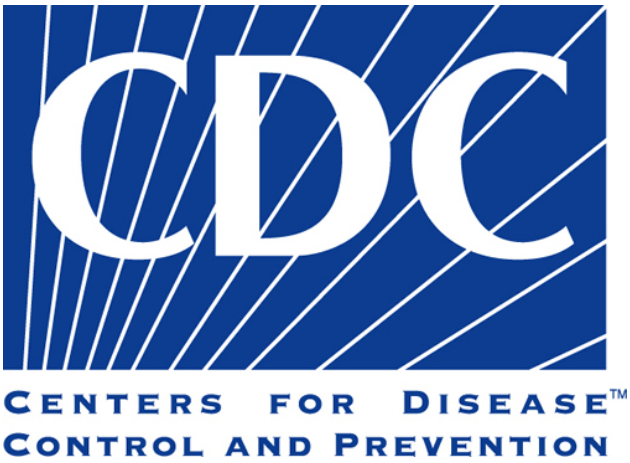


Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

School-Based Interventions to Promote Equity and Improve Health, Academic Achievement, and Well-Being of Students

CDC-RFA-DP-23-0002

02/11/2023

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP-23-0002. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

School-Based Interventions to Promote Equity and Improve Health, Academic Achievement, and Well-Being of Students

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP-23-0002

E. Assistance Listings Number:

93.981

F. Dates:

1. Due Date for Letter of Intent (LOI):
01/12/2023

2. Due Date for Applications:
02/11/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
01/10/2023

Time: 3:00PM – 4:00PM EST

Webinar
Link: https://cdc.zoomgov.com/j/16163847995?pwd=eUxKTVVsN1JMdk5RcjMvazh4UWxIZz09

G. Executive Summary:

1. Summary Paragraph
The purpose of this 5-year cooperative agreement is to protect and improve the health and well-being of school-age children and adolescents in underserved and disproportionately affected communities. Recipients will use the Whole School, Whole Community, Whole Child (WSCC) model to: establish key partnerships to support school health programs; promote dissemination and implementation of CDC school health guidelines, tools, and resources through Professional Development (PD) and Technical Assistance (TA); and use action planning to implement physical activity, school nutrition, and school health policies, practices, programs, and services within state and local education agencies (LEAs), schools, and out-of-school time (OST) settings.

Expected outcomes to be achieved include an (1) increase in the numbers of schools with an action plan based on the completion of CDC's School Health Index (SHI); (2) increased implementation of Comprehensive School Physical Activity Programs (CSPAP); (3) increased school nutrition and food security policies and practices; (4) increased school-based health services that support students with chronic health conditions; and (5) increased physical activity, healthy dietary behaviors, and self-management of chronic health conditions among students.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
16
Approximately 16 recipients will be awarded with up to 50 recipients depending on future funding.

d. Total Period of Performance Funding:
$31,500,000

e. Average One Year Award Amount:
$390,000

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

g. Estimated Award Date:
June 01, 2023

h. Cost Sharing and / or Matching Requirements:
No
Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
The COVID-19 pandemic and other world events have impacted children and adolescents' physical activity behaviors, food security, access to key school health services, overall health and emotional well-being and academic achievement. School leaders, educators and nurses have reported increased stress, anxiety, and burnout. Research has shown that stress plays a pivotal role in inflammatory, cardiovascular, neurological, and metabolic diseases, as well as mental health and mental disorders.

Long-standing systemic health and social inequities have put many groups at increased risk for chronic diseases and COVID-19, including racial and ethnic minorities, persons living in low socioeconomic and rural areas, and persons with disabilities. Social determinants of health have historically prevented these same groups from having fair opportunities for economic, physical, and emotional health. Education, food security, social connectedness, the built environment, and community-clinical linkages can influence children and adolescents' overall physical, emotional, mental health and academic attainment. Extensive research links academic achievement and positive health outcomes. Persons with less education are more likely to experience several health risks. Higher levels of education are associated with increased life expectancy and an increased likelihood of obtaining or understanding basic health information and services needed to make appropriate health decisions. Dropping out of school has been associated with multiple social and health problems. Research has also shown an association between food insecurity and delayed development in young children, risk of chronic illnesses, and behavioral problems. Socioeconomic status, whether assessed by income, education, or occupation, is linked to a wide range of health problems. Students living in rural areas may face additional barriers such as access to healthcare, lack of health insurance, and poverty. Furthermore, persons with disabilities are more likely than people without disabilities to report poorer overall health, less access to adequate health care, smoking and physical inactivity.

Schools are an ideal setting to address these social determinants of health, teach healthy behaviors, and provide students with opportunities to improve dietary and physical activity behaviors and manage chronic health conditions. In addition, promoting the health and emotional well-being of school employees ultimately supports students' health and academic success. Staff can reinforce these healthy behaviors to students through modeling them. This NOFO supports the implementation of evidence-based policies, practices, programs, and services within school settings and during out-of-school time (OST) and builds upon support provided to state education agencies (SEAs), Local Education Agencies (LEAs) and schools under cooperative agreement CDC-RFA-DP18-1801, "Improving Student Health and Academic Achievement

through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools" to improve the health of children and adolescents.

b. Statutory Authorities
This program is authorized under Section 301(a), 42 U.S.C. 241(a) and Section 317(k)(2) of the Public Health Service Act, 42 U.S.C. 247b(k)(2).

c. Healthy People 2030
CDC-RFA-DP-23-0002 supports the following Healthy People 2030 topic areas:

- Children and Adolescent Development
- Diabetes
- Health Care
- Mental Health and Mental Disorders
- Nutrition and Healthy Eating
- Oral Conditions
- Overweight and Obesity
- Physical Activity
- Schools
- Social Determinants of Health
- Workplace

d. Other National Public Health Priorities and Strategies
CDC-RFA-DP-23-0002 supports the following national strategies and programs:

- Active People, Healthy Nation
- Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities
- HHS Action Plan to Reduce Racial and Ethnic Health Disparities
- Health Impact in Five Years
- National Physical Activity Plan
- Move Your Way®
- National Diabetes Prevention Program
- National Stakeholder Strategy for Achieving Health Equity
- National Strategy for Suicide Prevention: Goals and Objectives for Action
- National Youth Sports Strategy
- President's Council on Sports, Fitness & Nutrition

- Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities
- The Community Guide's Dental Caries (Cavities): School-Based Dental Sealant Delivery Programs
- The Public Health Action Plan to Prevent Heart Disease and Stroke: 10 Year Update

e. Relevant Work

For over 30 years, CDC has provided scientific leadership, technical expertise, and funding to education agencies at the state, district, and school level to assist with building capacity to develop, deliver, and implement chronic disease prevention and health promotion programs that have measurable impact. CDC-RFA-DP-23-0002 is the successor to the cooperative agreement with state education agencies titled CDC-RFA-DP18-1801, "Improving Student Health and Academic Development through Nutrition, Physical Activity, and the Management of Chronic Conditions in Schools." This new NOFO complements CDC Healthy Schools' cooperative agreement with national organizations (CDC-RFA-DP22-2203) who provide training and technical support to recipients in the areas of school health services, emotional well-being, healthy out-of-school time, and school administrator support and action for healthy schools. This NOFO also complements the National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health and CDC initiatives addressing emotional well-being and mental health, as well as cooperative agreements through the Division of Adolescent and School Health, Division of Diabetes Translation, National Center for Environmental Health, Division of Nutrition, Physical Activity and Obesity, and Division of Oral Health.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP-23-0002 Logic Model: School-Based Interventions to Promote Equity and Improve Health, Academic Achievement, and Well-Being of Students			
Strategies and Activities	**Short-Term Outcomes (~1 to 3 years)**	**Intermediate Outcomes (~ 3 to 5 years)**	**Long-Term Outcomes (~ 5 or more years)**
Strategy 1: Statewide Support Activity 1A: Provide statewide Professional Development (PD) and Technical Assistance (TA) Activity 1B: Establish and maintain school health	**- Increased number of schools with an action plan based on completion of the School Health Index (SHI)** **-Increased implementation of**	**-Increased physical activity among students in priority local education agency (LEA) and corresponding**	-Decreased overweight and obesity among students -Increased emotional well-being among students

councils and teams Activity 1C: Establish and maintain a state-level school health leadership coalition Activity 1D: Establish new and strengthen existing partnerships <u>Strategy 2: Implementation in Priority LEA and Corresponding Schools</u> Activity 2A: Provide PD and TA Activity 2B: Provide follow-up support post-PD events Activity 2C: Support the assessment of school health policies, practices, programs, and services Activity 2D: Support implementation of evidence-based school health policies, practices, programs, and services Activity 2E: Disseminate accomplishments and lessons learned	**evidenced-based Comprehensive School Physical Activity Programs (CSPAP)** **-Increased implementation of evidence-based school nutrition and food security policies and practices** **-Increased implementation of evidence-based health services, policies and practices that support students with chronic health conditions**	**schools** **-Increased healthy dietary behaviors among students in priority LEA and corresponding schools** -Increased self-management of chronic health conditions among students in priority LEA and corresponding schools	-Improved academic achievement among students -Reduced health disparities among students in underserved and disproportionately affected communities

i. Purpose

In the priority local education agency (LEA) and corresponding schools, recipients will increase physical activity, healthy dietary behaviors and self-management of chronic health conditions among students; implement school health policies, practices, programs, and services at the state, priority LEA, and school level; implement strategies and activities at the school level that promote student and staff health; reinforce healthful behaviors; promote health equity and reduce health disparities; and work with school staff to improve the knowledge and health behaviors of students.

ii. Outcomes

Outcomes are intended effects (or changes in someone or something other than the recipient) resulting from the activities of the NOFO. The short-term and intermediate outcomes recipients are expected to achieve by the end of the period of performance are:

Short-term Outcomes

- Increased number of schools with an action plan based on completion of the SHI
- Increased implementation of evidenced-based CSPAP
- Increased implementation of evidence-based school nutrition and food security policies and practices
- Increased implementation of evidence-based health services, policies and practices that support students with chronic health conditions

Intermediate Outcomes

- Increased physical activity among students in priority LEA and corresponding schools
- Increased healthy dietary behaviors among students in priority LEA and corresponding schools

iii. Strategies and Activities

Strategies and activities for this NOFO are derived from evidence-based guidelines and recommendations from the U.S. Department of Health and Human Services (USDHHS), U.S Department of Agriculture (USDA), and other expert organizations.

The Whole School, Whole Community, Whole Child (WSCC) model, CDC's framework for addressing health in schools, should always be considered when implementing strategies and activities. The WSCC model is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement, and the importance of evidence-based school policies and practices. Schools are an important resource that can enhance the quality of students' lives and have a significant influence on current and future health behaviors and outcomes. This approach emphasizes the connections between health and education both short term (physical and emotional health as non-academic barriers to learning and students being ready to learn) and long-term (education as a fundamental social determinant of health and as a way of advancing health equity). Using the WSCC model in schools provides all students a fair and just opportunity to attain the knowledge, skills, and services needed to achieve the highest level of health and academic success.

Recipients will focus on two strategies under the cooperative agreement, Strategy 1: Statewide Support and Strategy 2: Implementation in Priority LEA and Corresponding Schools. All activities under Strategy 1 at the state level must be addressed during the period of performance. All activities under Strategy 2 at the LEA and school level must also be addressed and are to be implemented, monitored, and evaluated (e.g., data collection, student behavioral outcomes) in one priority LEA encompassing at least 75% of district schools representative of elementary middle, and high schools. The priority LEA and schools must be in communities that experience poverty, are medically underserved, and are disproportionately affected by chronic diseases and

attributable risk factors.

Strategy 1: Statewide Support

Recipients are required to provide statewide support and corresponding activities. Recipients will tailor PD and TA to disseminate and support implementation of evidence-based school health guidance, strategies, tools, and resources across the state. PD and TA should be focused on those districts and schools with the highest needs, including those disproportionately affected by chronic diseases.

In addition, recipients are required to disseminate evidence-based tools and resources statewide and to other expert organizations over the period of performance. These may include, but are not limited to:

- School Health Guidelines
- School Health Index
- Wellness Policy in Action Tool
- Health Education Curriculum Assessment Tool
- Physical Education Curriculum Assessment Tool
- Improving Care Coordination for Students with Chronic Health Conditions Toolkit
- Safe Schools FIT Toolkit
- Guide to Schoolwide SEL Essentials
- TEAMS Resources
- Student Assistance Guide
- The Whole School, Whole Community, Whole Child Model: A Guide to Implementation
- Healthy School, Healthy Staff, Healthy Students: A Guide to Improving School Employee Wellness
- Employee Wellness Score Card
- Penn State Extension's Out-of-School Nutrition and Physical Activity Initiative
- Water Access in Schools Microlearning Modules
- National Afterschool Association HOST Assessment
- Whole Child Oral Health Integration and Recommendations Considerations for School Nurses in Return to School: Dental Screenin

Activity 1A: Provide statewide PD and TA through presentations, skills-transfer workshops, and other formats on the school health topics highlighted in this NOFO. Recipients should leverage existing conferences, meetings, and networks and focus on topics that reflect the greatest need of the districts and schools they are reaching and serving.

Activity 1B: Establish and maintain school health councils and teams to carry out the following activities:

- Conduct assessments of school health policies, programs, practices, and services.
- Implement all components of a CSPAP.
- Improve the school nutrition environment and services using healthy fundraisers that support student health, increase access to clean and safe drinking water, address food and beverage marketing, implement Smart Snacks in School nutrition standards, promote school meal programs, and expand nutrition education opportunities.
- Implement evidence-based policies, practices, programs, and services to support access to nutritious foods, opportunities for physical activity, and support for students with chronic health conditions in OST programs.
- Implement local school wellness policies.
- Improve the delivery of school health services and supports.
- Integrate evidence-based strategies for priority protective factors (i.e., healthy and supportive school environments, school connectedness, parent engagement, and community engagement) into school health and OST policies, practices, programs, and services.
- Implement employee wellness programs that focus on physical activity, healthy eating, and emotional well-being among administrators, teachers, and school staff.
- Analyze curriculum and develop a scope and sequence for health education and physical education.
- Provide PD on adult learning strategies and practices to ensure adequate delivery of content.

Activity 1C: Establish or maintain a state-level school health leadership coalition that is representative of all WSCC components.

- Identify a state-level coordinator(s) for supporting the state-level school health leadership coalition and ensuring implementation of the shared goals.
- Convene the state-level school health leadership coalition quarterly.
- Determine the vision, mission, and shared goals for promoting WSCC adoption including all ten components and health equity across the state.

Activity 1D: Establish new and strengthen existing partnerships and opportunities to support school health policies, practices, programs, and services to improve the health and education outcomes of students in collaboration with the school health coalition. Applicants are expected to develop and provide with their application a thorough and complete collaboration plan describing who and how they will work with over the period of performance. The collaboration plan must outline partnerships and also include the commitment of one priority LEA to complete program activities and evaluation requirements. Applicants must name the file "Collaboration Plan" and upload it as a PDF file at www.grants.gov.

Recipients should work with partners on collaborative projects to include but not limited to:

- Work with state partners to develop or use existing guidelines and forms (e.g., Asthma Action Plans) to improve continuity of care for students with chronic health conditions.
- Garner support from administrators for the implementation of CSPAP.
- Support implementation of local school wellness policies.
- Support the adoption of physical activity and nutrition standards (e.g., National Afterschool Association's HEPA 2.0 standards).
- Partner with the state, county, and/or local education and health departments to increase the number of schools that have access to a registered nurse to support students with chronic health conditions.
- Collaborate with national, state, county, and local level organizations to ensure relevant PD, TA, and resources are offered to school nurses, health office staff, school nutrition staff, OST staff and physical/health educators.

Strategy 2: Implementation in Priority LEA and Corresponding Schools

Recipients are required to implement all activities within one priority LEA and corresponding schools. Recipients will identify and support the priority LEA and corresponding schools, including OST programs, to improve healthy eating, physical activity, and chronic disease management among students. Using the WSCC model and evidence-based school health guidance, strategies, tools, and resources, recipients will conduct the following activities:

Activity 2A: Provide PD and TA to one priority LEA and corresponding schools on how to:

- Establish or maintain the functioning of school health councils and teams.
- Use assessment tools such as SHI, Wellness Policy in Action Tool (WPAT), and HEPA 2.0.
- Develop effective school health action plans, based on assessment results, that promote health equity.

Activity 2B: Provide follow-up support post-PD events to one priority LEA and corresponding schools to troubleshoot and support school health action plan adoption.

- Establish a process for fielding, responding, and tracking PD and TA requests.
- Identify opportunities to integrate school health action plan activities into existing school improvement strategies.

Activity 2C: Support the assessment of school health policies, practices, programs, and services with one priority LEA and corresponding schools. Develop individual action plans based on assessment results and LEA and school priorities that are aligned with this NOFO. Use existing assessment tools such as SHI, WPAT, and HEPA 2.0. Note: If the priority LEA and schools have already completed an assessment of school health evidence-based policies and practices in

school year 2022-2023, then a new assessment does not need to be completed but action plans should be reviewed annually for growth.

Activity 2D: Support the implementation of evidence-based school health policies, practices, programs, and services with one priority LEA and corresponding schools using results from the school health action plan. Recipients will support the LEA and corresponding schools to:

- Implement all components of a CSPAP.
- Improve the school nutrition environment and services by using healthy fundraisers that support student health, increasing access to clean and safe drinking water, addressing food and beverage marketing, and implementing Smart Snacks in School nutrition standards, promoting school meal programs, and expanding nutrition education opportunities.
- Implement local school wellness policies.
- Implement evidence-based policies and practices to support access to nutritious foods, opportunities for physical activity, and support for students with chronic health conditions in OST programs.
- Improve the delivery of school health services and support for students with chronic health conditions.

Activity 2E: Disseminate accomplishments and lessons learned biannually on what the priority LEA and corresponding schools have accomplished and lessons learned (e.g., success stories, newsletters, social media, webinars, web features and blogs).

- Partner with communication professionals at state and local levels to develop materials that clearly present state and local data and accomplishments of the priority LEA and corresponding schools.
- Use multiple forms of communication to share lessons learned, successes, strategies to address challenges, and results of state and local school health efforts.

1. Collaborations

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

Recipients are expected to collaborate with relevant CDC-funded programs such as state health agencies, CDC-funded NGOs under CDC-RFA-DP22-2203, and organizations with similar populations of focus (e.g., children/adolescents with asthma, diabetes, and epilepsy).

Applicants are required to submit a MOU/MOA with the lead state agency (Department of Education or Department of Health) responsible for the administration of YRBS, School Health Profiles, and other health related surveys and data collection. The MOU/MOA must state the relationship and plans on how both entities will collaboratively work together on proposed strategies and activities in this NOFO. Applicants must name the file "MOU/MOA" and upload it as a PDF file at www.grants.gov.

Recipients are encouraged to work closely with CDC's Division of Adolescent and School

Health (DASH) to support data collection via the Youth Risk Behavior Survey (YRBS) and School Health Profiles.

b. With organizations not funded by CDC:
Recipients are encouraged to have partnerships with organizations not funded by CDC. Examples of partners include:

- State and local school administrator organizations
- Health equity experts
- Organizations that promote physical activity
- State child nutrition programs
- Organizations that focus on food and nutrition security and healthy eating
- Youth development organizations
- State afterschool networks
- 21st Century Community Learning Centers
- Organizations that support or provide school health services
- Organizations that support chronic disease management
- State and local dental and hygienist associations

Recipients are encouraged to collaborate as appropriate on federal initiatives that support healthy schools such as:

- United States Department of Agriculture's child nutrition programs and Team Nutrition initiative
- United States Department of Education's initiatives
- Substance Abuse and Mental Health Service Administration's Safe Schools, Healthy Students and Project AWARE, and Food and Mood Project
- Environmental Protection Agency's, Healthy Schools, Healthy Kids
- Non-CDC funded NGOs focusing on school health initiatives as appropriate

2. Target Populations
Recipients will provide PD and TA, work with key partners, and support implementation of CDC school health guidelines within the priority LEA and corresponding schools in communities that are disproportionately affected by chronic diseases and the risk factors that cause them. This includes children, adolescents, and adults with overweight/obesity, disabilities, and other chronic health conditions who have limited access to: (1) healthy foods and beverages; (2) safe ways and spaces to be physically active; (3) OST programs; and (4) school health services and support for consistent and appropriate management of chronic health conditions. This work should address social determinants of health and reach populations such as racial/ethnic minority students, students receiving free and reduced lunch, students of lower socioeconomic status, and those who live in rural/sparsely populated areas.

Recipients should include populations in program planning, implementation, and evaluation as appropriate. Recipients should ensure that data are used to select the priority LEA and schools

located in areas disproportionately affected by chronic diseases and the risk factors that cause them.

a. Health Disparities

Schools are an important resource that can enhance the quality of students' life and have a significant influence on current and future health behaviors and outcomes. This NOFO aligns with the WSCC model and addresses the connections between health and education both in the short term (physical and emotional health as non-academic barriers to learning, children showing up to school ready to learn) and in the long-term (education as a fundamental social determinant of health and as a way of advancing health equity). Strong emphasis is placed on addressing health disparities through evidence-based school health policies, practices, programs, and services as the result of the recipient providing culturally competent support to the priority LEA and corresponding schools through PD and TA, dissemination, partnerships, and implementation. Activities addressing health disparities will include, but are not limited to (1) disseminating school health tools and resources that promote health equity and culturally responsive systems for various settings (priority LEA, schools, community, clubs, and other OST programs); (2) partnering with CDC Healthy Schools and other relevant federal and non-federal organizations with strong school health content and health equity expertise; and (3) expanding access to health services, emotional well-being supports, and healthy OST opportunities to children and adolescents at higher risk of developing chronic disease.

iv. Funding Strategy

Approximately 16 recipients will be awarded with up to 50 recipients depending on future funding. Recipients are strongly encouraged to allocate up to 25% of the award annually to one priority LEA and corresponding schools to implement evidence-based school health policies, practices, programs, and services. A LEA may be a single- or multi-school district, a vocational program, a charter operator, a regional or county office of education, an alternative education program, or other office of education supporting schools and students in a particular region. Allocated funding can be utilized to support a staff person within the priority LEA to facilitate the proposed school activities under Strategy 2: Implementation in Priority LEA and Corresponding Schools. Recipients are also strongly encouraged to allocate 10% of the award for evaluation of the project.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will work individually and collectively with recipients throughout the period of performance to answer the following evaluation questions based on the program logic model, strategies, and activities:

1. To what extent is a strong school health infrastructure in place at the state, LEA and school level to support improving the health and well-being of students?
2. To what extent are LEAs and schools prepared to implement evidence-based school health policies, practices, programs, and services?
3. To what extent have priority LEA and schools developed school health action plans based on assessment results and school priorities?
4. To what extent are LEAs and schools implementing evidence-based school health policies, practices, programs, and services?

5. To what extent has health equity been promoted among LEAs and schools?
6. What is the overall impact of this initiative on the health, academic achievement, and well-being of students?

CDC will use an evaluation approach that consists of required recipient monitoring and evaluation to answer these evaluation questions. Specifically, recipients will (1) develop an evaluation and performance measurement plan that addresses the performance measures and the required evaluation questions (see below); (2) report on evaluation results and performance measures annually and monitoring indicators monthly; (3) report on successes and challenges; and (4) develop success stories. Recipients will develop two success stories during the period of performance, one at the end of year 3 and one at the end of year 5. CDC will manage and analyze the required performance measure data and monitoring indicator data submitted by recipients and synthesize evaluation findings across recipients. Recipients are required to report successes and challenges in annual reporting. Recipients' priority LEA and corresponding schools are required to participate in monitoring and evaluation activities associated with the project (e.g., interviews, surveys, data collection). Recipients will work with the priority LEA and corresponding schools on collecting data on a monthly, quarterly, and annual basis; completing proposed activities; and demonstrating level of readiness.

As resources permit, CDC will also identify and conduct additional evaluation projects (analytic studies, case studies, etc.) to evaluate program activities and outcomes. CDC will lead the design, data collection, analysis, and reporting for these studies in collaboration with recipients. Additionally, evaluation technical assistance and support will be provided. Evaluation support will include training and technical support on designing evaluation plans, monitoring progress toward the performance measures, submitting monthly and annual data into a uniform data entry system, and generating reports. This evaluation approach will provide information on the progress made toward activities that promote health and support and reinforce healthful behaviors among students and staff. CDC will use evaluation results from reports over the period of performance to assess the progress of recipients and to establish key recommendations on program impact, sustainability, and continued program improvement that can be shared with decision makers and other partners. It is critically important that recipients have a robust system for monitoring the progress and impact of activities.

Project Outcomes

The following short-term and intermediate outcomes are based on the logic model and are required to be measured by recipients. Although CDC expects recipients to track indicators that assess long-term outcomes, CDC does not expect recipients to achieve long-term outcomes during the period of performance. A variety of data collection systems will be used to capture short- and intermediate-term outcomes (e.g., recipient reporting, LEA and school surveys, School Health Profiles, Youth Risk Behavior Survey) and track long term outcomes (e.g., Youth Risk Behavior Survey).

Short-term Outcomes

- Increased number of schools with an action plan based on completion of the SHI
- Increased implementation of evidenced-based CSPAP

- Increased implementation of evidenced-based school nutrition and food security evidence-based policies and practices
- Increased implementation of evidenced-based health services policies and practices that support students with chronic health conditions

Intermediate Outcomes

- Increased physical activity among students in priority LEA and corresponding schools
- Increased healthy dietary behaviors among students in priority LEA and corresponding schools

The following monitoring indicators will track progress on PD, TA, and priority LEA and school action planning and will be reported monthly via an electronic reporting system to CDC. CDC will create and manage this reporting system:

1. Number/type of PD events delivered
2. Number/type of attendees at PD events
3. Number/type of TA events provided
4. Number of LEAs and schools with school health councils or school-level teams, and coordinators
5. Number of priority LEA and schools with completed assessments
6. Number of priority LEA and schools with a fully developed action plan
7. Number of priority LEA and schools implementing action plans

Evaluation Plan

The recipient's Evaluation Plan must describe how the recipient will fulfill the NOFO evaluation and performance measurement requirements described in this section (with guidance and TA from CDC).

Through the evaluation plan, CDC expects recipients to identify, measure, track, and report on:

- Indicators and outcomes related to PD, TA, and action plans
- Indicators and related measures on the implementation of strategies
- Indicators and related measures on the impact of the NOFO activities on short-term and intermediate outcomes
- Accomplishment, facilitators, barriers related to achieving the overall goals and objectives of the NOFO

The evaluation plan must also propose methods to answer the following evaluation questions. While the following evaluation questions are required, recipients may add additional evaluation questions of interest. Required indicators are also included below; however, recipients are not limited to the included measures.

Required Evaluation Questions and Indicators

1. How has the recipient prepared LEAs and schools to implement evidence-based school health policies, practices, programs, and services?

Required indicators:

- *Demonstrated changes in knowledge and skill of evidence-based school health policies, practices, programs, and services*
- *Number of LEAs and schools indicating likeliness to make a change in next 6 -12 months*
- *Summary of changes made by LEA and schools as a result of PD and Technical assistance*

2. How have priority LEA and corresponding schools developed and implemented action plans?

Required indicators:

- *Submitted action plan*
- *Summary of processes used to develop action plans by priority LEA and schools (e.g., description of data sources, description of how plan is responsive to identified needs/areas for improvement, individuals involved, timeline)*
- *Summary of changes made as a result of implementing action plans*

3. How has the school health infrastructure at the state-level and LEA-level supported schools in implementing evidence-based school health policies, practices, programs, and services?

Required indicators:

- *Number of statewide school health coalition/LEA-level school health council established and maintained*
- *Statewide school health coalition/LEA-level school health council membership and contributions)*
- *LEA-level school health coordinator identified*
- *Summary of annual goals and accomplishments of statewide school health coalition/LEA-level school health council*

4. How has the recipient increased school-based health services that support students with chronic health conditions?

Required indicators:

- *Number/type of new or expanded school-based health services implemented that support students with chronic health conditions Number of students impacted by expanded school-based health services*

5. How has the recipient promoted health equity?

Required indicator:

- *Number/type of health equity focused PD and TA*

In developing a performance and evaluation plan, recipients are expected to use a comprehensive approach. Recipients will work with CDC project officers and CDC evaluators on ways to collect information to help them monitor progress, communicate results, and identify TA needs. Recipients are also strongly encouraged to allocate 10% of the award for evaluation of the project. Specific performance measures will be finalized in collaboration with CDC and aligned with the required program strategies. Annual reporting requirements will be in place for all

recipients. Additionally, evaluation TA and support will be provided through an evaluation contract. The funded evaluation contractor will provide training and technical support on designing evaluation plans, monitoring progress toward the performance measures, submitting data into a uniform data entry system, and generating reports.

Since this NOFO does not involve the generation or collection of public health data, a Data Management Plan is not required.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

Applicants' organizational capacity must include knowledge, skills, experience, and access to specific settings (SEAs, LEA, schools) and populations (school administrators, educators, and students) to successfully implement the project activities and achieve the expected outcomes. Applicants should describe in their application and be able to fully comply with the following:

- Applicants should describe having experience using chronic disease, risk factor, and other school health data to engage LEAs, schools, decision-makers, and the public about the role of nutrition, physical activity, and school health services in reducing chronic disease risk among children and adolescents.
- Applicants should describe having experience working with and having direct access to priority LEA staff, superintendents, teachers, and school staff on assessing and delivering training and technical assistance on school health policies, practices, programs, and services.
- Applicants should describe having experience using SHI, Health Education Curriculum Assessment Tool (HECAT), Physical Education Curriculum Assessment Tool (PECAT), and WPAT.
- Applicants should describe having experience providing school health policy guidance, curricula development, resources, technical assistance, and direction to LEAs and schools.
- Applicants should describe having/hiring a program coordinator (100% FTE) dedicated specifically to this project. Applicants must provide a staffing plan and job descriptions for proposed project coordinator and related project positions and name the files "Staffing Plan" and "Job Descriptions". Both should be uploaded as a PDF file at www.grants.gov.
- Applicants should describe designating one staff person at the priority LEA, of which a portion of this funding can support this position, to facilitate the proposed school activities under Strategy 2: Implementation in Priority LEA and Corresponding Schools. This position can be an existing position or created for the purpose of this funding opportunity. It is up to the recipient to determine if this is an in-kind or salary position. The LEA shall commit a portion of that person's time for proposed activities. This staff person must exhibit leadership to provide and monitor PD and TA to schools in the selected LEA and report on activities and outcomes to the recipient. A letter of support from the superintendent should denote a level of readiness and commitment of the proposed staff person. Applicants must name the file "LEA Letter of Commitment", and upload as a PDF file at www.grants.gov.
- Applicants should describe working with an experienced PD provider to deliver training and TA on school health related topics.
- Applicants should describe having a system for fiscal management that will ensure funds are used appropriately. The fiscal management system should ensure accountability for federal assets, tracking of expenditures, and include internal controls. Fiscal staff must be able to attend quarterly calls with an updated financial statement with the recipient and CDC staff.

d. Work Plan

Applicants should provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years. The work plan allows the project officer to monitor implementation of activities and progress on period of performance outcomes. No specific work plan format is required, as long as it is clear how the components in the work plan crosswalk to the strategies and activities, outcomes, and evaluation and performance measures presented in

the logic model and the narrative sections of the NOFO. A sample work plan template is available on the CDC Healthy schools website.

e. CDC Monitoring and Accountability Approach

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

f. CDC Program Support to Recipients

CDC will be substantially involved in each recipient's project, going beyond monthly calls, site visits and regular performance and financial monitoring during the period of performance. Substantial involvement refers to federal programmatic collaboration or anticipation that the recipient can expect in implementing the award. In a cooperative agreement, CDC and recipients share responsibility for successfully implementing the award and meeting identified outcomes. CDC's substantial involvement will include, but is not limited to the following:

- Supporting recipients in implementing cooperative agreement requirements and meeting program outcomes.
- Assisting with the development and review of recipient products, tools, and resources.
- Assisting recipients in advancing activities to achieve project outcomes.
- Providing scientific subject matter expertise, tools, and resources.
- Collaborating with recipients to develop and implement evaluation plans that align with CDC evaluation activities.
- Providing TA on recipients' evaluation and performance measurement plan.
- Providing TA to define and operationalize performance measures.

- Providing PD – 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 project outcomes.
- Providing surveillance technical assistance and state-specific data collected by CDC.
- Providing TA to other CDC programs and Federal agencies on how to interface with recipients.
- Translating and disseminating lessons learned through publications, meetings, and other means on promising and best practices to expand the evidence base.
- Hosting a recipient meeting during the first year and subsequently later in the period of performance for a total of up to five meetings.

B. Award Information

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

2. Award Mechanism:
Activity Code: U58 Title: Chronic Disease Control Cooperative Agreement

3. Fiscal Year:
2023

4. Approximate Total Fiscal Year Funding:
$6,300,000

5. Total Period of Performance Funding:
$31,500,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$31,500,000

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

year(s)

7. Expected Number of Awards:
16
Approximately 16 recipients will be awarded with up to 50 recipients depending on future funding.

8. Approximate Average Award:

$390,000

Per Budget Period

9. Award Ceiling:
$425,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$375,000
Per Budget Period

11. Estimated Award Date:
June 01, 2023

12. Budget Period Length:
12 month(s)

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

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

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

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

State controlled institutions of higher education

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

Other

Ministries of Health

2. Additional Information on Eligibility

Applicants are required to submit a MOU/MOA with the lead state agency (Department of Education or Department of Health) responsible for the administration of YRBS, School Health Profiles, and other health related surveys and data collection. The MOU/MOA must state the relationship and plans on how both entities will corroboratively work together on proposed strategies and activities in this notice of funding opportunity. Applicants must name the file "MOU/MOA" and upload it as a PDF file at www.grants.gov. If a MOU/MOA is not provided, the application will be deemed non-responsive.

3. Justification for Less than Maximum Competition
4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No
Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

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

a. Unique Entity Identifier (UEI):

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

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

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number and a Unique Entity Identifier (UEI). All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at SAM.gov and the SAM.gov Knowledge Base.

c. Grants.gov:

The first step in submitting an application online is registering your organization

at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

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

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI number to become an Authorized Organization Representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	It takes one day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 01/12/2023

01/12/2023

b. Application Deadline

Due Date for Applications 02/11/2023

02/11/2023
11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

Due Date for Information Conference Call
01/10/2023

Time: 3:00PM – 4:00PM EST

Webinar
Link: https://cdc.zoomgov.com/j/16163847995?pwd=eUxKTVVsN1JMdk5RcjMvazh4UWxIZz09

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

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

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

Policy.

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

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

Penny Tanner
CDC, National Center for Chronic Disease Prevention and Health Promotion
Email address: evm7@cdc.gov

Content of Letter of Intent Should Include:

- Name of organization
- Contact info
- Description of Agency/Organization
- Summary statement of intent of why applying for this funding

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

- Describe other information (e.g., measures, data sources).

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

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

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

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

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

Applicants are strongly encouraged to allocate up to 25% of the award annually to one priority LEA and corresponding schools to implement evidence-based physical activity and nutrition policies, practices, programs, and services.

Applicants are encouraged to allocate 10% of the award for evaluation of the project.

Applicant should include up to three persons to attend an orientation meeting in Atlanta, GA in year one, date TBD.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the

subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

15. Copyright Interests Provisions

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must

identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

16. Funding Restrictions

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

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

17. Data Management Plan

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

18. Other Submission Requirements

a. Electronic Submission:

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

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

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

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

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

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

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

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

1. Include the www.grants.gov case number assigned to the inquiry

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

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

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements

i. Approach **Maximum Points:** 25

Background, Purpose, and Outcomes (5 points)

- The extent to which the applicant provides a thorough description of relevant background information that includes the context of the problem identified in the NOFO.
- The extent to which the applicant describes specifically how they will address the public health problem described in the NOFO.
- The extent to which the applicant clearly identifies the outcomes described in the NOFO they expect to achieve by the end of the period of performance.

Strategies and Activities (10 points)

- The extent to which the applicant provides a clear and concise description of how they will implement the strategies and activities using the WSCC model as their approach described in this NOFO to achieve the period of performance outcomes.
- The extent to which the applicant demonstrates how all activities in Strategy 1 at the state level will be addressed during the period of performance. This includes

dissemination of the evidence-based tools and resources statewide and to other expert organizations over the period of performance.

- The extent to which the applicant demonstrates how all activities under Strategy 2 at the LEA level and school level are to be implemented, monitored and evaluated.
- The extent to which the applicant provides a letter of support from the superintendent documenting one staff person at the LEA will facilitate the proposed school activities.

Collaboration (5 points)

- The extent to which the applicant developed and provided with their application a thorough and complete collaboration plan describing who and how they will work with over the period of performance and commitment of one priority LEA to complete program activities, evaluation requirements, and outline partnerships.
- The extent to which the applicant's MOU/MOA with the lead state agency (Department of Education or Department of Health) states the relationship and plans on how both entities will collaboratively work together on proposed strategies and activities in this notice of funding opportunity.

Target Populations and Health Disparities (5 points)

- The extent to which the applicant describes the priority LEA and corresponding schools they will provide PD and TA to, key partners they will work with, and how they will support implementation of CDC school health guidance to priority LEA, corresponding schools, staff, and organizations in communities that are disproportionately affected by chronic diseases and the risk factors that cause them.
- The extent to which the applicant describes how they used data to select priority populations.

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

- The extent to which the applicant describes (1) responsibility for overseeing the administration or providing monetary support to and (2) capacity and expertise to administer school-based surveys including CDC's Youth Risk Behavior Surveillance System, School Health Profiles, or other state-based survey measuring student risk behaviors and school health policies, practices, programs, and services. (**10 points)**
- The extent to which the applicant describes their capacity in conducting evaluation and data collection activities with and within LEAs, schools. **(5 points)**
- The extent to which the applicant demonstrates capacity to monitor progress of activities and assess impact of the work (e.g., development of a comprehensive evaluation plan). **(5 points)**
- The extent to which the applicant describes having a system for monitoring progress and impact of implemented activities and having capacity to rapidly analyze and synthesize results of data collected. **(5 points)**

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 50

- The extent to which the applicant describes experience using chronic disease, risk factor, and other school health data to engage LEAs, schools, decision-makers, and the public about the role of nutrition, physical activity, and school health services in reducing chronic disease risk among children and adolescents. **(5 points)**
- The extent to which the applicant describes experience working with and having direct access to priority LEA staff, superintendents, teachers, and school staff on assessing and delivering PD and TA on school health policies, practices, programs and services. **(5 points)**
- The extent to which the applicant describes experience using SHI, HECAT, PECAT, and WPAT. **(5 points)**
- The extent to which the applicant describes experience providing school health policy guidance, curricula development, resources, TA, and direction to LEAs and schools. **(5 points)**
- The extent to which the applicant describes having/hiring a program coordinator (100% FTE) dedicated specifically to this project and provided a staffing plan and job descriptions for proposed project coordinator and related project positions. **(10 points)**
- The extent to which the applicant describes designating one staff person at the priority LEA to facilitate the proposed school activities and provides a letter of support from the superintendent. **(10 points)**
- The extent to which the applicant describes working with an experienced PD provider to deliver training and TA on school health related topics. **(5 points)**
- The extent to which the applicant describes having a system for fiscal management that will ensure funds are used appropriately. **(5 points)**

Budget **Maximum Points:** 0

- Recipients are strongly encouraged to allocate up to 25% of the award annually to one priority LEA and corresponding schools to implement evidence-based physical activity and nutrition policies, practices, programs, and services
- Recipients are encouraged to allocate 10% of the award for evaluation of the project.
- Budget should include up to three persons to attend an orientation meeting in Atlanta, GA in year one, date TBD.

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel. In the event of a tie, program will make the award to the entity that scored highest in the applicant's Organizational Capacity to Implement the Approach section. In order to ensure maximum U.S. coverage, no more than one application per state will be funded. If multiple applicants from the same state apply under this NOFO, only the highest scoring applicant from that state will be selected for funding.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Successful applicants can anticipate receiving a Notice of Award between June 01, 2023 - July 01, 2023.

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The

NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

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

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

2. Administrative and National Policy Requirements

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

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

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

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

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

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and

associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan	6 months into award.	Yes
Monthly Indicator Report	No later than 7 days after the end of the month.	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due: - January 30 - April 30 - July 30 - October 30	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must

submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publicly available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

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

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

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).

- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

Recipients should refer to the notice of award to determine if Expanded Authority applies to carryover of unobligated balances from one budget period to a subsequent budget period. If Expanded Authority doesn't apply, 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)
- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

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

c. Performance Measure Reporting (optional)

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

d. Federal Financial Reporting (FFR) (required)

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

e. Final Performance and Financial Report (required)

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

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

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

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

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

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

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

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

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

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

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Melissa

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

Address:

Chamblee Campus - 4770 Buford Highway Chamblee, Georgia 30341

Telephone:
(770) 488-6167

Email:
eya6@cdc.gov

Grants Staff Contact

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

First Name:
Pamela

Last Name:
Render
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
District at Columbia Campus - 2920 Brandywine Rd Atlanta, Georgia 30341

Telephone:
(770) 488-2712

Email:
plr3@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A

- Funding Preference Deliverables

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

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Bona Fide Agent status documentation, if applicable

Required attachments, as determined by CDC programs:

- Applicants must submit staffing plan and job descriptions for proposed project coordinator and LEA positions and name the files "Staffing Plan" and "Job Descriptions"and upload as a PDF file at www.grants.gov.
- Applicants must submit a letter of support from the superintendent of the priority LEA selected denoting a level of readiness and commitment of the proposed staff person. Applicants must name the attachment "Letter of Commitment" and upload as a PDF file at www.grants.gov.
- Applicants must submit a MOU/MOA with the lead state agency (Department of Education or Department of Health) responsible for the adminstration of YRBS, school health profiles, and other health related surveys and data collection. Applicants must name the attachment "MOU/MOA" and upload as a PDF file at www.grants.gov.
- Applicants must submit a collaboration plan. Applicants must name the attachment "Collaboration Plan" and upload as a PDF file at 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 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see .https://www.cdc.gov/grants/additional-requirements/index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic

Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

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

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

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

NOFO-specific Glossary and Acronyms

Advertising: This item is defined through and measured by the School Health Profiles surveillance system. Within the questions used from Profiles to measure/assess this (questions 32a through 32e), there are specific examples used to represent the term "advertising", advertisements for candy, fast food, soft drinks placed in school buildings, on school playing fields, busses, school publications, curricula, or education materials.

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 childcare programs, and interscholastic sports (i.e., sports offered to students at school).

Behavioral Health: Describes the connection between a person's behaviors and the health and well-being of the body and mind.

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 Health Condition: 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 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.

Communication: A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.

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. The Smart Snacks in School standards apply to competitive foods that are sold during the school day.

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.

Coordination: The process of organizing people or groups so that they work together properly and well.

Disease Prevention: Specific efforts aimed at reducing the development and severity of chronic diseases and other morbidities.

Dissemination: The targeted distribution of information and intervention materials to a specific audience. The intent is to spread knowledge and the associated evidence-based interventions.

Diversity: An appreciation and respect for the many differences and similarities in our work. This includes varied perspectives, approaches, and competencies of coworkers, partners, and populations we serve.

Emotional Well-being: The emotional quality of an individual's everyday experience—the frequency and intensity of experiences of joy, stress, sadness, anger, and affection that make one's life pleasant or unpleasant.

Employee Wellness Program: A comprehensive set of programs, policies, benefits, and environmental supports that address various risk factors, including, but not limited to: Lack of physical activity, unhealthy dietary habits, stress management, and tobacco use.

Evidence-Based: The development, implementation, and evaluation of effective evidence-based 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.

Health: A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Health Disparities: Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

Health and Educational Outcomes: May include health behaviors, health outcomes, academic achievement, mental health, and emotional well-being.

Health Promotion: The process of enabling people to increase control over, and to improve health. Health promotion programs aim to engage and empower individuals and communities to choose healthy behaviors and make changes that reduce the risk of developing chronic diseases and other morbidities.

Implementation: The steps needed to put into place school health policies, programs, practices, and services into place and make them available to students and staff.

Inclusion/Inclusivity: A set of behaviors that authentically encourages individuals to feel valued for unique qualities and experience a sense of belonging and shared power. Inclusive diversity is a set of behaviors that promote collaboration within a diverse group.

Information Session: A presentation or other instructional activity delivered in a short period of time that focuses on a specific topic.

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, childcare 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.

Less Healthy Foods: The term "less healthy foods" is defined through and measured by the School Health Profiles surveillance system. Within the questions used from Profiles (question 30a through 30L), "less healthy foods" are those that do not align with Dietary Guidelines (e.g.,

foods high in sodium, fat, excess sugar) and do not align with Smart Snacks in Schools standards.

Local Education Agency: A local education agency (LEA) may be a single- or multi-school district, a vocational program, a charter operator, a regional or county office of education, an alternative education program, or other office of education supporting schools and students in a particular region

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

Mental Health: Includes an individuals' emotional, psychological, and social well-being. It affects how a person thinks, feels, and behaves. It also helps determine how they handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

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

Out-of-School Time Programs: Programs offered to students on the school site outside of school hours (e.g., before school, after school, during the summer). 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. For the purposes of this NOFO, out-of-school time refers to school-sited before- and after-school programs as well as those that operate on school grounds over the summer.

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. 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.

Policy, Systems, and Environmental Approaches: Making systematic changes – through improved laws, rules, and regulations (policy), functional organizational components (systems), and economic, social, or physical environment – to encourage, make available, and enable healthy choices.

Presentations: A speech or visual display tailored to specific audiences such as school administrators, faculty, education and health professionals, adolescents, parents, college students, legislators, or community groups.

Professional Development: A consciously designed, systematic process that strengthens how staff obtain, retain, and apply knowledge, skills, and attitudes. Types of professional development events include training, workshops, technical assistance, presentations, and information sessions. Events three or more hours long and have highly effective transfer skills.

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

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

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 allied health professionals typically provide these services.

School Health Team: A school health team (also sometimes referred to as a school health council or a school health advisory council) is a group of individuals representing different segments of the community, who collectively act to provide advice to a school on aspects of the school health program. These teams can work with schools to help identify health problems and concerns, set priorities, and design solutions.

School Meals: Meals provided to students through programs including the National School Lunch Program and School Breakfast Program administered by the United States Department of Agriculture's Food and Nutrition Service.

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.

Social and Emotional Climate: Refers to the psychosocial aspects of students' educational experience that influence social and emotional development. The social and emotional climate of a school can impact student engagement in school activities; relationships with other students, staff, family, and community; and academic performance. A positive social and emotional school climate is conducive to effective teaching and learning. Such climates promote health, growth, and development by providing a safe and supportive learning environment.

Social Emotional Learning: A developmental framework, the process through which individuals develop the skills to recognize and manage emotions, set, and achieve positive goals, appreciate the perspectives of others, establish, and maintain positive relationships, and make responsible decisions.

Social Exclusion or Marginalization: A complex, multi-dimensional (economic, political, social, and cultural) process when certain social groups have barriers to full participation in society that prevent them from sharing the benefits of participation, affecting equity and social cohesion; places where they live often have health-damaging lack of opportunities, access to resources, voice, or respect for rights (e.g., lack of access to jobs and inadequate schools).

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.

State Education Agency: State education agency or SEA means the State board of education or other agency or officer primarily responsible for the State supervision of public elementary schools and secondary schools, or, if there is no such officer or agency, an officer or agency designated by the Governor or by State law.

State Health Department: The governing entity with primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by state constitution, statutes, or regulations, or established by Executive Order. State Health Departments may be part of an umbrella organization, super public health agency, or super agency that oversees public health functions as well as other government functions.

Strategy: Means by which policy, practices, and programs are put into effect as population-based approaches (e.g., offering healthy food and beverage options in schools, implementing activity breaks in the classroom) versus individual-based approaches (e.g., health fairs, disseminating brochures, etc.).

Students: Children and adolescents in kindergarten to 12th grade.

Training: An instructional experience provided primarily by employers for employees, designed to develop new skills and knowledge that are expected to be applied immediately upon arrival or return to the job.

Technical Assistance: Tailored guidance to meet the specific needs of a site or sites through collaborative communication between a specialist and the sites. Technical assistance considers site-specific circumstances and culture and can be provided through phone, mail, e-mail, and virtual or in-person meetings.

Underserved: Relates to lack of access to services, including healthcare.

Well-Being: The presence of positive emotions and moods (e.g., contentment, happiness), the

absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment, and positive functioning

Wellness: The quality or state of being healthy in body and mind, especially as the result of deliberate effort.

Workshop: An educational program for a small group of people that focuses on techniques and skills in a particular field that has long-term benefits.

Whole School, Whole Community, Whole Child: The Whole School, Whole Community, Whole Child approach expands on the eight elements of CDC's coordinated school health 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.