

Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion

WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION (WISEWOMAN)

CDC-RFA-DP18-1816

Application Due Date: 08/03/2018

WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION (WISEWOMAN)

CDC-RFA-DP18-1816

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DP18-1816. 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:

WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION (WISEWOMAN)

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-DP18-1816

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

93.436

F. Dates:

1. Due Date for Letter of Intent (LOI):	**05/25/2018**
2. Due Date for Applications:	**08/03/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

" Entities who successfully submitted an application for consideration during the original open submission period may not re-submit duplicate or new applications for consideration."

Additional information about this NOFO may be found at:https://www.cdc.gov/wisewoman/1816-nofo.htm

Questions may be submitted to WW1816Comms@cdc.gov through July 31, 11:59 p.m. ET. Responses will be posted by August 1, 2018.

3. Date for Informational Conference Call:

No additional Informational Calls will be held.

G. Executive Summary:

1. Summary Paragraph:

This funding opportunity is comprised of two components – Core and Innovation.

Final funding amounts will depend upon the quality of the application, regardless of whether an applicant intends to support implementation of innovative strategies.

Core Component: This ***competitive*** component will support the implementation and evaluation of a core set of evidence-based strategies designed to reduce risks, complications, and barriers to the prevention and control of heart disease and stroke among the target population. Applicants must propose a comprehensive work plan that addresses hypertension in alignment with the broad Strategies indicated in the NOFO. Applicants for the Core Component must propose criteria for selection of health systems and communities in which to work, based on a robust analysis of overall health burden and across population subgroups.

Innovation Component: This ***competitive*** component will support the implementation and evaluation of a small set of innovative strategies designed to reduce risks, complications, and barriers to the prevention and control of heart disease and stroke. All applicants must apply for the Core Component in order to be considered for the Innovation Component via a single application that clearly identifies the Core and Innovation Components. Only those successful applicants under the Core Component will be eligible for Innovation Component funding.

a. Eligible Applicants: Limited

b. NOFO Type: Cooperative Agreement

c. Approximate Number of Awards: 21

Final number of funded award recipients will be determined by the objective review scoring and available funding.

d. Total Period of Performance Funding: $80,000,000

Estimated total funding reflects Core + Innovation

e. Average One Year Award Amount: $750,000

Approximate average award reflects Core + Innovation

f. Total Period of Performance Length: 5

g. Estimated Award Date: 09/29/2018

h. Cost Sharing and / or Matching Requirements: Y

In preparing budgets, applicants must include financial participation described below.

Recipient financial participation is required for this program in accordance with the authorizing legislation. Section 1502(a) and (b)(1), (2), and (3) of the PHS Act, as amended, requires matching funds from non-Federal sources in an amount not less than one dollar for every three dollars of Federal funds, a ratio of 3:1, awarded under this program. However, Title 48 of the US Code 1469a (d) requires DHHS to waive matching fund requirements for Guam, U.S. Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands up to $200,000.

The match requirement may include third-party in-kind contributions, as well as expenditures from the grantee. The matching funds may be cash, in-kind or donated services or equipment. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title I to

use funds received under the Indian Self-Determination Act as matching funds.

Matching funds may not include: 1) payment for treatment services or the donation of treatment services; 2) services assisted or subsidized by the Federal government; or 3) the indirect or overhead costs of an organization. All costs designated as meeting the match requirement must be documented by the applicant and will be subject to audit. Documentation of appropriate matching is to be provided in the detailed budget and narrative justification.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Heart disease is the leading cause of death and stroke is the 5th leading cause of death in the United States. Cardiovascular Disease (CVD) , including heart disease, stroke and other vascular diseases accounts for >800 000, or about 1 in 3 deaths/year, and around 1 in 5 who die from CVD are younger than 65 years. CVD is costly, with an estimated 1 in every 7 health care dollars is spent on CVD (about 15%). Considerable improvements in CVD mortality have been recognized in the preceding decades, with advancements in the treatment of CVD and in public health interventions significantly contributing to the gains. Some areas of CVD mortality have seen a slowing in progress, as evidenced by the recent report on stroke mortality, and increased efforts to target risk factors are urgently needed. Primary modifiable risk factors for CVD are well-known and can be largely prevented and controlled from evidence-based interventions.

Public health interventions and health systems advancements targeting primary risk factors for CVD are complementary to interventions targeting other CVD outcomes. For example, nearly 6.5 million Americans age ≥20 have heart failure, and hypertension is the predominant risk factor for heart failure in African Americans. Health system interventions can lead to improvements with multiple CVD risk factors and outcomes, and should be maximized. These may include interventions utilizing team-based care, community-health workers, electronic health record alignment with national guidelines and recommendations, technological advances improving medication adherence, interventions supporting better continuity of care across health care settings, and other related interventions supporting community and clinical linkages and partnerships.

These public health interventions are important because over the last decade only 54% of women recognize that heart disease is the leading cause of death for women. More women die from CVD than from Alzheimer’s disease, accidents, chronic lower respiratory diseases, diabetes, influenza, and pneumonia combined. While heart disease is the leading cause of death for both men and women, stroke is the fourth leading cause of death for women compared to the fifth leading cause of death for men. Some risk factors for CVD are high blood pressure, overweight obesity, diabetes, smoking and high cholesterol.

CDC's Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program is now at the forefront of the nation’s efforts to improve

cardiovascular health for low-income, uninsured, and underinsured women by offering screenings, referrals for treatment, and support for lifestyle change among participants. The WISEWOMAN Program was authorized by Congress in 1993 to extend the preventive health services offered to participants of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The intent was to expand services of an existing federal program to address cardiovascular health concerns in this vulnerable, high-risk population. The program gradually expanded to fund 21 programs and has moved to a public health practice approach that focuses on delivery of clinical cardiovascular preventive screening and lifestyle interventions. The current cooperative agreement (2013-2018), is focused on engaging women in becoming informed, activated patients for cardiovascular disease self-management such as self-monitoring blood pressure, healthy diet, physical activity, and smoking cessation.

b. Statutory Authorities

This program is authorized under 42 U.S.C. § 300l-1 (2012), sections 1501-1510 [42 U.S.C. 300k, 42 U.S.C. 300l, 42 U.S.C. 300m, 42 U.S.C. 300n, 42 U.S.C. 300 n-1, 42 U.S.C. 300 n-2, 42 U.S.C. 300 n-3, 42 U.S.C. 300 n-4, 42 U.S.C. 300 n-4a, 42 U.S.C. 300 n-5] of the Public Health Service Act, as amended. WISEWOMAN must follow the legislative requirements detailed in these sections.

c. Healthy People 2020

The NOFO directly addresses these Healthy People 2020 objectives related to Heart Disease and Stroke available at: https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke)

HDS–1: (Developmental) Increase overall cardiovascular health in the U.S. population.

HDS–2: Reduce coronary heart disease deaths.

HDS–3: Reduce stroke deaths.

HDS–10: Increase the proportion of adults with hypertension who meet the recommended guidelines.

HDS–11: Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure.

HDS–12: Increase the proportion of adults with hypertension whose blood pressure is under control.

d. Other National Public Health Priorities and Strategies

This NOFO supports efforts in improving the quality of care in health care systems and building community-clinical linkages, which are strategic priorities of the National Center for Chronic Disease Prevention and Health Promotion. Additionally, this NOFO supports work on the following priority areas identified by the Division for Heart Disease and Stroke Prevention.

- ***Hypertension prevention, detection, and control through:***
    - a systems change model for public health that engages relevant stakeholders

across state and local communities—including public health agencies, healthcare, quality improvement organizations, health information technology experts, payers, and community-based organizations—to develop, expand, and sustain efforts to improve hypertension prevention, detection, and control.

- ***Million Hearts® 2022, whose focus remains on:***
  - Optimizing Care by using teams, health information technology, and evidence-based processes to improve the ABCS (Aspirin when appropriate, Blood pressure control, Cholesterol management, and Smoking cessation), increase use of cardiac rehab, and enhance heart-healthy behaviors
  - Keeping People Healthy with public health efforts that promote healthier levels of sodium consumption, increased physical activity, and decreased tobacco use.
  - Improving Outcomes for Priority Populations selected based on data showing a significant CV health disparity, evidence of effective interventions, and partners ready to act. (https://millionhearts.hhs.gov/)

- ***National Prevention Strategy (NPS) whose vision emphasizes***:

  - Working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness. WISEWOMAN specifically targets three of the areas that the NPS has established as national priorities to address: (1) Healthy Eating, (2) Active Living, and (3) Tobacco Free Living. (https://www.surgeongeneral.gov/priorities/prevention/index.html)

e. Relevant Work

The WISEWOMAN Program began by funding three research programs in 1995. These three programs were funded to compare the effectiveness of enhanced lifestyle interventions (LSI's) and minimal, or usual care in reducing cardiovascular risk among low-income, under, or uninsured 40-64 year old women. From 1999-2007 Congress authorized an expansion of the Program that allowed CDC to fund up to 15 organizations for either research or public health practice. The non-research or public health practice programs focused on service delivery and evaluated the feasibility of implementing evidence-informed LSI's in local settings. From 2000–2008, 15 programs served approximately 80,000 women.

Under a new cooperative agreement in 2008, the program expanded to fund 21 programs and moved completely to a public health practice approach that focused on delivery of cardiovascular preventive screening and lifestyle interventions. From 2008-2013, 149,767 women aged 40–64 received 217,415 total screenings for cardiovascular and other chronic disease risk factors, and 100,697 lifestyle intervention sessions were delivered.

The current cooperative agreement (2013-2018), is focused on engaging women in becoming informed activated patients for cardiovascular disease self-management such as self-monitoring blood pressure, healthy diet, physical activity, and smoking cessation. From January 2014 through December 2016, 19 state health departments and 2 tribal organizations have provided WISEWOMAN services to 51,266 women aged 40–64 who received 63,825 total screenings for

cardiovascular and other chronic disease risk factors, and a total of 95,115 healthy behavior support services. Currently in the target population 38% have hypertension while 79% are obese or overweight. Currently 61% percent of WISEWOMAN participants belong to minority racial/ ethnic groups.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP18-1816

Logic Model: WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION (WISEWOMAN)

Bold indicates period of performance outcome

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Track and Monitor Clinical Measures shown to improve healthcare quality and identify patients with hypertension	**Increased reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of women with high blood pressure**	**Increased data sharing and utilization (e.g., through a bi-directional feedback mechanism)**	**Increased blood pressure control**
Implement Team-Based Care to reduce CVD risk with a focus on HTN control and management	**Increased use of and adherence to evidence-based guidelines and policies related to team-based care**	**Increased engagement in self-management among women at-risk for and with CVD**	**Improved detection, prevention and control of CVD**
Link Community Resources and Clinical Services that support bi-directional referrals, self-management, and lifestyle change for women at risk for CVD	**Increased use of data systems to identify and refer at risk women to appropriate HBSS**	**Increased participation in Healthy Behavior Support Services (HBSS)**	

		Improved and maintained healthy behaviors and lifestyle changes	

i. Purpose

The purpose of the WISEWOMAN program is to extend preventive health services to women who are participants of the CDC-funded National Breast and Cervical Cancer Early Detection Program (NBCCEDP). These extended preventive health services include assessment of cardiovascular risk factors and provision of services to reduce those risks through improved diet, physical activity, tobacco cessation, and medication adherence support. A focus on the health systems and community-clinical links that are supportive of these preventive health services is required.

ii. Outcomes

This NOFO has two components:

1. A competitive Core Component that is mandatory for all applicants.
2. A competitive Innovation Component that is optional.

Both components are designed to reduce cardiovascular disease risk factors among high-risk women. Addressing risk factors such as high blood pressure, elevated cholesterol, obesity, poor nutrition, inactivity, diabetes, and smoking greatly reduces a woman's risk of CVD-related illness and death.

Outcomes (Core Component):

WISEWOMAN Program Long Term Outcomes:

- Increased blood pressure control
- Improved detection, prevention, and control of CVD

WISEWOMAN Program Short Term Outcomes:

- Increased reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of women with high blood pressure
- Increased use of and adherence to evidence-based guidelines and policies related to team-based care
- Increased use of data systems to identify and refer at risk women to appropriate HBSS

WISEWOMAN Intermediate Outcomes:

- Increased data sharing and utilization (e.g., through a bi-directional feedback mechanism)
- Increased engagement in self-management among women at-risk for and with CVD
- Increased participation in HBSS
- Improved and maintained healthy behaviors and lifestyle changes

Outcomes (Innovation Component):

Those also applying under the Innovation Component should include a logic model and program outcomes developed by the applicant. Additionally, applicants should include plans for publication and how lessons learned or innovation can be translated for use by others to increase scale and spread of successful program outcomes.

During the period of performance, recipients are expected to achieve all proposed Innovation Component activities and make progress toward outcomes in the logic model submitted with the Innovation Component section of application.

iii. Strategies and Activities

This NOFO has two components:

1. A competitive Core Component that is mandatory for all applicants.
2. A competitive Innovation Component that is optional.

Both components are designed to reduce cardiovascular disease risk factors among high-risk women. Addressing risk factors such as high blood pressure, elevated cholesterol, obesity, poor nutrition, inactivity, diabetes, and smoking greatly reduces a woman's risk of CVD-related illness and death.

1) Core Component: This competitive component will support the implementation and evaluation of a core set of evidence-based strategies designed to reduce risks, complications, and barriers to the prevention and control of heart disease and stroke among the target population.

Recipients funded under the Core Component must implement the following strategies and activities:

Track and Monitor Clinical Measures shown to improve healthcare quality and identify patients at risk for and with hypertension

- Provide cardiovascular risk screening to under- or uninsured women in the priority age range of 40-64 years during the clinic office visit.
- Provide reports to monitor, and track clinical data for improve identification, management, treatment, and outcomes of women with high blood pressure.
- Develop metrics to evaluate the effectiveness of interventions using collected data and deploy improvement strategies as needed.

Implement Team-Based Care to reduce CVD risk with a focus on HTN control and

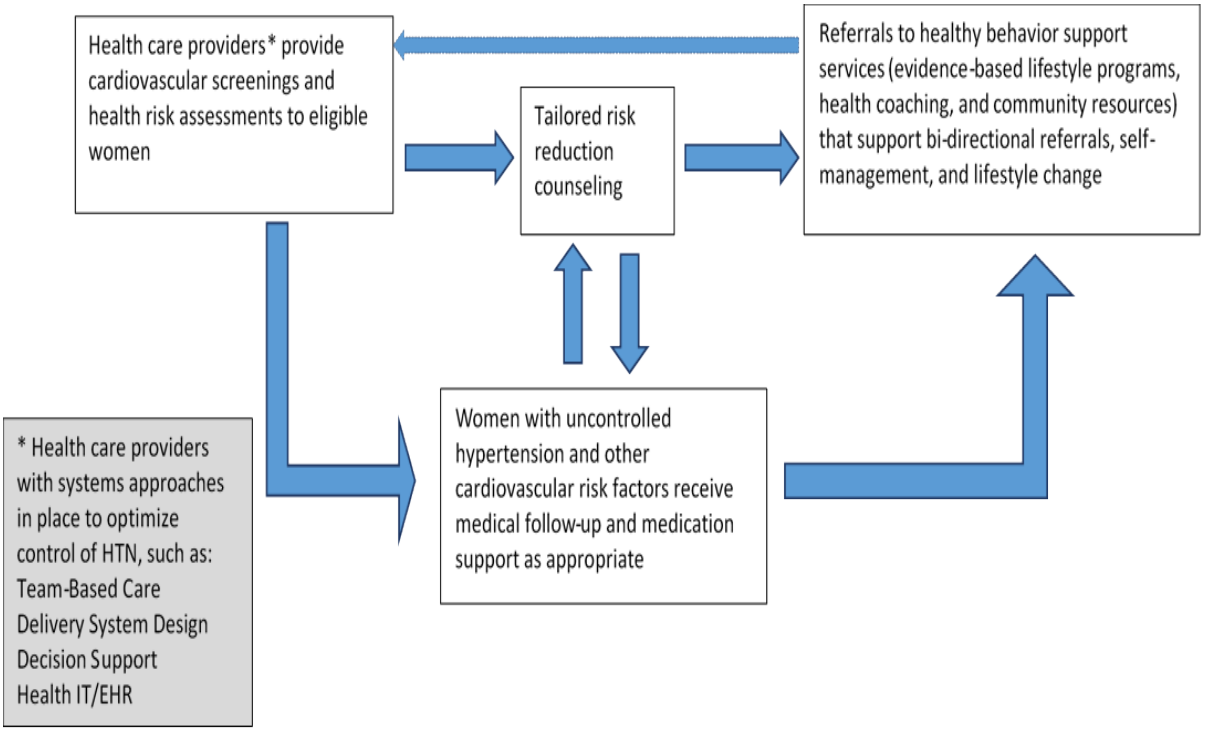
management

- Engage health professionals and community health workers, social workers, patient navigators, pharmacists and others to expand follow-up and support expanded health team members engaged in community settings outside of health care facilities.
- Communicate and coordinate care among team members (including coordination of community resource referrals and HBSS and clinical services).
- Support provider assessment, planning, training, implementation, and sustainability of care teams to support CVD improvements.

Link Community Resources and Clinical Services that support bi-directional referrals, self-management, and lifestyle change for women at risk for CVD

- Partner or contract with community groups that provide evidence-informed HBSS.
- Identify, enhance, or build systems that facilitate provider and community bi-directional referrals to support medical follow-up, healthy behavior support services, tracking of the nature, type, and scope of referrals, and other critical support services.
- Use evidence-based and evidence-informed strategies (EBS/EIS) to ensure participants are engaged in HBSS.

WISEWOMAN Flow Chart: The following flow chart describes the process of providing WISEWOMAN screening and lifestyle program services to women enrolled in the program. Health care providers screen women for cardiovascular risk. Based on risk factors, women receive referrals to healthy behavior support services (evidence-based lifestyle programs, health coaching and community resources) that support bi-directional referrals, self-management, and lifestyle change.



Recipients must ensure the delivery of services in the flow diagram including risk reduction counseling, health risk assessment, addressing medication adherence, and follow-up of abnormal values as outlined below:

- Health Risk Assessment: Cardiovascular health risk assessment is completed at baseline and rescreening visits. Results must be reported in participant data files. Completion of the health assessment will facilitate immediate risk reduction counseling which is particularly valuable when lab work is not available.
- Risk reduction counseling: Every program participant must receive a baseline screening and rescreening results, interpretation of the results, and appropriate recommendations in accordance with national clinical care guidelines. In a team-based care design it is critical to have patients understand their screening and health assessment findings. In the WISEWOMAN model, the patient is a critical member of the health team. This also facilitates increased self-management behavior. Screening information must be delivered both verbally and in writing using health literacy and plain language standards. If complete screening results are not available, programs should use participant's results of the health risk assessment to provide initial risk reduction counseling. Risk reduction counseling should include motivational interviewing that will encourage the participant to change behaviors and lifestyle. Aspects of effective motivational interviewing including skill building, self-monitoring, social support, and strategies for maintenance of change.
- Medication Adherence: Reduce barriers to understanding the treatment regimen and to accessing medication, particularly for high blood pressure.
- Clinical/Medical Follow-up: Ensure women with alert values for blood pressure and blood glucose are provided with follow-up within 7 days and documentation is provided

in minimum data elements (MDEs).

Recipients must develop, implement, and use minimum data elements (MDEs) collection system and other data collection activities for program monitoring and reporting. Recipients must also enter into effective partnerships with state and community based organizations and governmental entities to support the program.

2) Innovation Component: This competitive component will support the implementation and evaluation of a small set of innovative strategies designed to reduce risks, complications, and barriers to the prevention and control of heart disease and stroke. All applicants must apply for the Core Component in order to be considered for the Innovation Component via a single application that clearly identifies the Core and Innovation Components. Only those successful applicants under the Core Component will be eligible for the Innovation Component.

Recipients awarded under the Innovation Component must focus on one or more strategies related to:

- Identifying and targeting hard to reach and underserved women,
- Working with health care systems and other stakeholders to expand use of telehealth technology to promote management of hypertension and high blood cholesterol,
- Implementing novel strategies to enhance referral, participation, and adherence in cardiac rehabilitation programs in traditional and community settings, including home-base settings,
- Implementing novel approaches to facilitate bi-directional referral between community programs/resources and health care systems (e.g. using electronic health records (EHR), digital blood pressure (BP) monitoring, 800 numbers, 211 referral systems, etc.), and
- Developing a statewide infrastructure to promote long-term sustainability/coverage for community health workers (CHW).

1. Collaborations

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

The following sections apply to both Core and Innovation Components:

Recipients should establish collaborative, strategic partnerships with other CDC funded programs within and outside the state health departments, tribes and tribal organizations to allow for more efficient use of existing resources. This also allows for exchange of information among experts working in various areas of public health and other sectors. At a minimum, partnerships must be established with heart disease and stroke, tobacco, cancer (especially the NBCCEDP), diabetes, and nutrition and physical activity programs. Partnerships should move the goals and objectives for relevant and engaged programs forward and contribute significantly to the WISEWOMAN program. The Million Hearts® initiative provides multiple collaborative partnerships, resources, and supportive opportunities. (http://millionhearts.hhs.gov).

Recipients are encouraged to identify and leverage opportunities, which will also enhance the recipient's work with other State health department programs that address related chronic diseases or their underlying risk factors. This may include cost sharing to support a shared position such as Chronic Disease epidemiologist, health communication specialist, data manager, program evaluator, or policy analyst to work on risk factors or other activities across units/departments within the State health department. This may include, but is not limited to, joint planning and leadership activities (including updating of chronic disease state plans); coalition alliances and joint health education and communication activities; data acquisition, analysis and communication; combined development and implementation of environmental, policy, systems, or community interventions; and other cost sharing activities that cut across Chronic Disease Programs and relate to recipient program activities.

b. With organizations not funded by CDC:

The following sections apply to both Core and Innovation Components:

Recipients are expected to collaborate with a variety of public and private partners to leverage resources and maximize reach and impact. Collaborative partners can include entities from many sectors. Recipients are required to collaborate with partners and agencies that serve the priority population of interest or work with the identified communities of interest. For example, partner with health systems to improve heart disease screening, management, medical follow-up and HBSS referrals to improve cardiovascular health.

Applicants should consider strategic partnerships with community health centers including Federally Qualified Health Centers, Health Center Controlled Networks, Regional Extension Centers, state Rural and Primary Care Associations, health plans, health systems, clinics and hospitals, managed care organizations, Medicaid/HRSA, Indian Health Service clinics, American Indian/Alaska Native tribal governments and/or tribally designated organizations.

Recipients are expected to collaborate with organizations to that support heart disease prevention, physical activity, healthy food choices, chronic disease self-management, and smoking cessation. Recipients are also expected to collaborate with organizations to provide resources appropriate for underserved sub-populations that address participant barriers to accessing care and changing behavior (e.g., transportation, mental health, housing resources).

Recipients are also strongly recommended to collaborate with non-traditional partner agencies and organizations (e.g., Federal Office of Rural Health Policy, Department of Transportation, and Department of Housing and Urban Development) to reach more underserved women. Recipients should establish or continue strategic partnerships that support the Division for Heart Disease and Stroke Prevention (DHDSP) goals with professional organizations; businesses; not-for-profit organizations, such as the American Heart Association; community-based organizations; for-profit organizations; non-governmental organizations; state and local governments; community advocates and members; and other stakeholders that may have a vested interest in improving cardiovascular health.

Recipients are expected to work with Quality Improvement Organizations/Quality Improvement Networks (QIO/QIN) or other health care quality improvement entities to enhance patient care

and improve health systems.

Letters of support with a firm commitment from providers and partners should be included in the application.

Applicants should submit letters of support from organizations and clinics that will have a role in helping to achieve ***specific*** NOFO activities and outcomes. Letters must be dated within 45 days of the application. These letters must state the role of organizations and clinics and specify how they will help the applicant achieve the goals and outcomes of the NOFO and by component, as appropriate. If awarded, MOUs or MOAs with these partner organizations or contracts must be submitted within 90 days of award.

Applicants must file the letter of support, as appropriate, name the file "Letter of Support", and upload it as a PDF file at www.grants.gov

2. Target Populations

The target population is low income women ages 40-64 who are uninsured or under-insured and who participate in the NBCCEDP. Applicants must target locations where the population experiences disparities in CVD risk factors, morbidity, and/or mortality. Applicants should ensure that data, including burden data, are used to identify strategies and/or communities within their populations to support program initiatives. Emphasis should be placed on achieving maximum reach and impact across these populations. Organizations serving the population as well as representatives of the target population should be engaged in planning processes and selecting lifestyle programs.

a. Health Disparities

Disparities exist within cardiovascular health outcomes for women. These disparities are compounded by variations in disease rates and access to preventive and treatment services among the low-income, uninsured and/or racial and ethnic minority populations.

Among the populations that will benefit from this funding are low-income women, rural and frontier populations, and those experiencing health disparities within the following population subgroups: the uninsured or under-insured, geographically or culturally isolated, medically under-served, racial, ethnic, and/or cultural minorities, including African Americans, Alaska Natives, American Indians, Asian Americans, Hispanics, Pacific Islanders, and women with disabilities. Recipients should seek to implement priority population approaches to prevent heart disease and stroke and reduce health disparities among women in the target population.

iv. Funding Strategy

This funding opportunity is comprised of two components – Core and Innovation.

Final funding amounts will depend upon the quality of the application, regardless of whether an applicant intends to support implementation of innovative strategies.

All applicants must apply for the Core Component in order to be considered for the Innovation Component via a single application that clearly identifies the Core and Innovation Components. Only those successful applicants under the Core Component will be eligible for Innovation Component funding.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help to demonstrate program accomplishments and strengthen the evidence for strategy implementation. It can also determine whether the identified strategies and associated activities can be implemented at various levels (i.e., state, sub-population, etc.) within a state.

Throughout the five year period, CDC will work individually and collectively with recipients to track the implementation of recipient strategies and activities and assess progress on achieving the five year NOFO outcomes. Both the process and outcome evaluation will seek to answer the following overarching evaluation questions:

1. Approach: To what extent did the recipients' implementation approach result in achieving the desired outcomes?
2. Effectiveness:
    - To what extent has the program increased the reach of the strategies to prevent and control cardiovascular disease?
    - To what extent has implementation of the strategies led to improved health outcomes among WISEWOMAN participants?
    - What factors were associated with effective implementation of the strategies?
3. Efficiency: To what extent has the NOFO affected efficiencies within infrastructure, management, partners, and financial resources?
4. Sustainability: To what extent can the strategies implemented be sustained after the NOFO?
5. Impact: To what extent have the strategies implemented contributed to a measureable change in health, behavioral, or environment in a defined community, population, organization, or system?
6. Innovation: What innovative strategies have been identified that can be replicated and scaled?

CDC will use an evaluation approach that consists of (1) ongoing monitoring and evaluation through the collection and reporting of performance measures, (2) a CDC-led national evaluation and (3) recipient-led evaluations. Innovation recipients will also be required to conduct rigorous evaluations of their innovative strategies.

Performance measures developed for this program correspond to the strategies and outcomes described in the logic model. Performance measures that recipients will be responsible for collecting and reporting are noted in Table 1. CDC will work with recipients on operationalizing and further defining each performance measure and guidance will be provided prior to the first year of reporting. Performance measures will be reported annually to CDC and CDC will manage and analyze the data to identify recipient program improvements, respond to broader technical assistance needs, and to report to stakeholders. CDC will analyze performance measure data annually and develop annual, aggregate performance measure reports to be disseminated to recipients and other key stakeholders, including federal partners, non-funded partners, and policy makers as appropriate. These aggregate findings may also be presented during site visits and recipient meetings. In addition to performance measures reported by

recipients, CDC will track all outcome measures (not listed in required recipient table for reporting) that are relevant to the program through national data sets or the national evaluation activities.

For the CDC-led national evaluation activities, CDC will lead the design, data collection, analysis, and reporting. Recipients will be expected to participate in evaluation activities such as surveys, interviews, case studies, and other data collection efforts. An appropriate level of guidance and support will be provided to the recipients to ensure effective participation of recipients in the national evaluation. CDC will use findings from these evaluation efforts to refine its technical assistance and, in turn, maximize and sustain program outcomes.

For recipient-led evaluations, CDC will assist recipients' development and implementation of evaluation plans that are useful for recipient program improvement and provide valuable information for the overall evaluation of the program. Recipients with innovation funding will be expected to conduct rigorous evaluations of their innovative strategies and activities as noted in the Applicant Evaluation and Performance Measurement Plan. CDC and recipients will only collect data that will be analyzed and used.

CDC will provide recipients with performance measure reporting templates, and potentially evaluation plan and reporting templates. CDC will provide evaluation technical assistance and ongoing evaluation guidance on recipient-level evaluation and performance measures. Evaluation technical assistance will be provided using a customized approach to ensure that the tools and services provided best meet the needs of the recipients. All information will be collected via a secure system and according to a Data Management Plan (DMP) to be developed. All evaluation findings produced by CDC and recipients will contribute to: (1) continuous program and quality improvement of program efforts; (2) the evidence base; (3) documentation and sharing of lessons learned to support replication and scaling up of these program strategies and/or (4) future funding opportunities at CDC.

The data collected by CDC for performance measurement and evaluation are directly related to the implementation of the strategy and/or the desired outcome indicated in the logic model. The data collected for this NOFO for performance measurement and national evaluation does not include any personal identifiable information. Data being collected are strictly related to the implementation of the NOFO strategies, and shall be used for assessing and reporting progress and for other pertinent implementation improvement actions. All performance measure data will be collected via a secure data system that will be developed. Recipients will report their performance measure data annually via the data system and will only have access to their data. Over the 5-year performance period, data will be secured with limited access to authorized CDC program and evaluation staff. CDC will aggregate data across all recipients to publish annual and summative reports.

Plans for updating or creating the Data Management Plan (DMP), must be described throughout the lifecycle of the project. 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 http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-49.

A Data Management Plan (DMP) must be included as part of the evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information: http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-49.

This Data Management Plan will also include identification of the awardee's planned data platform and data collection system. The awardee data management system must be implemented in a timely manner, no later than January 2019. The system identified as part of the Data Management Plan should be easily adaptable to data requirements and be user-friendly for data entry and extraction. The data management system should also produce reports that allow awardees to monitor overall performance and deliver feedback to providers. It is essential grantees have a user-friendly, reliable method to track clinical data and referrals at the individual patient level that assures communication with providers. This communication with providers is important. It allows for timely reporting on the provider capabilities to meet award objectives, and monitors the provider's reporting accuracy. Additional preference will be given to applicants whose systems interact with provider EMRs.

Table 1. WISEWOMAN Strategies, Outcomes, and Performance Measures

WISEWOMAN Strategies, Outcomes, and Performance Measures			
Strategies (recipients will implement all 3 strategies	**Short term outcomes and measures (recipients are required to report the short term measure for each strategy)**	**Intermediate outcomes and measures**	**Long term outcomes and measures**
Track and Monitor Clinical Measures shown to improve healthcare quality and identify patients with hypertension	***Outcome:*** Increased reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of women with hypertension	***Outcome*****:** Increased data sharing and utilization (e.g., through a bi-directional feedback mechanism)	***Outcome***: Increased blood pressure control Improved detection, prevention, and control of cardiovascular disease
	Measure: 1. # and % of WISEWOMAN participants within WISEWOMAN providers with a	***Measure:*** 4. # and % of WISEWOMAN providers with an implemented community referral	***Measure:*** 6. # and % of women in WISEWOMAN with

	protocol for identifying patients with undiagnosed hypertension	system (through bi-directional referrals) for healthy behavior support services for people with high risk for cardiovascular disease	known high blood pressure who have achieved or are currently maintaining blood pressure control.
Implement Team-Based Care to reduce CVD risk with a focus on hypertension control and management	***Outcome*****:** Increased use of and adherence to evidence-based guidelines and policies related to team-based care	***Outcome*****:** Increased engagement in self-management among women at-risk for and with cardiovascular disease	
	Measure: 2. # and % of WISEWOMAN participants within WISEWOMAN providers that have policies or systems to implement a multi-disciplinary team approach to blood pressure control.		
Link Community Resources and Clinical Services that support bi-directional referrals, self-management, and lifestyle change for women at risk for cardiovascular disease	***Outcome*****:** Increased use of data systems to identify and refer at risk women to appropriate healthy behavior support services	***Outcomes*****:** Increased participation in healthy behavior support services Improved and maintained healthy behavior and lifestyle changes	
	Measure 3. # and % of at risk women in WISEWOMAN referred to an appropriate healthy behavior support service	***Measure*** 5. # and % of women in WISEWOMAN referred to a healthy behavior support service who attend at least one session	

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 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), if applicable, for accuracy throughout the lifecycle of the project. 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/additionalrequirements/ar-25.html.

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 a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

All 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, evaluation and performance plans must describe 1) how the applicant will collect the performance measures, 2) how key program partners will participate in the evaluation and performance measurement planning process; 3) available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant); and 4) plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. 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/additionalrequirements/ar-25.html.

In addition, evaluation plans should:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions (including strategy-specific questions) to be addressed in addition to those provided by CDC.
- Data collection approaches, measures, and data sources.
- Align each evaluation question with the approach, instruments/data sources, and timeline.
- Propose analyses for at least two time points (baseline and follow-up) and assess program impact on any intended health disparate populations.
- Describe dissemination and publication plans

Applicants applying for the Innovation Component evaluation plans should also identify relevant measures and previously untapped data sources (e.g., health systems and electronic health record systems; surveys, etc). Enhanced measurement and monitoring will be encouraged for health behaviors, preventive care practices, behavioral uptake of recommended, evidence-based interventions, quality of primary care, and longitudinal changes in risk factors and costs.

All applicants are encouraged to work with professional evaluators (either internal or external) to meet the evaluation and performance reporting requirements of this NOFO. Therefore, CDC encourages allocating at least 10% of the total funding award to evaluation and performance monitoring and consider both development and implementation costs. For information on developing an evaluation plan, please refer to the CDC Framework for Program Evaluation in Public Health (Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. MMWR 1999; 48, No RR-11).
https://www.cdc.gov/eval/framework/index.htm

With support from CDC, recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, within the first 6 months of award, as described in the Report Section of this NOFO. CDC will work closely with recipients to develop the detailed 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 CDC, or other guidance otherwise applicable to this cooperative agreement. CDC will provide additional templates and guidance for developing the Evaluation and Performance Measurement plan. Applicants should review the published Performance Measure Guidance Document in-depth before finalizing this plan, to gain an understanding of the *purpose* of each measure, the *values to be reported*, as well as the supporting *qualitative information to be reported*, and *attachments to be submitted* with the report. Any anticipated issue with data collection should be highlighted the plan, along with options to remedy it. Additionally, the plan needs to include how the information generated by the performance measure will be used for program improvement by the applicant.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must describe their organizational capacity to carry out the strategies outlined under each of the components for which it is applying. CDC anticipates that all applicants will be able to demonstrate capacity to carry out the activities outlined in the Core Component over the 5-

year project period. The strategies outlined in the Innovation Component will require that the applicant demonstrate sufficient capacity and readiness to implement them.

When applicants are describing organizational capacity, consideration should be given to:

- Minimizing duplication of effort.
- Coordinating efforts with other federally and privately funded programs within their state in an effort to leverage resources and maximize reach and impact.

For the Core Component, applicants must demonstrate organizational capacity to successfully implement all required strategies in the areas of epidemiology and surveillance, health systems, community-clinical linkages, and environmental change.

Applicants must demonstrate sufficient experience working or contracting with health systems and providers who employ clinical systems of care with demonstrated success in blood pressure control, such as electronic health record identification and tracking of patients with hypertension; use of team-based care to offer medication management therapy, and self-management support; ongoing team member training, and quality improvement process projects.

Core Component capacity will be evaluated based on the following:

- Demonstrated capacity to implement evidence based strategies to improve the prevention, detection, and control of CVD and hypertension.
- Established partnerships with groups/organizations relevant to required strategies.
- Prior experience working in the required strategies.
- Proven ability to collect data at a population level and use data to demonstrate impact.
- Sufficient leadership for program planning and development including the identification, hiring, or reassignment and supervision of staff, contractors, and/or consultants that have the knowledge and skills to implement the program and are sufficient in number.
- Proven ability or demonstrate sufficient capacity to review and/or conduct community assessments of available services in identified communities.
- Established partnerships with chronic disease programs in the state health department, with the state, or community based organizations for the purpose of supporting the program, expanding services and increasing access to physical activity, healthy food, and smoke free places.
- Collaborations with other chronic disease programs on developing and implementing state chronic disease plan(s).
- Proven ability or demonstrate sufficient capacity to develop and execute contracts for program services in an expedient manner and capacity to monitor contracts once implemented.
- Established organizational policies and procedures to ensure sufficient fiscal and budgetary oversight and capacity to provide required reports.
- Proven ability or demonstrate sufficient capacity to collect, report and use minimum data elements and information from other sources for the purposes of program evaluation and monitoring.
- Proven ability to conduct program evaluation, both process and outcome.
- Ability to provide professional development activities for clinic provider staff and

internal staff.
- Ability to participate in CDC sponsored meetings and conferences.

The Innovation Component will include both new performance measures and a subset of the measures listed in the Core Component. In instances where the measures are the same, the expectation under the Innovation Component is that recipients will use the additional funds to achieve greater reach (e.g., increased numbers of women reached, expanded efforts in additional sectors/settings, etc.).

For Innovation Component applicants, the following additional capacity components will be evaluated:

- Demonstrated experience relevant to selected strategies;
- Access to data systems, including, for example, payer data, hospital discharge data, and health plan performance data to implement selected strategies; and
- Established partnerships with key stakeholders relevant to selected strategies.

d. Work Plan

The work plan must, at a minimum, include:

- Activities and timelines to support achievement of NOFO outcomes. These activities must be in alignment with the NOFO logic model and service delivery flow chart and should have appropriate performance measures or milestones for accomplishing tasks;
- Staff and administrative roles and functions to support implementation of the award; and
- Administration and assessment processes to ensure successful implementation and quality assurance.

Core Component: Applicants must submit a detailed work plan for Year 1 of the award and provide a general summary of work plan activities for Years 2-5 in narrative form. The work plan should describe how the applicant plans to implement all of the required strategies to achieve NOFO outcomes for the Core Component. A sample work plan template is available below. Applicants are not required to use the work plan template but are required to include all of the elements listed within the template. CDC will provide feedback and technical assistance to recipients to finalize the work plan activities post-award.

The work plan must include in narrative form an overview with the estimated number of women who will be screened for cardiovascular disease risk factors and participate in Healthy Behavior Support Services in the first year, and how that number was determined. Overview should also include a description of strategies and activities for collaborating with other chronic disease programs, health systems, and community partners to identify and serve specific populations. A description of existing work with healthcare providers, clinics, and healthcare systems should be included, followed by a description of where the WISEWOMAN screening services are expected to be implemented and the capacity of these clinics to provide cardiovascular disease screening, treatment and/or referral support. The work plan must include the estimated total

number of women served by clinics where planned WISEWOMAN activities are to take place.

Work plan must include the specific community resources and follow-up clinical support that women will be referred to and methods for bi-directional referrals. Work plan must include objectives, activities, and timelines for developing or modifying a data collection and reporting system and meeting evaluation requirements.

Key staffing roles and functions to support implementation of the award should be described and include timelines, strategies for hiring program staff if applicable and interim staffing plans should hiring be delayed. Key staff include a program manager, data manager and evaluation staff. Program management roles including writing and executing timely contracts for program delivery, adhering to fiscal requirements, and conducting quality assurance of all activities must be included. Participation in CDC sponsored meetings and conferences should be included.

Partnerships that are in place or will be developed for the purposes of supporting the program should be described. Professional development activities for clinic provider staff, other contracted staff, and internal staff should be described.

Core Component Work Plan Template

<table>
<tr><td colspan="4">Strategy: Track and Monitor Clinical Measures shown to improve healthcare quality and identify patients with hypertension</td></tr>
<tr><td colspan="2"><u>Period of Performance Outcome:</u>
[from Outcomes section and/or logic model]</td><td colspan="2"></td></tr>
<tr><td><u>Activities</u></td><td></td><td><u>Responsible Position / Party</u></td><td><u>Completion Date</u></td></tr>
<tr><td>1.</td><td></td><td></td><td></td></tr>
<tr><td>2.</td><td></td><td></td><td></td></tr>
<tr><td>3.</td><td></td><td></td><td></td></tr>
<tr><td>4.</td><td></td><td></td><td></td></tr>
<tr><td>5.</td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Short Term and Intermediate Outcomes</td><td colspan="2">Short Term and Intermediate Performance Measures</td></tr>
<tr><td colspan="2">(Outcome Description)</td><td colspan="2">(For each measure, include the Measure Description, Baseline Value, Year 1 Target Value, Year 5 Target Value, and Data Source)

Measure:</td></tr>
</table>

	· **Baseline** · **Year 1 Target** · **Year 5 Target** · **Data Source** **Measure:** · **Baseline** · **Year 1 Target** · **Year 5 Target** · **Data Source**

Strategy: Implement Team-Based Care to reduce CVD risk with a focus on HTN control and management

Period of Performance Outcome: *[from Outcomes section and/or logic model]*			
Activities		**Responsible Position / Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			
Short Term and Intermediate Outcomes		**Short Term and Intermediate Performance Measures**	
(Outcome Description)		**(For each measure, include the Measure Description, Baseline Value, Year 1 Target Value, Year 5 Target Value, and Data Source)** **Measure:** · **Baseline** · **Year 1 Target** · **Year 5 Target**	

		· **Data Source** **Measure:** · **Baseline** · **Year 1 Target** · **Year 5 Target** · **Data Source**	
Strategy: Link Community Resources and Clinical Services that support bi-directional referrals, self-management, and lifestyle change for women at risk for CVD			
Period of Performance Outcome: *[from Outcomes section and/or logic model]*			
Activities		**Responsible Position / Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			
Short Term and Intermediate Outcomes		**Short Term and Intermediate Performance Measures**	
(Outcome Description)		**(For each measure, include the Measure Description, Baseline Value, Year 1 Target Value, Year 5 Target Value, and Data Source)** **Measure:** · **Baseline** · **Year 1 Target** · **Year 5 Target** · **Data Source** **Measure:** · **Baseline**	

	· **Year 1 Target** · **Year 5 Target** · **Data Source**
Long-Term Outcome (Applies to all strategies)	**Long Term Performance Measure**
(Outcome Description)	**(For each measure, include the Measure Description, Baseline Value, Year 1 Target Value, Year 5 Target Value, and Data Source)** **Measure:** · **Baseline** · **Year 1 Target** · **Year 5 Target** · **Data Source**

Innovation Component: Applicants must submit a detailed work plan for Year 1 of the award and provide a general summary of work plan activities for Years 2-5 in narrative form. The work plan should include an overview in narrative form describing how the applicant plans to implement one or more strategies described in the Project Description section. This overview should include the scope and impact of selected Innovation Component strategies. A sample work plan template is available below. Applicants are not required to use the work plan template but are required to include all of the elements listed within the template. CDC will provide feedback and technical assistance to awardees to finalize the work plan activities post-award.

Key staffing roles and functions to support implementation of the innovation component of the award should be described including timelines, strategies for hiring additional staff needed to implement innovation activities if applicable and interim staffing plans should hiring be delayed. Program management roles including writing and executing timely contracts for program delivery, adhering to fiscal requirements, and plans for conducting quality improvement projects for innovation activities must be included. Partnerships that are in place or will be developed for the purposes of supporting the innovation component should be described and underpinned by letters of support. Professional development activities for clinic provider staff and internal staff should be described. Work plan must include objectives, activities and timelines for evaluation of innovation strategies. Activities to publish findings, outcomes, public health program translation opportunities and recommendations should be included.

Innovation Component Work Plan Template

Strategy:			
Period of Performance Outcome: *[from Outcomes section and/or logic model]*			
Activities		**Responsible Position / Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			
Innovation Outcomes		**Innovation Performance Measures**	
(Outcome Description)		**(For each measure, include the Measure Description, Baseline Value, Year 1 Target Value, Year 5 Target Value, and Data Source)** **Measure:** · **Baseline** · **Year 1 Target** · **Year 5 Target** · **Data Source** **Measure:** · **Baseline** · **Year 1 Target** · **Year 5 Target** · **Data Source**	

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.

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.

The proposed work plan and performance measures will be reviewed annually by the project officer and evaluation staff and may need to be modified to better reflect program activities as outlined in the NOFO. Monitoring will occur routinely through ongoing communication between CDC and recipients via monthly calls, reporting mechanisms (i.e., work plans, performance measures, and financial reporting) and site visits.

CDC will analyze performance measurement data to review progress and identify technical assistance needs for all NOFO strategies at the national-level, on an annual basis. The performance measure data will be triangulated with the other internal and external sources of appropriate data to arrive at a rational assessment of progress. The findings from the annual analysis of performance measure data will be used to identify areas of program improvement, broader technical assistance needs, and to report to stakeholders. CDC will develop annual, aggregate performance measure reports to be disseminated to recipients and other key stakeholders, including federal partners, non-funded partners, and policy makers as appropriate. These aggregate findings may also be presented during the site visits and recipient meetings. In addition to performance measures reported by recipients, CDC will track all outcome measures (not listed in required recipient table for reporting) that are relevant to the program through national datasets or the national evaluation activities.

The CDC-led national evaluation will be used to answer questions in the domains of approach, efficiency, effectiveness, sustainability, impact, and innovation for the strategies being implemented by recipients. The specific questions in each domain will be updated annually, based on findings from the performance measure data, as well as other lessons learned throughout the year. Recipients will be expected to participate in the data collection activities for the CDC-led national evaluation of Core and Innovation Component strategies. CDC guidance will be provided to the recipients to ensure effective participation in the CDC-led national evaluation. All evaluation findings produced by CDC and recipients, where appropriate, will contribute to: (1) continuous improvement of quality and effectiveness of program strategies; (2) the evidence base; (3) documentation and sharing of lessons learned to support replication and scaling up of these program strategies; and/or (4) future funding opportunities at CDC.

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

The CDC programs supporting this NOFO will be substantially involved beyond site visits and regular performance and financial monitoring during the period of performance. Substantial involvement means that the recipient can expect federal programmatic partnership in carrying out efforts under the award. CDC will work in partnership with the recipient to ensure the success of the cooperative agreement by:

- Supporting recipients in implementing cooperative agreement requirements and meeting program outcomes;
- Providing technical assistance to revise annual work plans;
- Assisting recipients in advancing program activities to achieve project outcomes;
- Providing scientific subject matter expertise and resources in support of the selected

strategies;

- Collaborating with recipients to develop and implement evaluation plans that align with CDC evaluation activities;
- Providing technical assistance on recipients' evaluation and performance measurement plans;
- Providing technical assistance to define and operationalize performance measures;
- Using webinars and other social media for recipients and CDC to communicate and share tools and resources;
- Establishing learning communities to facilitate the sharing of information among recipients;
- Providing professional development and training opportunities – either in person or through virtual, web-based training formats – for the purpose of sharing the latest science, best practices, success stories, and program models;
- Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes;
- Coordinating communication and program linkages with other CDC programs and Federal agencies, such as the Health Resources and Services Administration (HRSA), Centers for Medicare & Medicaid Services (CMS), Indian Health Service (IHS), and the National Institutes of Health (NIH);
- Providing surveillance technical assistance and state-specific data collected by CDC;
- Providing technical expertise to other CDC programs and Federal agencies on how to interface with recipients;
- Translating and disseminating lessons learned through publications, meetings, and other means on promising and best practices to expand the evidence base; and
- Hosting a meeting/training during the first 18 months of the period of performance and later in the period of performance (for a total of 2 meetings/trainings for recipients)

Additionally, CDC will:

- Ensure that recipients have access to expertise found throughout the National Center for Chronic Disease Prevention and Health Promotion.
- Collaborate with recipients to explore appropriate flexibilities needed to meet public health outcomes and goals. Flexibility in cooperative agreements includes recipients' ability to propose alternative methods to achieve the outcomes and goals of the cooperative agreement that align with recipients' opportunities for success, infrastructure, partner and stakeholder buy-in, demographics, and burden. This includes bringing together resources from multiple cooperative agreements to jointly advance the goals of each, and expanding the dialogue to bring in other CDC and recipient staff to reach a win/win solution.
- Create greater efficiencies and consistency across NCCDPHP programs. For example: 1.) Jointly developed resources and tools that focus on cross-cutting functions, settings, domains, risk factors, conditions and diseases to ensure consistent messages and to meet technical assistance needs and 2.) Joint training and technical assistance opportunities that help state health departments produce policies and programs that are more holistic.
- Continue and expand support for recipients to leverage National Center for Chronic Disease Prevention and Health Promotion resources to address cross-cutting functions,

domains, settings, risk factors, and diseases.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

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

2. Award Mechanism: 58

U58

3. Fiscal Year: 2018

4. Approximate Total Fiscal Year Funding: $16,000,000

5. Approximate Period of Performance Funding: $80,000,000

This amount is subject to the availability of funds.

Estimated total funding reflects Core + Innovation

Estimated Total Funding: $80,000,000

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

7. Expected Number of Awards: 21

Final number of funded award recipients will be determined by the objective review scoring and available funding.

8. Approximate Average Award: $750,000 Per Budget Period

Approximate average award reflects Core + Innovation

9. Award Ceiling: $2,500,000 Per Budget Period

This amount is subject to the availability of funds.

Award ceiling reflects Core + Innovation

10. Award Floor: $500,000 Per Budget Period

Award floor reflects Core + Innovation

11. Estimated Award Date: 09/29/2018

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 FOA.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
Native American tribal governments (Federally recognized)
Native American tribal organizations (other than Federally recognized tribal governments)
Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

2. Additional Information on Eligibility

Eligibility is limited by Congressional statute and applicants must be recipients of National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funding. WISEWOMAN is authorized under NBCCEDP to expand screening services inclusive of cardiovascular risk. WISEWOMAN program participants must be eligible for NBCCEDP to receive WISEWOMAN services; therefore, only organizations who are currently receiving NBCCEDP awards may apply.

These include:

- State governments or their Bona Fide Agents (this includes the District of Columbia)
- Territorial governments or their Bona Fide Agents (this includes 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)
- American Indian/Alaska Native tribal governments (federally recognized or state-recognized)
- American Indian/Alaska Native tribally designated organizations

PLEASE NOTE: The Award Ceiling reflects the total for Core + Innovation Components. CDC will consider any application requesting a total award for Core + Innovation above this amount as non-responsive and will receive no further review.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: Yes

In preparing budgets, applicants must include financial participation described below.

Recipient financial participation is required for this program in accordance with the authorizing legislation. Section 1502(a) and (b)(1), (2), and (3) of the PHS Act, as amended, requires matching funds from non-Federal sources in an amount not less than one dollar for every three dollars of Federal funds, a ratio of 3:1, awarded under this program. However, Title 48 of the US Code 1469a (d) requires DHHS to waive matching fund requirements for Guam, U.S. Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands up to $200,000.

The match requirement may include third-party in-kind contributions, as well as expenditures from the grantee. The matching funds may be cash, in-kind or donated services or equipment. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title I to use funds received under the Indian Self-Determination Act as matching funds.

Matching funds may not include: 1) payment for treatment services or the donation of treatment services; 2) services assisted or subsidized by the Federal government; or 3) the indirect or overhead costs of an organization. All costs designated as meeting the match requirement must be documented by the applicant and will be subject to audit. Documentation of appropriate matching is to be provided in the detailed budget and narrative justification.

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.

a. Data Universal Numbering System:

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.

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

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is

received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at ***www.SAM.gov*.**

c. Grants.gov:
The first step in submitting an application online is registering your organization 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	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	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
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants	Register early! Log into grants.gov and check AOR status until it shows you have been approved

		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	MUST obtain a DUNS number and SAM account before applying on grants.gov)	

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

4. Submission Dates and Times

If the application is not submitted by the deadline published in the 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 or postmarked by)

Due Date for Letter of Intent: **05/25/2018**

b. Application Deadline

Due Date for Applications: **08/03/2018** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

" Entities who successfully submitted an application for consideration during the original open submission period may not re-submit duplicate or new applications for consideration."

Additional information about this NOFO may be found at:https://www.cdc.gov/wisewoman/1816-nofo.htm

Questions may be submitted to WW1816Comms@cdc.gov through July 31, 11:59 p.m. ET. Responses will be posted by August 1, 2018.

Date for Information Conference Call

No additional Informational Calls will be held.

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

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

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

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 DUNS.
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 the letter of intent (LOI) is to allow CDC program staff to estimate the number and plan for review of submitted applications.

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

Rebekah Buckley

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division for Heart Disease and Stroke Prevention

4770 Buford Highway NE Mailstop F-75

Fax: 770-488-8550

Email: WW1816Comms@cdc.gov

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

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(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.
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.

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 2 CFR 200 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. Intergovernmental Review

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

15. 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.

16. 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.

17. 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.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit 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/additionalrequirements/ar-25.html

19. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.
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.
If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

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

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

application can be submitted and validated by the deadline published in the 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 (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 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:0
i. Approach	Maximum Points: **45 points--Core** **35 points --Innovation**

Approach: Core Component (Maximum 45 points)

Program strategy – 15 points

- Extent to which the applicant describes the target populations that will be served. Extent that the applicant describes data used to identify populations and communities to be served.
- ***Strategy 1: Track and Monitor Clinical Measures shown to improve healthcare quality and identify patients at risk for and with hypertension***
    - Extent to which the applicant describes how it will provide cardiovascular risk screening to under- or uninsured women in the priority age range of 40-64 years during the clinic office visit.
    - Extent to which the applicant describes how it will provide reports to monitor, and track clinical data for improve identification, management, and treatment and outcomes of women with high blood pressure
    - Extent to which the applicant describes how it will develop metrics to evaluate the effectiveness of interventions using collected data and deploy improvement strategies as needed.
- ***Strategy 2: Implement Team-Based Care to reduce CVD risk with a focus on HTN control and management***
    - Extent to which the applicant describes how it will engage health professionals and community health workers, social workers, patient navigators, pharmacists and others to expand follow-up and support expanded health team members engaged in community settings outside of health care facilities.
    - Extent to which the applicant describes how it will communicate and coordinate care support among team members (including coordination of community resource referrals and HBSS and clinical services).

- Extent to which the applicant describes how it will support provider assessment, planning, training, implementation and sustainability of care teams to support CVD improvements.

- ***Strategy 3: Link Community Resources and Clinical Services that support bi-directional referrals, self-management, and lifestyle change for women at risk for CVD***
  - Extent to which the applicant describes a partnership or contractual relationship with community groups that have the capacity to provide evidence-informed HBSS within 30 days post contract/award.
  - Extent to which the application includes evidence that the proposed partners employ clinical systems of care with demonstrated success in the following:
    - Blood pressure control
    - Electronic health record identification and tracking of patients with hypertension
    - Use of team-based care to offer medication management therapy
    - Self-management support
    - Ongoing team member training
    - Quality improvement projects
  - Extent to which the application describes a plan to identify, enhance, or build systems that facilitate provider and community bi-directional and closed loop referrals for:
    - Medical follow-up;
    - Healthy behavior support services;
    - Ancillary critical support services (i.e. mental health)?
  - Extent to which the applicant will use evidence-based and evidence-informed strategies (EBS/EIS) to ensure participants are engaged in HBSS.
  - Extent to which the applicant incorporates the following activities into overall program :
    - Risk reduction counseling
    - Completion of health risk assessments,
    - Provide medication adherence therapy,
    - Follow-up of abnormal values.

Core Component Collaborations – 5 points

- Extent to which the applicant describes how it will collaborate with CDC funded programs in the state health department.
- Extent to which the applicant describes collaborations with organizations outside the state health department and/or not funded by CDC, including health care systems.
- The inclusion and quality of Memorandums of Agreement for all proposed partners.

Core Component Work Plan – 25 points

- Extent to which the applicant provides a detailed work plan for the first year of the award. Extent to which the applicant provides a high-level work plan for all years of the project period.
- Extent to which activities and timelines support achievement of outcomes (these activities must be in alignment with the logic model and service delivery flow chart and should have appropriate performance measures or milestones for accomplishing tasks). Timeline, evaluation, data collection activities and staff person responsible for oversight must be included.
    1. Administration and assessment processes ensure successful implementation and quality assurance. Extent to which the applicant estimates the number of women who will be screened for cardiovascular risk in the first year and subsequent years. Extent to which the applicant describes how referrals to and participation in HBSS and community resources will be made and tracked.
    2. Extent to which the applicant proposes evaluation strategies that include process and outcome evaluation questions.

Approach: Innovation Component (Maximum 35 points)

Background and Approach – 10 points

Applications will be evaluated on the inclusion and quality of the following elements:

- The extent to which a description of how hard to reach and underserved women will be identified.
- A logic model for proposed program for Innovation Component.
- A strategy(ies) with the potential for sustainability beyond the period of performance.
- A strategy(ies) and activities with strong evidence of effectiveness. (If the proposed strategies are not evidence-based, the applicant must indicate how the strategies will be evaluated over the course of the performance period. This should be included in the application's Evaluation and Performance Measurement section).
- A strategy(ies) with the potential to advance health equity.

Program Strategy – 15 points

Applications will be evaluated on:

- The extent to which the applicant clearly describes how it will implement one or more strategies to enhance referral, participation, and adherence in cardiac rehabilitation programs in traditional and community settings, including home-base settings.
- The extent to which the applicant clearly describes how it will implement one or more approaches to facilitate bi-directional referral between community programs/resources and health care systems (e.g. using EHRs, digital BP monitoring, 800 numbers, 211 referral systems, etc.).

- The extent to which the applicant demonstrates the ability to develop a jurisdiction-wide infrastructure to promote long-term sustainability/coverage for CHWs. (if applicable)
- The extent to which the applicant describes the health care systems and/or stakeholders that will be partners in this program.
- The inclusion and quality of Memorandums of Agreement for all proposed partners.
- The extent to which the applicant clearly describes how it will work with the health care systems and/or stakeholders to expand the use of telehealth technology to promote management of hypertension and high blood cholesterol.

Innovation Component Work Plan – 10 points

In addition to addressing core workplan requirements, items 1-6 below also apply to proposed innovation plans:

- Extent to which the applicant provides a detailed work plan for the first year of the award. Extent to which the applicant provides a high-level work plan for all years of the project period.
- Activities and timelines support achievement of outcomes (these activities must be in alignment with the logic model and service delivery flow chart and should have appropriate performance measures or milestones for accomplishing tasks). Timeline, evaluation, data collection activities and staff person responsible for oversight must be included.
- Administration and assessment processes ensure successful implementation and quality assurance. Extent that the applicant estimates the number of women who will be screened for cardiovascular risk in the first year and subsequent years. Extent to which the applicant describes how referrals to and participation in HBSS and community resources will be made and tracked.
- Extent to which the applicant describes existing work with healthcare providers, clinics, and healthcare systems where the WISEWOMAN screening services or innovation strategies are expected to be implemented and the estimated total number of people served by clinics where WISEWOMAN activities are planned to take place.
- Extent to which the applicant proposes evaluation strategies that include process and outcome evaluation questions.

ii. Evaluation and Performance Measurement	Maximum Points:0
ii. Evaluation and Performance Measurement	Maximum Points: **25 points--Core** **35 points--Innovation**

Evaluation and Performance Measurement: Core Component (Maximum 25 points)

Extent to which the applicant **– 15 points**

- Describes how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Describes key evaluation questions to be answered.
- Describes the type of evaluations to be conducted (i.e. process and/or outcome).
- Describes how the applicant will collect performance measures, including available data sources, feasibility of data collection, other relevant data information, and analysis plan.
- Describes other information (e.g., additional outcomes to be developed by the applicant in conjunction with CDC) that should be included.
- Describes how evaluation findings will be used for continuous program and quality improvement.
- Describes how evaluation and performance measurement will contribute to development of the evidence base, where program strategies are being employed that lack a strong evidence based of effectiveness.

Extent to which the applicant will utilize data expertise to achieve the following **– 10 points**

- Develop, implement and use minimum data elements' (MDEs) collection system and other data collection activities (e.g., EHR) for program monitoring and reporting.
    - Enter into effective partnerships with state and community based organizations that have the capacity to collect, store, and disseminate confidential program data.

Evaluation and Performance Measurement: Innovation Component (Maximum 35 points)

Extent to which the applicant **– 20 points**

- Describes how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Describes key evaluation questions to be answered.
- Describes the type of evaluations to be conducted (i.e. process and/or outcome).
- Includes logic model describing their innovative strategies and outcomes.
- Describes the identification of relevant outcomes and performance measures that align with selected innovative strategies.
- Describes how it will collect performance measures, including available data sources, feasibility of data collection, other relevant data information, and analysis plan.
- Describes other information (e.g., additional outcomes to be developed by the applicant in conjunction with CDC) that should be included.
- Describes how evaluation findings will be used for continuous program and quality improvement.
- Describes how evaluation and performance measurement will contribute to development of the evidence base, where program strategies are being employed that lack a strong evidence based of effectiveness.

Extent to which the applicant will utilize data expertise to achieve the following **– 15 points**

- Develop, implement and use minimum data elements' (MDEs) collection system and other data collection activities (e.g., EHR) for program monitoring and reporting.
    - Enter into effective partnerships with state and community based organizations that have the capacity to collect, store, and disseminate confidential program data.

iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points:0
iii. Applicant's Organizational Capacity to Implement the Approach (Includes Organizational Capacity and Program Management)	Maximum Points: **30 points--Core** **30 points--Innovation**

Organizational Capacity and Program Management: Core Component (Maximum 30 points)

Organizational Capacity: Core Component – 20 points

Extent to which the applicant provides the following:

- A detailed description of agency organization, nature and scope of the agency's work, and capabilities possessed. Organizational charts are included.
- A detailed description of previous experience in cardiovascular disease and HBSS programs.
- A detailed description of previous experience in program management including readiness to establish contracts in a timely manner and a long term sustainability plan.
- A detailed description of provider selection plans to assure program objectives can be met, and providers are committed to improving cardiovascular health.
- A detailed description of agency organization that demonstrate an adequate level of experience and expertise to achieve proposed activities.
- A detailed description of agency organization that demonstrates the ability to complete program outcomes.
- A detailed description of agency organization that demonstrates the ability to document their proposed approach/program.
- A detailed description of their organization/proposed program plan that demonstrates the ability to develop and implement advanced evaluation plans.
- A detailed description of the organization/proposed program plan that demonstrates the ability to document and disseminate findings, outcomes, and recommendations.
- A detailed description of existing capacity to collect and report required program data

or plans to implement a data collection and reporting system with timeline.
- A detailed description of existing capacity in program evaluation or plans to develop such expertise.
- A detailed description of outcomes and/or achievements resulting from collaborative work with partners.
- A detailed description of how program performance will be monitored and how program will be adjusted to address identified problems.
- A detailed description of opportunities for professional development and ability to attend CDC sponsored meetings and conferences.

Program Management: Core Component – 10 points

- Extent to which the applicant describes proposed staff including roles and responsibilities and qualifications.
- Extent to which the applicant describes how staff competencies will be assessed and plans to address gaps through training and staff development. Resumes for key staff are included.
- Extent to which the applicant describes contractual organizations that will have a role in implementing program strategies and achieving outcomes and how contracts will be written, executed and monitored to achieve these outcomes.
- Extent to which the applicant describes day-to-day responsibility for key tasks including leadership of project, monitoring progress, data collection and reports, preparation of reports, budget review and monitoring, program evaluation, and communication with partners and CDC**.**
- Extent to which the applicant describes a plan for direct service payment and monitoring of funds.

Organizational Capacity and Program Management: Innovation Component (Maximum 30 points)

Organizational Capacity: Innovation Component – 20 points

Extent to which the applicant provides the following:

- A detailed description of agency organization, nature and scope of the agency's work, and capabilities possessed. Organizational charts are included.
- A detailed description of previous experience in cardiovascular disease and HBSS programs.
- A detailed description of previous experience in program management including readiness to establish contracts in a timely manner and a long term sustainability plan.
- A detailed description of provider selection plans to assure program objectives can be met, and providers are committed to improving cardiovascular health.
- A detailed description of agency organization that demonstrate an adequate level of

experience and expertise to achieve proposed activities.

- A detailed description of agency organization that demonstrates the ability to complete program outcomes.
- A detailed description of agency organization that demonstrates the ability to document the proposed approach/program.
- A detailed description of the organization/proposed program plan that demonstrates the ability to develop and implement advanced evaluation plans.
- A detailed description of the organization/proposed program plan that demonstrates the ability to document and disseminate findings, outcomes, and recommendations.
- A detailed description of existing capacity to collect and report required program data or plans to implement a data collection and reporting system with timeline.
- A detailed description of existing capacity in program evaluation or plans to develop such expertise.
- A detailed description of outcomes and/or achievements resulting from collaborative work with partners.
- A detailed description of how program performance will be monitored and how program will be adjusted to address identified problems.
- A detailed description of opportunities for professional development and ability to attend CDC sponsored meetings and conferences.
- A detailed description of the organization's proposed program plan that demonstrates the ability to publish findings, outcomes, and recommendations. (Innovation only)

Program Management: Innovation Component – 10 points

- Extent to which the applicant describes proposed staff including roles and responsibilities and qualifications.
- Extent to which the applicant describes how staff competencies will be assessed and plans to address gaps through training and staff development. Resumes for key staff are included.
- Extent to which the applicant describes contractual organizations that will have a role in implementing program strategies and achieving outcomes and how contracts will be written, executed and monitored to achieve these outcomes.
- Extent to which the applicant describes day-to-day responsibility for key tasks including leadership of project, monitoring progress, data collection and reports, preparation of reports, budget review and monitoring, program evaluation, and communication with partners and CDC**.**
- Extent to which the applicant describes a plan for direct service payment and monitoring of funds.

Budget

Core Component: The budget is not scored but is reviewed based on the following:

1. Extent to which the budget supports the work plan and evaluation plan.
2. Extent to which the budget is accurate and reasonable.
3. Extent to which the proposed matching funds are correct and will contribute to the program goals.

Innovation Component: The budget is not scored but is reviewed based on the following:

1. Extent to which the budget supports the work plan and evaluation plan.
2. Extent to which the budget is accurate and reasonable.
3. Extent to which the proposed matching funds are correct and will contribute to the program goals.

c. Phase III Review

This funding opportunity is comprised of two components – Core and Innovation.

Final funding amounts will depend upon the quality of the application, regardless of whether an applicant intends to support implementation of innovative strategies.

All applicants must apply for the Core Component in order to be considered for the Innovation Component via a single application that clearly identifies the Core and Innovation Components. Only those successful applicants under the Core Component will be eligible for Innovation Component funding.

Core and Innovation Components will be reviewed, scored, and ranked separately. Applications submitted under the *Core Component* will be funded by score and rank as determined by the objective review panel. Applications submitted under the *Innovation Component* will be funded by score and rank as determined by the objective review panel.

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 will receive a Notice of Award (NoA) from the CDC Office of Grant Services. All notifications will be made by September 29, 2018.

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 the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

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

2. Administrative and National Policy Requirements

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 http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

- AR-7: Executive Order 12372
- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2010
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR- 32: Executive Order 131410: Promoting Quality and Efficient Health Care in Federal Government
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g. a tobacco-free campus policy and a lactation policy consistent with S4207)

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

3. Reporting

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

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

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

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and 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 publically 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 than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

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

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

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

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

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period. 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)
This report is due 90 days after the end of the period of performance. 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.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Rebekah Buckley, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention
and Health Promotion
Division for Heart Disease and Stroke Prevention
4770 Buford Highway NE, Mailstop F-75
Atlanta, GA 30341

Email: WW1816Comms@cdc.gov

Grants Staff Contact

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

Latham Stephanie, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Office of Financial Resources
2920 Brandywine Road, MS E-14
Atlanta, GA 30341

Email: fzv6@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

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

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their

application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

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

For this NOFO, there is a 30 page limit for the Project Narrative, inclusive of the Work Plan. This 30 page limit applies whether the applicant is applying for only the Core Component or both the Core and Innovation Components.

Additional information about this NOFO may be found at: https://www.cdc.gov/wisewoman/1816-nofo.htm

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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 http:// 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.
Assitance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
Assistance Listings (CFDA) 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.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established 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. http:// www.cdc.gov /grants /additionalrequirements /index.html.

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

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

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The 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 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.
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.
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