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PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Agency Name: Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title: National Public Health Practice and Resource Centers on Health Promotion for People with Disabilities

Announcement Type: Type 2 – Competing Continuation

Agency Funding Opportunity Number: CDC-RFA-DD15-1509

"National Public Health Practice and Resource Centers on Health Promotion for People with Disabilities – DD12-1205"

Catalog of Federal Domestic Assistance Number: 93.080

Key Dates:
To receive notification of any changes to DD12-1205, return to the synopsis page of this announcement at: www.grants.gov and click on the "Send Me Change Notification Emails" link. An email address is needed for this service.

Application Deadline Date: **February 12, 2015**, 11:59pm U.S. Eastern Standard Time

Executive Summary:
The purpose of this cooperative agreement is to enhance existing activities to promote health, wellness and the adoption of healthy behaviors with the objective of preventing and/or reducing chronic conditions associated with disability. All activities should target people with disabilities that have mobility, physical limitations, and/or intellectual disabilities (hereafter referred to as PWDs). Applicants are encouraged to propose both traditional (e.g. fact sheets, symposiums, training, websites, etc.) and innovative approaches (e.g., videos, podcasts, blogs, social networking channels, e-games, mobile

applications, etc.) that will educate and inform people with disabilities, their family members, health care providers, policy makers, community members, and the general public. This funding opportunity announcement focuses on the following two topic areas:

(a) Physical activity and healthy weight management for people with disabilities; and/or

(b) Improved health of persons with limb loss/limb difference

Applicants are encouraged to propose strategies that strengthen their current capacities and develop innovative approaches to accomplish the objectives of the program.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

PART 2. FULL TEXT

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority

This program is authorized under Sections 301[42 U.S.C. 241] and 317C [42 U.S.C. 247 b-4] of the Public Health Service Act.

Background

Disability affects more than 54 million people in the United States (Brault, 2008) and annual health care expenditures associated with disability are approaching $400 billion (Anderson, Armour, Finkelstein, & Wiener, 2010). For people with disabilities, prevention of secondary conditions is the key to maintaining optimal health and reducing the risk of morbidity and mortality.

Data from the 2009 Behavioral Risk Factor Surveillance System (CDC, 2011) demonstrated that a higher percentage of people with disabilities (PWD) than people without disabilities (PWoD) were obese (37.6 % vs. 23.8%), daily smokers (28.3% vs. 16.1%) and physically inactive (22.0% vs. 10.0%). Similarly, research has shown that by engaging in healthful behaviors such as exercise, people with disabilities can lower the risk of common chronic problems (U.S. Department of Health and Human Services, 2005). Participation in screening, behavior change and exercise programs need to be encouraged by health care providers and others to meet the individual needs of persons with disabilities. Because health care providers often focus solely on a person's disability rather than their full range of health and wellness needs, they may fail to deliver health promotion messages to PWDs that are routinely communicated to persons who are not disabled (Coyle CP & Santiago MC, 2000).

Accessibility to the full range of health care services may also affect a PWD's ability to achieve a healthier lifestyle. Accessibility issues can include finding adequate transportation to a health care facility, gaining entrance to a building, and communicating effectively with health care providers. Failing to receive appropriate care because of accessibility challenges can contribute to poor health conditions. Consequences can also resonate in other aspects of life: decreased productivity, lost wages, increased health care costs, and overall mental health.

Despite progress in science, technology and advocacy, disabilities of all kinds are still equated—incorrectly and by too many people—with ill health, incapacity and dependence. Similarly, much of society still holds persons with mobility difficulties individually responsible for their health problems (Iezzoni, Davis, Soukup, & O'Day, 2003). Challenging misconceptions about persons with disabilities and elevating the importance of their health and wellness in the public consciousness are beginning steps that can help improve the health status of persons with disabilities.

Purpose

The purpose of the National Public Health Practice and Resource Centers (NPHPRC) on Health Promotion for People with Disabilities program is to fund the development of centers to promote health, prevent disease and improve the quality of life of individuals living with disabilities. The NPHPRC's mission is to provide information, education, and consultation on disease prevention, and promote health and wellness for people with specific conditions who live with associated disabilities. Others targeted in the health promotion mission are health care professionals, caregivers, media, researchers, policymakers and the public. Health promotion for persons with disabilities requires condition-specific information in addition to information and activities that address common aspects of living with disabilities. Activities of the NPHPRC should include, but are not limited to:

- Serve as a resource for increasing knowledge and changing attitudes and practices;
- Actively reach out to potential consumers (people with disabilities, caregivers, health care professionals, etc.);
- Promote policy implementation that will benefit people with disabilities;
- Build collaborations with consumers, stakeholders, CDC and other relevant partners;
- Contribute to the applicable CDC initiatives;
- Share information about programs, methods, materials and lessons learned
- Measure and document the NPHPRC's impact; using a common method of evaluation and reporting activities, reach, outcomes/impact;
- Identify needs and improve the health of people with specific conditions and living with disabilities;
- Participate in applicable CDC-organized meetings.

Core components/activities of NPHPRC include:

- Planning and Leadership

- Information
- Consultation and Referral
- Health Communication
- Policy and Partnerships
- Training
- Evaluation

Measurable outcomes of the NPHPRC program will align with one or more of the following performance goals of the CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD), Division of Human Development and Disability (DHDD):

- Priority 1: Reduce disparities in key health indicators, including obesity in children, youth, and adults with disabilities.
- Priority 4: Identify and reduce disparities in health care access for persons with disabilities.

This program addresses the following "Healthy People 2020" focus area(s):

DH–1 Identification of "people with disabilities" in data systems
DH–2 Surveillance and health promotion programs
DH–4 Barriers to primary care
DH–8 Barriers to health and wellness programs
DH–9 Barriers to participation
DH-13 Participation in social, spiritual, recreational, community, and civic activities

The objectives can be found at **HP2020 Disability and Health Topic Area Objective Number and Short Title:**
http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/Disability.pdf

This program addresses the following CDC Winnable Battles: www.cdc.gov/winnablebattles

- Obesity/Nutrition/Physical Activity
- Tobacco

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

Program Implementation
Recipient Activities

This Funding Opportunity Announcement (FOA) supports two NPHPRC focus areas:

- Category A –Physical Activity and Healthy Weight Management in Persons with Disabilities; or
- Category B – Improved Health of Persons with Limb Loss/Limb Difference.

Applicants can propose activities in Category A or Category B or both. **Applicants must specify which category they are applying to on the SF424 form, field #15 "Descriptive**

Title of Applicant's Project" eg: Category A: Applicant's project Title or Category B: Applicant's project Title

The approach we have taken for the communication and education planning of NPHPRCs is guided by the communication framework developed by the National Cancer Institute (http://www.cancer.gov/cancertopics/cancerlibrary/pinkbook).

In developing applications, applicants should address the stages below. All stages are important in the development and maintenance of NPHPRCs.

- Planning and Leadership
- Information, Consultation and Referral
- Health Communication
- Policy and Partnerships
- Training
- Evaluation

CATEGORY A or B:
Planning and Leadership

- Demonstrate ability/experience in implementing policy, health promotion and programmatic change relating to people with limb loss or people with disabilities, nutrition, physical activity, healthy weight and/or obesity.
- Establish or retain the minimum staffing requirements of the program to include a representative of the recipient organization's leadership and a full-time staff employee who is responsible for managing program planning, implementation and evaluation.
- Establish and maintain a sufficient number of staff, contractors and consultants who have the expertise to ensure project success.
- Develop a one-year work plan.
    - Plan should include one-year) objectives.
        - Objectives should be Specific, Measurable, Achievable, Relevant, and Time-bound (SMART). They should describe what is to happen, by when, to what degree, through what methods, and utilizing which staff positions for execution.
        - Objectives should be outcome-oriented, rather than focused on processes or outputs. Quantitative baselines should be provided for each objective.
- Goals of the programs should include an implementation plan designed to reach the largest possible segment of the targeted population. Proposed activities should include information, consultation and referral, health communication, evaluation, and other program activities that will lead to the achievement of the stated goals and objectives for people with disabilities or people with limb loss. Describe in detail the activities and expected results, methods planned to achieve the results, and the staff position(s) responsible for execution. Applicants are strongly encouraged to propose traditional (fact sheets, trainings, symposiums, etc.) and/or innovative approaches (e.g., videos, podcasts, blogs, social networking channels, e-games, mobile applications, etc.).

- Provide an updated logic model that graphically displays the program activities and intended outcomes. The logic model should be used to define the work, identify outputs and outcomes, and a mechanism for measuring it. It is recommended to include the following components in the logic model: inputs which would depict necessary resources, activities (programs, processes), outputs (interventions/messaging) and outcomes (the results, long-term consequences). See http://www.cdc.gov/eval/resources/index.htm for Logic Model examples and information.
- Provide national leadership in the promotion of healthy weight, physical activity and nutrition policies that are targeted to people with disabilities or programs to improve the health of people with limb loss through participation on expert panels, national committees, and additional appropriate venues.
- In collaboration with the CDC/HHS Office of Minority Health and Health Disparities (OMHHD), design, implement and sustain a comprehensive program of resources/best practices and outreach to address racial and ethnic disparities among people with disabilities or people with limb loss.
- Develop a program sustainability plan for prioritizing activities and coordinating resources to ensure implementation of nutrition and physical activity programs in community settings for persons with disabilities or to improve the health of people with limb loss. Key components to address are the vision (vision is a long-term view, describing what the organization wants to be), impacts (trends/environmental/policy/partnerships/collaboration), and action plans (initiatives/implementation).
- Establish or strengthen an existing coalition of partners committed to active participation in health promotion planning, implementation and evaluation of programs designed to improve quality of life for people with limb loss or prevent disease in people with disabilities through improvements in nutrition and physical activity. Partners should include a wide representation of disability leaders and organizations familiar with promoting physical activity and nutrition for people with disabilities or for improving quality of life for people with limb loss. Examples could include representatives from disability advocates; community development/planning agencies; key community-based governmental and non-governmental organizations, health care, voluntary, and professional organizations; business, community, faith-based leaders; local Aging centers and senior centers; universities; and at least one lay person representative of the population to be served. Linkages with mental health/substance abuse organizations, health plans, foundations, and other community partners working together to prevent disease in people with disabilities through improvements in nutrition and physical activity are encouraged.
- Create partnerships with public health agencies, medical organizations, non-governmental agencies (NGOs), the military and veterans groups serving this population.

Information, Consultation and Referral

- Provide information and make recommendations on nutrition, physical activity and healthy weight management for people with disabilities in a variety of accessible formats. The recommended recipients for the information include, but are not limited to: persons with disabilities, caregivers, media, researchers, disability service

organizations, community groups, healthcare professionals, policymakers, and the general public.Participate in national symposia and conferences; facilitate presentations and sharing of scientific data and best practices on the benefits of physical activity, nutrition, and fitness for people with disabilities or the benefits of health promotion for people with limb loss.

- Conduct national outreach through training and technical assistance.
- Collaborate with CDC's Disability and Health state grantees and other state health departments and appropriate organizations to include people with disabilities or people with limb loss in the planning of state and local health promotion programs.
- Provide technical assistance for developing inclusive physical activity (i.e. physical activity programs that include people with disabilities), nutrition and healthy weight management programs (e.g., pictures, alternative formats, and training).
- Provide technical assistance and consultation in the design, execution and evaluation of innovative, community-directed physical activity and healthy weight management programs that benefit people with disabilities or people with limb loss.
- Provide technical assistance and consultation to CDC's Disability and Health state grantees and other state and local health departments in the design, execution, and evaluation of innovative, community-directed activities that benefit people with disabilities or people with limb loss.
- Maintain a database and tracking system to characterize the nature of internet and telephone inquiries from people with disabilities, people with limb loss, caregivers, providers and organizations seeking information on physical activity and healthy weight management. Utilize this data to identify needed resources and targeted activities.
- Develop and maintain a web-based capability to provide personalized guidance for people with disabilities that initiates and sustains physical activity and healthy weight management.
- Develop, evaluate and maintain activities for people with limb loss/limb difference that may include, but are not limited to: youth summer camps, national conferences, community-based amputee networks in the U.S. and globally, multicultural outreach, and a national Limb Loss Task Force.

Health Communication

- Develop innovative messaging and materials on inclusion of health promotion activities for people with limb loss or fitness and physical activity, that is inclusive of people with disabilities that emphasize the importance of nutrition and healthy weight management for people with disabilities. Use innovative mechanisms for distribution.
- Develop and/or maintain a web-based capability to disseminate information and guidance for health promotion (including healthy weight management) and quality of life for people with limb loss.
- Implement traditional (e.g. fact sheets, symposiums, training, websites, etc.) and/or innovative approaches (e.g. videos, podcasts, blogs, social networking channels, e-games, mobile applications, etc.) to educate and inform people with disabilities about adaptive, inclusive physical activities.

- Collaborate with individuals, agencies and medical professionals to develop, evaluate and disseminate health messages that specifically target people with disabilities or people with limb loss. The messages should address nutrition, physical activity, healthy weight, and obesity.
- Develop or enhance a resource directory targeting people with limb loss or a directory with information related to nutrition, physical activity and healthy weight management for people with disabilities.
- Document the reach and impact of the health communication program, and identify opportunities to expand these efforts.
- Disseminate information about program activities and program results via presentations and publications to scientific, professional, and lay audiences.
- Determine whether the communication components identified as critical/key impacts are being implemented, the target population is being reached, and the intended outcomes of the program are being met.
- Identify, assess and develop systems that ensure program efforts continue to reach the target population.
- Obtain CDC clearance for program agendas, educational materials and products prior to publication.

Policy and Partnerships

- Conduct a stakeholder analysis that includes discussion of the public health impact of the NPHPRC as identified in the updated logic model.
- Collaborate with federal and national partners on ways to improve the health for people with limb loss or how to include physical activity and healthy weight management as components in national health promotion programs for people with disabilities. Examples of potential partners include: CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO) and Office of Minority Health and Health Equity (OMHHE), The President's Council on Physical Fitness, and HHS Office on Disability.
- Educate the public and stakeholders about interventions that are based on best practices and/or grounded in science that enhance and increase physical activity for people with disabilities or improve the health of people with limb loss.

Training

- Provide training and technical assistance for primary healthcare providers, rehabilitation specialists, fitness instructors, and others on the importance of nutrition, physical activity, and healthy weight for people with disabilities.
- Provide training and technical assistance for peer visitation and support to the individual, peer visitation and support targeted to the military and veteran population, resilience and community reintegration programs, support groups and other social and emotional support for people with limb loss.
- Develop curriculums for training courses on inclusive, adaptive physical fitness activities.
- Provide training and/or collaborate with partners to increase health promotion and physical activity training opportunities specifically designed for people with disabilities or people with limb loss, their family members, caregivers and

stakeholders. The training should focus on the health and wellness of the total individual, rather than their disability alone.

- Independently develop and/or collaborate with partners to provide training for health care providers on the importance of physical activity in the health and wellness of people with disabilities or improved relations with people with limb loss.

Evaluation

- Establish methods to measure program effectiveness relating to outreach and outcomes of proposed targeted activities (e.g., increases in public awareness, knowledge, behavior, and overall program benefits). Describe the program's evaluation design, methods, partners, processes and impact measurements. Applicants are required to provide effectiveness measures that will demonstrate the accomplishment of objectives identified in this cooperative agreement. Effectiveness measures must relate to the performance goals stated in the "Purpose" section of this announcement. Measures must be objective and quantitative, and demonstrate intended outcomes. Details of proposed effectiveness measures must be submitted with the application and will be considered in the overall evaluation of the program.
- Develop and apply systems and procedures to evaluate program activities and establish measureable outcomes. Participate actively in CDC-directed efforts to evaluate the public health impact of the NPHPRC.
- Determine whether key components of the NPHPRC one-year work plan are being implemented, the target population is being reached, and the intended outreach and outcomes of the program are being met.
- Participate in the CDC-coordinated evaluation and reporting system for NPHPRC by providing data on activities, outcomes/impact.

CDC Activities

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

- Provide technical consultation to the grantee using the current knowledge base (including emerging research, literature and epidemiological information) regarding physical activity and healthy weight management for people with disabilities or health promotion, healthcare access, and disease prevention for people with limb loss, and assist in the development of information targeted to people with specific disabilities.
- Provide consultation in program planning, development, implementation, and evaluation, which may include consulting with committees or working groups whose operations may have an impact on the proposed program.
- Assist in the development and dissemination of materials improving the health of people with limb loss or information pertaining to physical activity and healthy weight management to CDC and CDC's grantees to expand the reach of the populations served.
- Assist with the identification of policies, best practices, and model programs designed to improve the health of people with limb loss or pertaining to physical activity and healthy weight management for people with disabilities.
- Assist in facilitating collaborations with federal, state and local partners (e.g., CDC's

Nation Center for Chronic Disease Prevention and Health Promotion, CDC's Division of Nutrition, Physical Activity and Obesity and the Office of Minority Health and Health Disparities).

- Provide referrals to state, regional and/or national offices that can assist with building capacity and program activities.
- Assist with planning and evaluation activities, including the development of measures for program impact.
- Develop and provide requirements of the NPHPRC evaluation and reporting system.
- Approve NPHPRC's clearance methods for developed products (clearance chain may involve the CDC or the NPHPRC's advisory board).

II. AWARD INFORMATION

Type of Award: Cooperative Agreement - CDC substantial involvement in this program appears in the Activities Section above.
Award Mechanism: U50
Fiscal Year Funds: 2015
Approximate Current Fiscal Year Funding: Category A $1,000,000; Category B $2,100,000
Approximate Total Project Period Funding: Category A $1,000,000; Category B $2,100,000 (This amount is an estimate of the total direct and indirect costs, and is subject to availability of funds.)
Approximate Number of Awards: Category A, 1; Category B, 1
Approximate Average Award: Category A, $1,000,000; Category B $2,100,000 (This amount is for the first 12-month budget period, and includes both direct and indirect costs.)

Floor of Individual Award Range: none
Ceiling of Individual Award Range: Category A, $1,000,000; Category B $2,100,000 (This ceiling is for the total cost for the 12-month budget period.)
Anticipated Award Date: 04/01/2015
Budget Period Length: 12 months
Project Period Length: 1 year
Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, 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.

III. ELIGIBILITY INFORMATION

Eligible Applicants

This is a competing continuation. Only those applicants who were funded under CDC-RFA-DD12-1205 are eligible to apply.

Required Registrations

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the "Get Registered" screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The "one-time" registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR) and DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) which will require up to at least 4 weeks to complete registration in its entirety.

The CCR registration can require an additional two weeks to complete. You are required to maintain a current registration in CCR. CCR registration must be renewed annually.

Other

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The applicant will be notified that the application did not meet the eligibility requirements.

Central Contractor Registration and Universal Identifier Requirements

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An Authorized Organization Representative (AOR) should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D- U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1- 866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at www.ccr.gov.

If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

Cost Sharing or Matching

Cost sharing or matching funds are not required for this program.

Other

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort

Maintenance of Effort is not required for this program

IV. Application and Submission Information

Submission Dates and Times

This announcement is the definitive guide on LOI and application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

Letter of Intent (LOI) Deadline Date: not applicable

Application Deadline Date: February 12, 2015, 11:59pm U.S. Eastern Standard time

Applicants must download the SF424 application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 email:pgotim@cdc.gov Monday-Friday 7:00am – 4:30pm U.S. Eastern Standard Time for further instruction. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800- 518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

All applicants are required to sign and submit CDC Assurances and Certifications that can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm

Print, scan and upload as an additional attachment into the application package.

A **Project Abstract** must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

A **Project Narrative** must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 25 if your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

- Current Budget Period Progress (Should not exceed 5 pages)
    - Applicants must provide a brief summary addressing the following:
        - status of objectives (met, ongoing, unmet, or revised);
        - major findings, significance of those findings, and a description of how the findings impact or contribute to public health
        - barriers encountered and how those barriers were addressed
        - if applicable, include the reasons the goals were not met and a discussion of assistance needed to resolve the situation
    - Report significant project changes, including changes in key

personnel

- Approach
    - Background, Purpose, and Outcomes
        - Applicants must provide a description of relevant background information
        - Applicant must describe how their application will address the problem
        - applicants must clearly identify the outcomes they expect to achieve
    - Strategies and Activities
        - Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes
    - Collaboration
        - Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC.
        - Applicants must file letters of support, as appropriate
    - Work Plan
        - Applicants must provide a detailed work plan and timeline for completing project activities

- Evaluation and Performance Management
    - Applicants must provide an overall evaluation and performance measurement plan which:
        1. Describes how program partners will be engaged in the evaluation
        2. Describes the type of evaluation to be conducted
        3. Describes key evaluation questions to be answered
        4. Describes potentially available data sources and feasibility of collecting appropriate evaluation and performance data
        5. Describes how evaluation findings will be used for continuous program and quality improvement.

- Applicant's organizational Capacity to Implement the Approach
    - Organizational Capacity
        - The applicant must describe its organizational capacity to carry out the program strategies and activities
    - Project Management
        - The applicant must describe who will have day to day responsibility for key tasks such as project leadership, monitoring on-going progress, preparation of reports, program evaluation, and communication with CDC.

Additional Program Requirements

Applicants must include a minimum of one, but not more than three, success stories. Each success story should not exceed one page and may be included in the appendix.

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. This additional information includes:

- Curriculum Vitae/Resumes
- Letters of Support, if applicable
- Budget (SF 424A) and Budget Narrative: provide a detailed budget which identifies and describes the basis for the anticipated costs for personnel, fringe benefits, travel, supplies, equipment, contractual, consultants, indirect, and other items.
- Bona fide agent letter from state, if applicable
- Memorandum of Understanding (MOU) for subawards, consultants, partnering agreements, etc., if applicable
- Indirect Cost Rate agreement
- Organizational Chart
- Legal authority to patient data sources
- Success stories

Additional information submitted via Grants.gov should be uploaded in a PDF file format, and should be named:

- Appendix 1 – Curriculum Vitae/Resumes
- Appendix 2 – Budget (SF 424A) and Budget Narrative
- Appendix 3 – Letter(s) of Support
- Appendix 4 – Bona fide agent letter
- Appendix 5 – MOUs
- Appendix 6 – Indirect Cost Rate Agreement
- Appendix 7 – Organizational Chart
- Appendix 8 – Legal Authority to data

No more than 20 electronic attachments should be uploaded per application.

Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information; subsection entitled "Administrative and National Policy Requirements."

Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely

serve as a conduit for an award to another party or provider who is ineligible.

- Reimbursement of pre-award costs is not allowed.

Additional Submission Requirements

Electronic Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC, Procurement and Grant Office, Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 Email:pgotim@cdc.gov Monday-Friday 7:30am -4:30pm for further instruction.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged to check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date. The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (http://www.grants.gov), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when Grants.gov receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800- 518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the GMO/GMS [See Section VII "Agency Contacts"], for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevented electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the GMO/GMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

Intergovernmental Review

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

V. Application Review Information

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the DD15-1509. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element

of the evaluation of the submitted application.

Criteria

Eligible applications will be evaluated against the following criteria:

1. **Approach (50 pts)**

A. Background, Purpose, and Outcomes (10 pts):

- The extent to which the applicants provide a description of relevant background information and intended results which support the FOA priorities.

B. Strategies and Activities (20 pts)

- The extent to which the applicant provides appropriate rationale for and a detailed description of strategies and activities that are feasible and achieve project outcomes.

C. Collaboration (10 pts)

- The extent to which the applicant describes how it will collaborate with CDC as well as programs external to CDC in implementing the proposed program strategies

D. Work Plan (10 pts)

- The extent to which the applicant describes a detailed one-year work plan.

2. **Evaluation and Performance Management (20 pts)**

- The extent to which the applicants describe the type of evaluations to be conducted, key evaluation questions to be answered, potential data sources, and describes how evaluation findings will be used for continuous program and quality improvement.

3. **Applicant's organizational Capacity to Implement the Approach (30 pts)**

A. Organizational Capacity (15 pts)

- The extent to which the applicant must describe its organizational capacity to carry out the program strategies and activities

B. Project Management (15 pts)

- The extent to which the applicant must describe who will have day to day responsibility for key tasks such as project leadership, monitoring on-going progress, preparation of reports, program evaluation, and communication with CDC.

4. **Budget (SF424A) and Budget Narrative (Reviewed, but not scored)**

Although the budget is not scored, applicants should consider the following in development of their budget:

1. Is the itemized budget for conducting the project, and

justification, reasonable and consistent with stated objectives and planned program activities?

2. Does the applicant include appropriate funding for travel to include participation of any personnel in meetings with partnering organizations and CDC?

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/od/pgo/funding/budgetguide.htm.

Review and Selection Process

Review

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by the National Center on Birth Defects and Developmental Disabilities and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified that the application did not meet eligibility and/or published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled "Criteria". The objective review process will follow the policy requirements as stated in the GPD 2.04 at http://intranet.hhs.gov/grantsinfo/gpdstable.html. The objective review panel will be composed of CDC employees who do not work in the Division of Human Development and Disability.

VI. Award Administration Information

Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Any application awarded in response to this FOA will be subject to the DUNS, CCR Registration and Transparency Act requirements.

Unsuccessful applicants will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2020
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-16 Security Clearance Requirement
- AR-23 States and Faith-Based Organizations
- AR-25 Release and Sharing of Data
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with E.O. 13513 Federal Leadership on Reducing Text Messaging While Driving, October 1, 2009.
- AR-30 Information Letter 10-006. – Compliance with Section 508 of the Rehabilitation Act of 1973
- Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

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

Reporting

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, www.USASpending.gov. The Web site includes information on each Federal financial assistance award and contract over $25,000, including such information as:

1. The name of the entity receiving the award
2. The amount of the award
3. Information on the award including transaction type, funding agency, etc.
4. The location of the entity receiving the award
5. A unique identifier of the entity receiving the award; and
6. Names and compensation of highly-compensated officers (as applicable)

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 recipients: 1) information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf .

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via www.grants.gov:

1. The interim progress report is due no less than 120 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:
    a. Standard Form ("SF") 424S Form.
    b. SF-424A Budget Information-Non-Construction Programs.
    c. Budget Narrative.
    d. Indirect Cost Rate Agreement.
    e. Project Narrative.

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

2. Annual progress report, due 90 days after the end of the budget period to include:
    a. Current Budget Period Activities Objectives.
    b. New Budget Period Program Proposed Activity Objectives.
    c. Budget.
    d. Measures of Effectiveness.
    e. Additional Requested Information.
3. Annual Federal Financial Report no more than 90 days after the end of the budget period.
4. Final performance and Federal Financial Reports (SF425) no more than 90 days after the end of the project period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VII below entitled "Agency Contacts".

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Arlene Vincent-Mark, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road, MS E-88
Atlanta, GA 30333

Telephone: 404-498-6780
E-mail: dsz4@cdc.gov

For **financial, grants management, or budget assistance**, contact:
Kathy Raible, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-09
Atlanta, GA 30341
Telephone: (770) 488-2045
E-mail: kcr8@cdc.gov

For assistance with **submission difficulties,** contact:
Grants.gov Contact Center Phone: 1-800-518-4726 Email: support@grants.gov
Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

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

CDC Telecommunications for the hearing impaired or disabled is available at:
TTY 1-888-232-6348

VIII. Other Information

For additional information on reporting requirements, visit the CDC website at: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Other CDC funding opportunity announcements can be found at www.grants.gov.