestones and timelines;
• Ensuring that awardees are conducting activities outlined in the FOA on a routine basis (e.g., professional development and technical assistance, evaluation and dissemination, and partnership and coordination, etc.);
• Adjusting work plan activities based on achieving objectives and budget changes;
• Communicating as needed, or at minimum monthly, with the project coordinator and the project officer on conference calls/webinars;
• Participating in webinars and grantee meetings;
• Providing tools/resources aligned with program activities and FOA outcomes; and assessment and implementation support.

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

The CDC programs that are involved with this funding opportunity announcement will provide substantial involvement beyond site visits and regular performance and financial monitoring during the project period. Substantial involvement means that the awardee can expect federal programmatic partnership in carrying out the effort under the award. The CDC program will work in partnership with the awardee to ensure the success of the cooperative agreement by:

• Supporting awardees in implementing cooperative agreement requirements and meeting program outcomes;
• Providing technical assistance to revise annual work plans;
• Assisting awardees in advancing program activities to achieve project outcomes;
• Providing scientific subject matter expertise and resources;
• Collaborating with awardees to develop and implement evaluation plans that align with CDC evaluation activities;
• Providing technical assistance on awardees' evaluation and performance measurement plan;
• Providing technical assistance to define and operationalize performance measures;
• Providing professional development and training opportunities – either in person or through virtual web-based training formats – for the purpose of sharing the latest science, best practices, success stories, and program models;
• Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes;
• Providing surveillance technical assistance and state-specific data collected by CDC;
• Providing technical expertise to other CDC programs and Federal agencies on how to interface with grantees;
• Translating and disseminating lessons learned through publications, meetings, and other means on promising and best practices to expand the evidence base; and
• Hosting a grantee meeting during the first year of the project period and subsequently later in the project period for a total of up to five meetings.

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:	U58
3. Fiscal Year:	2016
Estimated Total Funding:	$2,250,000
4. Approximate Total Fiscal Year Funding:	$2,250,000
5. Approximate Project Period Funding:	$11,250,000
6. Total Project Period Length:	5 year(s)
7. Expected Number of Awards:	5
8. Approximate Average Award:	$375,000 Per Budget Period
9. Award Ceiling:	$600,000 Per Budget Period
10. Award Floor:	$300,000 Per Budget Period
11. Estimated Award Date:	06/01/2016

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:

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

Additional Eligibility Category:

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

Other:

Community-based organizations

Faith-based organizations

2. Additional Information on Eligibility

Eligibility Category "Others" includes Community-Based Organizations and Faith-Based Organizations

CDC's *National Collaboration to Support Health, Wellness, and Academic Success of School-Age Children* is intended to fund Non-governmental Organizations (NGOs) to establish and maintain policy, systems, and environmental change strategies across the country to achieve the desired outcomes. Competition is limited to these organizations because they are uniquely qualified to build infrastructure and have the experience working with the target population of the FOA. NGOs are uniquely qualified and positioned to help states, school districts and schools to achieve the desired outcomes of the FOA. This FOA supports nationwide implementation of cross-cutting approaches to promote health and prevent and control chronic diseases and their risk factors. Applicants should be able to fulfill the performance measures and strategies stated in the FOA at a national level.

The award ceiling for this FOA is $600,000. 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

Eligibility is limited to the organizations listed above since they are uniquely qualified to build infrastructure and capacity to improve the health and well-being of youth and prepare them to be healthy adults. This FOA, National Collaboration to Promote Health, Wellness, and Academic Success of School-Age Children - FOA DP16-1601- will be focused on promoting and implementing evidence-based school nutrition, physical activity, out of school time, and school health services policies, practices, and programs. This program announcement is intended to fund non-governmental organizations (NGOs) and supports a national strategy on establishing and maintaining school-based policy, systems, and environmental change strategies in the priority areas identified. NGOs will support states, school districts, and schools to achieve expected outcomes. The activities and strategies outlined in this FOA will be organized by professional development and technical assistance, education and dissemination, and internal and coordination activities. These categories of strategies and the corresponding activities will provide school health and education leaders in states, districts, and schools with greater knowledge, skills, and abilities to develop and implement evidence-based policies, practices, and programs. These strategies have broad reach, sustained health impact, and are a good investment for public health.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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: **12/15/2015**

b. Application Deadline

Due Date for Applications: **01/19/2016**, 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: 12/01/2015

CDC will conduct a conference call for all interested applicants to provide technical assistance and respond to any questions regarding the Funding Opportunity Announcement (FOA) process. Conference call lines are limited so we encourage those who can to call in from one location. The call-in information is: 1-866-730-1290; Passcode: 42127644. The call will take place for applicants on: December 1, 2015 at 3:00p.m., U.S. Eastern Standard Time. The call will be recorded and instructions for accessing the call will be available at http://www.cdc.gov/chronicdisease/about/foa/1601/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

The LOI is intended to provide CDC with an estimated number of applicants to anticipate for the competitive process. This LOI is optional, but strongly recommended for this application. Applicants should state which priority area(s) they will be applying for in the LOI.

The LOI must be received via email to:
Penny Tanner
CDC, National Center for Chronic Disease Prevention and Health Promotion
Email address: evm7@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.

The applicant should describe collaborations with respect to their role in implementing the program strategies and evaluating performance measures outlined in this FOA. Descriptions should include how the applicant intends to leverage partnerships with other organizations (such as professional organizations, non-profit agencies, other government agencies, CDC-funded Prevention Research Centers, etc.) to maximize reach and impact. The applicant should also describe how they intend to partner with other national organizations to deliver professional development and technical assistance. These types of collaborations allow for more efficient use of existing resources and exchange of information among experts

working in various areas of public health and other sectors.

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) identified for each program strategy (CDC-funded grantees, organization's constituents, states, school districts, or schools). Applicants should use data, including social determinants data, to identify populations affected by disparities within the specific priority area (e.g., physical inactivity, poor nutrition, lack of access to out of school time, chronic conditions, or HIV/STD). Applicants should describe their plan for how activities may be implemented to reduce or eliminate these disparities. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered.

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.

d. Organizational Capacity of Applicants to Implement the Approach

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

Applicant must address the organizational capacity requirements as described in the CDC Project Description. This should include:

- Confirmation that the applicant is a national NGO by:
  - Demonstrating the ability to impact states, school districts, or schools in the chosen priority area, through a national set of constituents, CDC-funded grantees, members, or other means,
  - Identification of representative constituencies (members, networks, affiliates, chapters) within twenty-five or more states, and
  - Demonstrating a minimum of three years expertise, experience, and documented success in addressing the priority area for which they are seeking funding.

- Describing past experience with developing, implementing, and evaluating high-quality professional development opportunities and technical assistance on the selected priority area.
- Demonstrating their ability and past experience convening a group of constituents or stakeholders to develop and implement an action plan and providing follow up support.
- Describing existing dissemination mechanisms for constituents and ability to access key education audiences with information related to the selected priority area.
- Demonstrating experience developing educational materials (e.g., resources, tools, one-pagers) for stakeholders, constituents, or CDC grantees.
- Describing past partnerships with other organizations or NGOs related to the selected priority area.
- Including a proposed staffing plan, including existing and proposed positions. Applicants should propose staffing for at least one full-time employee. Position descriptions or resumes of existing staff should be provided to demonstrate capacity to carry out the work of the project. These documents can be submitted as attachments. Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov.
- Describing systems for fiscal management to ensure that funds are used appropriately, in keeping with the work plan and intent of the FOA and that spending is monitored to prevent unobligated balances.

Program Narrative: A separate program narrative must be submitted with the application forms for each priority the agency is applying for. Applicants should name the file "ProgramNarrative.Priority1.NameofAgency" as appropriate and upload it on 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.

A sample work plan template is available for use at: http://www.cdc.gov/chronicdisease/about/foa/1601/index.htm

Applicants are strongly encouraged to use the work plan template. If the template is not used, applicants must include all the elements.

A separate work plan must be submitted with the application forms for each priority the agency is applying for. Applicants should name the file "WorkPlan.Priority1.NameofAgency" as appropriate and upload it on 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.

At least 10% of the overall budget must be used for evaluation and performance measurement purposes. This will help ensure that a comprehensive evaluation is used and public health objectives are met.

A separate budget narrative must be submitted with the application forms for each priority the agency is applying for. Applicants should name the file "BudgetNarrative.Priority1.NameofAgency" as appropriate and upload it on www.grants.gov.

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

Executive Order 12372 does not apply to this program.

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.
- Awardees may not use funds for salaries related to the delivery of patient care or education.
- Awardees may not use funds for construction.

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

Approach	Maximum Points: 50

Purpose and Outcomes (8) - The extent to which the applicant:

- Identifies the selected priority area and how the applicant will assist CDC-funded grantees and the organization's constituents to implement policies, practices, and programs.
- Identifies appropriate outcomes directly related to outcomes described in the FOA and related to the priority area.

Strategies and Activities (12) - The extent to which the applicant:

- Clearly describes how each of the program strategies (professional development and technical assistance, education and dissemination, and partnership and coordination) will be accomplished.
- Strong applicants will propose activities that are feasible to implement, support national standards and evidence-based policies and practices, and will impact the long-term outcomes of the project. (6)
- Uses evidenced-based strategies identified in the FOA. (6)

Collaboration and Target Population (5) - The extent to which the applicant:

- Clearly states the target population for the FOA: CDC-funded grantees, the organization's constituents and at least one of the following: states, school districts, or schools. (1)
- Identifies and describes collaborations to implement the proposed program strategies and evaluating performance measures. (1)
- Identifies how the applicant will leverage partnerships to maximize reach and impact of their proposed strategies. (1)
- Describes planned or existing partnerships with other national organizations to deliver professional development and technical assistance. Strong applicants will have demonstrated existing partnerships with organizations that closely relate to the selected priority area. (2)

Workplan (25) - The extent to which the applicant includes a detailed one-year work plan including all of the content found in the sample work plan template located at http://www.cdc.gov/chronicdisease/about/foa/1601/index.htm, and which:

- Aligns with the program logic model. Strong applicants will demonstrate a connection between proposed activities and the outcomes found in the logic model. (2)
- Specifies year 1 activities and timelines to support achievement of FOA outcomes, including how the applicant will address the strategies and performance measures (found in the CDC Project Description: Strategies and Activities section and the CDC Project Description: Applicant Evaluation and Performance Measurement Plan section). Strong applicants will list appropriate action steps that are feasible to achieve and that logically lead to achievement of the performance measures for each strategy. (14)
- Identifies a baseline, current year target, and year 5 target for all performance measures; or, if data are currently unavailable, a description of the process by which these data will be collected after funding is awarded. Strong applicants will demonstrate balance between feasible targets and significant reach. (4)
- Specifies the audience type (states, school districts, schools, CDC-funded grantees, organizational constituents) that will be reached as part of each strategy. (1)
- Provides a general summary of planned activities for Years 2-5. (4)

Evaluation and Performance Measure Plan	Maximum Points: 25

- Provides an evaluation and performance measurement plan that is consistent with CDC strategy, including all potentially available data sources and timeline for data collection. The plan should specify key evaluation activities (described quarterly for year 1 and annually for years 2 through 5). Strong applicants will include a plan that affirms their ability to collect all required performance measures is consistent with the CDC evaluation questions. (12)
- Describes how key program partners will participate in the evaluation and performance measurement planning process and identifies individuals responsible for planning and implementing the evaluation. (5)
- Describes how evaluation findings will be used for continuous program quality improvement. (4)
- Describes how success stories will be generated annually from the strategies and activities being

implemented. (4)
- Describes any additional indicators desired for process and outcome measures (not required and not scored).

Organizational Capacity to Implement The Approach	Maximum Points: 25

- Has demonstrated their ability to impact states, school districts, or schools in the chosen priority area through a national set of constituents, members, or by other means; demonstrated the presence of representative constituencies (members, networks, affiliates, chapters) in at least twenty-five states; and demonstrated a minimum of three years expertise, experience, and documented success in addressing the priority area. (7)
- Has past experience developing, implementing, and evaluating professional development and technical assistance. Strong applicants will have demonstrated provision of high-quality professional development and technical assistance in the selected priority area. (4)
- Has past experience convening a group of constituents or stakeholders to develop and implement an action plan and provide follow up support. Strong applicants can describe successful outcomes of stakeholder/constituent implementation of action plans. (4)
- Describes existing dissemination mechanisms that have the ability to access key education audiences with messages related to the selected priority area. (2)
- Provides information on experience developing educational materials for stakeholders, constituents, or CDC grantees. (3)
- Proposes a staffing plan that includes at least one full-time employee, includes relevant resumes or position descriptions that demonstrate capacity to carry out the work of the project. (3)
- Describes systems for fiscal management that will ensure funds are used appropriately. (2)

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, by priority, determined by the review panel.

2. Announcement and Anticipated Award Dates

Successful applicants will anticipate notice of funding by May 1, 2016 with a start date of June 1, 2016.

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).

The following Administrative Requirements (AR) apply to this project:
Generally applicable ARs:
•AR-7: Executive Order 12372
•AR-9: Paperwork Reduction Act http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html
•AR-10: Smoke-Free Workplace
•AR-11: Healthy People 2020
•AR-12: Lobbying Restrictions
•AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
•AR-14: Accounting System Requirements
•AR-16: Security Clearance Requirement
•AR-21: Small, Minority, And Women-owned Business
•AR-24: Health Insurance Portability and Accountability Act
•AR-25: Release and Sharing of Data
•AR-26: National Historic Preservation Act of 1966
•AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
•AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
•AR-33: Plain Writing Act of 2010
•AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)
•AR-35: Nutrition Policies

ARs applicable to awards associated with HIV/AIDS issues:
•AR-4: HIV/AIDS Confidentiality Provisions
•AR-5: HIV Program Review Panel
•AR-6: Patient Care

Organization-specific ARs:
•AR-8: Public Health System Reporting (community-based, nongovernment organizations)
•AR-15: Proof of Non-profit Status (nonprofit organizations)
•AR 23: Compliance with 45 C.F.R. Part 87 (faith-based organizations)

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

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.

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

The carryover request must:

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

The 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.

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).

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:

Melissa Fahrenbruch, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Telephone: (770) 488-6167

Email: eya6@cdc.gov

Grants Staff Contact

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

Dervin Capers, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

Telephone: (770) 488-2523
Email: gte1@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

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)

If applying for more than one priority area, a separate program narrative, work plan, and budget narrative must be submitted with the application forms. Applicants should name the files "ProgramNarrative.Priority1.NameofAgency", "WorkPlan.Priority1.NameofAgency", and "BudgetNarrative.Priority1.NameofAgency", as appropriate, and upload it on www.grants.gov.

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.

Before and After School Physical Activity: Before and after school physical activity could include walking and biking to school programs, physical activity clubs, intramural programs (i.e., organized sports by the school or community that any child can participate in if they want), informal play on school grounds, physical activity in school-based child care programs, and interscholastic sports (i.e., sports offered to students at school).

Capacity: An organization's ability to achieve its mission effectively and to sustain itself over the long term. Capacity also refers to the skills and capabilities of individuals.

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

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

Classroom Physical Activity: Classroom physical activity includes any physical activity done in the classroom during the school day. It can last from 5–15 minutes and can be done all at one time or several times during the school day. Teachers can include physical activity into their planned academic lessons and/or provide short breaks in class.

Collaboration: Two or more partners actively engaged in planning, implementing and evaluating programs, practices, and policy activities with defined roles and responsibilities.

Competitive Foods: Any foods or beverages sold or served outside of the school meal program in various school-based venues including a la carte in the cafeteria, vending machines, school stores, snack bars, concession stands, fundraisers on school grounds, classroom-based activities.

Comprehensive school physical activity program (CSPAP): Before, during and after-school physical

activity through recess and other physical activity breaks, intramural and physical activity clubs, interscholastic sports, walk- and bicycle-to-school initiatives, and quality physical education.

Evidence Based: The development, implementation, and evaluation of effective programs and policies in public health through the application of principles of scientific reasoning, including systematic uses of data and information systems and appropriate use of behavioral science theory and program planning models.

Family and Community Engagement: Family engagement is families and school staff working together to support and improve the learning, development, and health of children and adolescents through physical education and physical activity. Community engagement allows maximum use of school and community resources and creates a connection between school and community-based physical activity opportunities.

Human Immunodeficiency Virus (HIV): a virus that kills the body's "CD4 cells." CD4 cells (also called T-helper cells) help the body fight off infection and disease. HIV can be passed from person to person if someone with HIV infection has sex with or shares drug injection needles with another person. It also can be passed from a mother to her baby when she is pregnant, when she delivers the baby, or if she breastfeeds her baby (www.cdc.gov/hiv/resources/brochures/at-risk.htm).

Human Papillomavirus (HPV) Vaccine: a vaccine that protects against HPV infection and HPV-related disease. HPV, the most common sexually transmitted infection, is easily spread by skin-to-skin contact during sexual activity with another person. It is possible to have an HPV infection without knowing it, so it is possible to unknowingly spread HPV to another person. HPV infections are now recognized as the major cause of cervical cancer and may play a role in other types of cancer (e.g., cancers of the vulva, vagina, penis, anus, and oropharynx) (www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm).

Joint Use Agreement: A joint use agreement is a formal agreement, such as a memorandum of agreement or understanding, between the school or school district and another public or private entity to jointly use or share either school facilities or community facilities to share costs and responsibilities. For example, joint use agreements might be designed to increase access to spaces for recreation and physical activity, library services, school health centers, preschool programs, child care centers, before- or after-school programs, adult education, or other programs that benefit students and the community. These could be indoor or outdoor education or recreational facilities.

Local Wellness Policy: A written document that guides a local educational agency or school district's efforts to create supportive school nutrition and physical activity environments. Each local education agency participating in the National School Lunch Program or the School Breakfast Program is required to develop and implement a wellness policy as established by the Child Nutrition and WIC Reauthorization Act of 2004, and more recently by the Healthy, Hunger-Free Kids Act of 2010.

New FOA: Any FOA that is not a continuation or supplemental award.

Non-Governmental Organization: A non-governmental organization (NGO) is any non-profit, voluntary citizens' group which is organized on a local, national or international level.

Notice of Award: The only binding, authorizing document between the recipient and CDC confirming issue of award funding. The NoA will be signed by an authorized Grants Management Officer, and provided to the recipient fiscal officer identified in the application.

Out of School Time Programs: Programs offered to students on the school site outside of school hours. These programs may be run by the school, school district, or community-based organizations and may include programs focused on any discipline including academics, athletics, arts, music, extended learning programs, or care during out of school hours.

Partnerships: A group of individuals or organizations working together to address common goals. Partnerships involve a relationship of mutual respect, coordination of administrative responsibility, establishment of reciprocal roles, shared participation in decision-making, mutual accountability, and transparency.

Physical Education: Physical education is an academic subject characterized by a planned, sequential K-12 curriculum (course of study) that is based on the national standards for physical education.19 Physical education provides cognitive content and instruction designed to develop motor skills, knowledge, and behaviors for healthy active living, physical fitness, sportsmanship, self-efficacy, and emotional intelligence.

Professional Development: The systematic process used to strengthen the professional knowledge, skills, and attitudes of those who serve youth to improve the health, education and well-being of youth. Professional Development is consciously designed to actively engage learners and includes the planning, design, marketing, delivery, evaluation, and follow-up of professional development offerings (events, information sessions, and technical assistance).

Program Activity: Actual tasks the program undertakes (e.g. development of materials, training, briefs, etc.)

Recess: Discretionary time during the school day (i.e., 20 minutes daily) that allows elementary school students to engage in physical activity.

School-aged youth: Ages 6-19 years.

School Health Services: Services provided by the school district to appraise, protect, and promote student health, typically led by registered nurse(s). Key services include treatment and management of chronic and acute conditions, preventive services, emergency care, health promotion, counseling and health education, referrals and care coordination. School nurses, physicians, and other medical professionals typically provide these services.

Schools: Kindergarten, elementary, and secondary (i.e., middle/junior high school and high school) grade levels.

School Nutrition Environment and Services: The school nutrition environment refers to: 1) the foods and beverages that are available to students throughout the school day, and 2) information and messages about food, beverages, and nutrition that students encounter on school grounds. School nutrition services provide meals that meet federal nutrition standards for the National School Lunch and Breakfast Programs, accommodate the health and nutrition needs of all students, and help ensure that foods and beverages sold outside of the school meal programs meet Smart Snacks in School nutrition standards.

School Meals: The National School Lunch Program and School Breakfast Program administered by the United States Department of Agriculture's Food and Nutrition Service.

Sexual Health Services (SHS): for the purpose of this FOA, key SHS include anticipatory guidance for prevention, including delaying the onset of sexual activity; promoting HIV and STD testing, counseling, and treatment, and the dual use of condoms and highly effective contraceptives among sexually active adolescents; HIV and STD testing, counseling, and referral; pregnancy testing; and HPV vaccinations.

Sexually Transmitted Disease (STD): a disease transmitted by sexual contact, such as syphilis, gonorrhea, chlamydia, viral hepatitis, genital herpes, and trichomoniasis. Individuals who are infected with STD are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact.

Staff Involvement: School employees play an integral role in a healthy school environment. When school staff commit to good health practices, they are positive role models for students and may show increased support for student participation in physical activity. Support for school-employee wellness and leadership training contributes to the overall culture of physical activity at a school.

Whole School Whole Community Whole Child (WSCC): The Whole School, Whole Community, Whole Child (WSCC) approach expands on the eight elements of CDC's coordinated school health (CSH) approach and is combined with the whole child framework. CDC and ASCD developed this expanded model—in collaboration with key leaders from the fields of health, public health, education, and school health—to strengthen a unified and collaborative approach designed to improve learning and health in our nation's schools.