

Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion Extramural Research Program Office

Health Promotion and Disease Prevention Research Centers
RFA-DP-19-001
Application Due Date: 06/25/2018

Health Promotion and Disease Prevention Research Centers
RFA-DP-19-001
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Part 1. Overview Information

Participating Organization(s)

Centers for Disease Control

Components of Participating Organizations

National Center for Chronic Disease Prevention and Health Promotion Extramural Research Program Office (NCCDPHP ERPO)
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Notice of Funding Opportunity (NOFO) Title

Health Promotion and Disease Prevention Research Centers

Activity Code

U48

Amendment 1 - Part1. Overview, Executive Summary, Special Date(s). Informational conference calls for eligible applicants.

Revised instructions for informational conference call scheduled April 24, 2018, 1pm-2:30pm Eastern Time:

Web Ex Instructions: Phone Dial in number: 888-282-0374 Passcode: 6473996

WebEx Required Download: To use WebEx for your operator-assisted conferences, presenters and participants alike must have the WebEx Event Manager installed prior to joining. To download the Event Manager, see the instructions on the WebEx Downloads page.

For Participants: URL: https://www.mymeetings.com/nc/join/ Conference number: PWXW7372148 Audience passcode: 6473996

Participants can join the event directly at: https://www.mymeetings.com/nc/join.php?i=PWXW7372148&;p=6473996&;t=c

Amendment 2. May 30, 2018.

- Clarify: Collaboration/Partnerships in Section I. Funding Opportunity Description, Part 2. Approach, Collaboration/Partnerships.
- Clarify: Maximum of 10 PDF documents allowed in appendices with 50 page limit revised in Section IV. Part 7. Page Limitations.
- Clarify: Research Strategy and Budget Preparation, Section IV. Part 5. PHS 398 Research Plan Component.
- Clarify: Content of Reports: Section VI. Award Administration Information, Part 5. Reporting, B. Contents of Reports.
- Questions from Potential Applicants and CDC Responses added to Section VIII. Other Information.

Notice of Funding Opportunity Type

New

Agency Notice of Funding Opportunity Number

RFA-DP-19-001

Catalog of Federal Domestic Assistance (CFDA) Number(s)

93.135

Category of Funding Activity:

Health

NOFO Purpose

This Notice of Funding Opportunity (NOFO) will provide funding to academic research centers to participate in the network of Health Promotion and Disease Prevention Research Centers (PRC Network) to:

- Establish and maintain a multi-disciplinary prevention research center (Center) that conducts high-quality applied health promotion and disease prevention research;
- Conduct one (1) applied public health prevention research project (Core Research Project) using a community engagement approach to address a major cause of disease, disability, injury, or death in a population experiencing health disparities;
- Disseminate research findings to community, practice, and academic audiences;
- Translate evidence-based interventions for sustainability and widespread scale-up; and
- Serve as a resource, as part of the PRC Network, for developing, implementing, evaluating, disseminating, and translating evidence-based public health interventions at local, state, tribal, or national levels.

Key Dates

Publication Date:

To receive notification of any changes to RFA-DP-19-001, return to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notification Emails" link. An email address is needed for this service.

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

05/25/2018

Application Due Date: **06/25/2018**

06/25/2018

On-time submission requires that electronic applications be error-free and made available to CDC for processing from eRA Commons on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov/eRA Commons no later than 5:00 PM U.S. Eastern Time. Note: HHS/CDC grant submission procedures do not provide a period of time beyond the application due date to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Scientific Merit Review: **08/31/2018**

August 2018

Secondary Review: September 2018	**09/28/2018**
Estimated Start Date:	**09/30/2019**
Expiration Date:	**06/26/2018**
Due Dates for E.O. 12372:	**Executive Order 12372 does not apply to this program.**

Required Application Instructions

It is critical that applicants follow the instructions in the SF 424 (R&R) Application Guide except where instructed to do otherwise in this NOFO. Conformance to all requirements (both in the Application Guide and the NOFO) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

Note: The Research Strategy component of the Research Plan is limited to 25 pages.

Applications that do not comply with these instructions may be delayed or not accepted for review.

Telecommunications for the Hearing Impaired: TTY 1-888-232-6348

Note: The Research Strategy component of the Research Plan is limited to 25 pages (10 pages should address the Center activities and 15 pages should address the Core Research Project activities.) See Section 5.5 of the SF 424 (R&R) Application Guide for components of the Research Plan **and Part 2, Section IV, 7. Page Limitations).**

Applications that do not comply with these instructions may be delayed or not accepted for review.

A link to this NOFO and applicant Questions and Answers will be available at CDC Notice of Funding Opportunity/NCCDPHP/Health Promotion and Disease Prevention Research Centers.

Executive Summary

- **Purpose.** This NOFO will provide funding to academic research centers to participate in the network of Health Promotion and Disease Prevention Research Centers (PRC Network) to:
    - Establish, and maintain a multi-disciplinary prevention research center (Center) that conducts high-quality applied health promotion and disease prevention research;
    - Conduct one (1) applied public health prevention research project (Core Research Project) using a community engagement approach to address a major cause of disease, disability, injury or death in a population experiencing health disparities;
    - Disseminate research findings to community, practice, and academic

audiences;
    - Translate evidence-based interventions for sustainability and widespread scale-up; and
    - Serve as a resource, as part of the PRC Network, for developing, implementing, evaluating, disseminating, and translating evidence-based public health interventions and strategies at local, state, tribal, or national levels.
- **Mechanism of Support.** Cooperative Agreement
- **Funds Available and Anticipated Number of Awards.** The CDC intends to commit a total of approximately $75,000,000 - $112,500,000 (direct and indirect costs) for the entire project period. It is anticipated that 20-30 awards will be made. Awards issued under this NOFO are contingent upon availability of funds and a sufficient number of meritorious applications. Because the nature and scope of the proposed research will vary from application to application, it is also anticipated that the size and duration of each award may also vary. The total amount awarded and the number of awards will depend upon the number, quality, duration and cost of the applications received.
- **Budget and Project Period.** The estimated approximate total funding (direct and indirect) for the first 12-month budget period, September 30, 2019 - September 29, 2020, is $750,000. The estimated total funding (direct and indirect costs) for the entire 5-year project period, September 30, 2019 - September 29, 2024, is approximately $3,750,000.
- **Application Research Strategy Length:** Page limits for the Research Strategy are clearly specified in Section IV. Application and Submission Information of this announcement.
- **Eligible Institutions/Organizations.** Institutions/organizations listed in Section III, 1.A. are eligible to apply.
- **Eligible Project Directors/Principal Investigators (PDs/PIs).** Individuals with the skills, knowledge, and resources necessary to carry out the proposed Center are invited to work with their institution/organization to develop an application for support. NOTE: CDC does not make awards to individuals directly, but to institutions/organizations. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply.
- **Number of PDs/PIs.** Applications may include more than one PI; however, the first PI listed on the application will be the contact PI for all correspondence. Any additional PIs are permitted, but would be referred to as Co-PIs.
- **Number of Applications.** Only one application per institution (normally identified by having a unique DUNS number) is allowed.
- **Application Type.** New
- **Special Date(s).** Informational conference calls for eligible applicants:
    - April 24, 2018 at 1-2:30pm Eastern Time.
      Web Ex Instructions: Phone Dial in number: 888-282-0374 Passcode: 6473996

      WebEx Required Download: To use WebEx for your operator-assisted conferences, presenters and participants alike must have the WebEx Event Manager installed prior to joining. To download the Event Manager, see the instructions on the WebEx Downloads page.

For Participants: URL: https://www.mymeetings.com/nc/join/ Conference number: PWXW7372148 Audience passcode: 6473996

Participants can join the event directly at: https://www.mymeetings.com/nc/join.php?i=PWXW7372148&;p=6473996&;t=c

- **Application Materials.** See Section IV.1 for application materials. Please note that Form E is to be used when downloading the application package. http://grants.nih.gov/grants/funding/424/index.htm#inst
- **Hearing Impaired.** Telecommunication for the hearing impaired are available at: TTY: (770) 488-2783

Part 2. Full Text

Section I. Funding Opportunity Description

Statutory Authority

Section 1706 of the Public Health Services Act, as amended, 42 U.S.C. 300u-5, academic health centers, as defined in 42 U.S.C 300u-5(d) and Section 799B, as amended 42 U.S.C. 295p.

1. Background and Purpose

Public health practitioners need scalable, feasible interventions (i.e. programs, practices, policies, or strategies) and tools developed in real-world practice settings to address the leading causes of illness, injury, disability, and death in the United States. Applied public health prevention researchers can engage communities to develop and evaluate disease prevention and health promotion interventions, disseminate new science, and translate proven effective prevention interventions into public health practice and policy for community-wide benefit. Academic research centers can meet the needs of public health practitioners by applying their expertise to:

- Increase knowledge of the factors that support the implementation of effective system-level public health interventions.
- Increase knowledge of factors necessary to support widespread translation/adoption, sustainability, and scale-up of evidence-based interventions, including how to maintain strong outcomes as interventions are taken to scale.
- Collaborate with public health practitioners to examine the effectiveness of public health practice-based strategies being pursued in real-world settings.
- Assist local, state, tribal or national agencies with efforts to reduce health disparities in affected populations and improve health equity and the quality of life in underserved communities.

Congress established the Prevention Research Centers Program in 1984 (Public Law 98-551) to *undertake research and demonstration projects in health promotion, disease prevention, and improved methods of appraising health hazards and risk factors, and serve as demonstration sites for the use of new and innovative research in public health techniques to prevent chronic disease*. Congress mandated that the centers be located in academic health centers. CDC administers the Prevention Research Centers Program and provides leadership, technical

assistance, and oversight of the PRC Network. Funded academic health centers are defined as an accredited school of public health, and an accredited school of medicine or accredited school of osteopathy with an accredited Preventive Medicine Residency Program. PRC Network members are able to compete for Special Interest Projects (SIPs) - applied prevention research projects sponsored by CDC, HHS, and other federal agencies - to conduct research and other activities that advance evidence-based practice and answer important and timely practice-based questions identified by sponsors.

CDC's PRC Network serves a vital role within the public health system. PRCs develop, test, and evaluate public health interventions that can be applied widely, particularly in underserved communities, based on the latest science. They have the expertise needed to provide scientific services such as program evaluation to public health efforts at the local, state, tribal, and national levels, and play a vital role in training the public health workforce.

The scientific literature has long documented a vast gap between current knowledge and practice in the area of implementation research. Implementation science has more recently become an area of intense national interest, in reference to the need for translation of new findings into practice within both clinical and public health arenas and their intersections. Brownson, Fielding, and Green recently summarized key areas of need in the translation gap between research and practice in public health that, if addressed, would increase use of evidence-based public health by practitioners, and increase relevance of public health research to practitioners. Addressing translation gaps between research and practice in public health increases likelihood of higher uptake and bringing to scale of evidence-based programs, policies, and systems-wide public health strategies.

Achieving lasting impact in health outcomes requires a focus not just on individual behaviors and patient care but on community-wide approaches aimed at improving population health. The

Institute of Medicine report, *The Future of the Public s Health in the 21st Century,* states "Taking into account the environmental and social determinants of health is essential to creating effective population-level interventions for health improvement". The socio-ecological model of health emphasizes the influence of multiple factors, beyond individual behaviors, that promote and support health. The CDC *Health Impact Pyramid* illustrates the value of community-based interventions focused on contextual factors and the social determinants of health for achieving the greatest effect on population health outcomes. Like the social-ecological model, the *Health Impact Pyramid* suggests, interventions that reach broader segments of society tend to be more effective and have the greatest potential public health benefit. Moreover, these population-level interventions are potentially more sustainable and are not impacted by limits in scalability of individual-level focused interventions. Rigorous investigations of population level interventions that consider the social context of communities and address the social determinants of health are needed to inform public health practice.

This NOFO will serve to outline the goals and objectives for the next 5-year cycle of the PRC Program. This NOFO replaces RFA-DP14-001 that ends September 2019. The intent of this NOFO is to support a network of Health Promotion and Disease Prevention Research Centers (PRCs) across the country to conduct applied public health prevention research to address the leading causes of illness, injury, disability and death and improve health outcomes of populations experiencing health disparities.

This NOFO increases emphasis on translation of Core Research Project findings and specifies

translation expectations. It promotes investigation of community level interventions to improve population health outcomes and reduce health disparities, including linkages between health and community economic development. It also incorporates a PRC Network-wide evaluation with common reporting requirements across recipients, to be provided through the PRC Program Evaluation Reporting System (PERS).

PRCs funded under this NOFO will build on the strong achievements of previous PRC Network members and advance the PRC Program's mission and prevention research activities. It is anticipated that the network of PRCs and each PRC supported by this NOFO will conduct innovative and important studies in applied public health prevention research that are relevant for public health practice and will result in improved health for people across the United States.

Healthy People 2020 and other National Strategic Priorities

This NOFO supports efforts that align with the following public health priorities:

- **Healthy People 2020 -**
  - Social Determinants of Health: economic stability; education; social and community context; health and health care, neighborhood and built environment
  - Health topics: adolescent health; arthritis, osteoporosis, and chronic back conditions; cancer, dementia including Alzheimer s disease; diabetes; disability and health (includes epilepsy); educational and community based programs; health-related quality of life and well-being; hearing; heart disease and stroke; HIV; maternal, infant and child health; nutrition and weight status; older adults; oral health; physical activity; respiratory diseases (includes C.O.P.D.); sexually transmitted disease; sleep and health; tobacco use; vision.
- **CDC's Health Impact in 5 Years (HI-5) initiative** interventions addressing the social determinants of health, and interventions changing the context, https://www.cdc.gov/policy/hst/hi5/interventions/index.html.
- **National Center for Chronic Disease Prevention and Health Promotion's Four Domains of Chronic Disease Prevention** - epidemiology and surveillance; environmental approaches that promote health and support and reinforce healthful behaviors; health system interventions to improve the effective delivery and use of clinical and other preventive services; and strategies to improve community-clinical linkages, https://www.cdc.gov/chronicdisease/resources/publications/four-domains.htm

Public Health Impact

CDC's Prevention Research Centers Program links university researchers and health agencies, community-based organizations, and national, tribal, state, and local nonprofit organizations to ensure that promising research findings result in practical, cost-effective and innovative interventions. The PRCs use community engagement approaches to fill critical gaps in public health science and identify effective strategies to address health disparities in underserved communities.

Achieving lasting impact in health outcomes requires a focus not just on patient care but on community-wide approaches aimed at improving population health. Public health practitioners

need scalable, feasible interventions (i.e. programs, practices, policies, or strategies) and tools developed in real-world practice settings to address the leading causes of illness, injury, disability and death in the United States. A successful PRC will:

- increase availability of evidence-based strategies, interventions, and implementation tools
- increase translation of evidence-based research into practice
- increase adoption of evidence-based programs and policies and implementation of effective systems-wide public health strategies

Increased availability and use of evidence by public health practitioners, and increased translation of evidence-based research to practice, if done well, will lead to widespread, sustained and scaled-up use of evidence-based programs and systems-wide public health strategies, which will contribute to improved population health and elimination of health disparities.

This NOFO also invests in strengthening national capacity in applied public health prevention research and positions PRCs to provide training, expertise, and services to health departments, businesses and employers, community development and economic planning enterprises and other entities. Training can include public health practice competency training to practitioners and applied prevention research training to students and community partners. Expertise can include investigation of the relationship between community economic improvement and health status. Services provided can include public health needs assessment, identification of community economic development opportunities that drive health outcomes and evaluation of efforts conducted by local, state, tribal or national agencies. These elements are critical to undergird our national public health infrastructure, improve the delivery of public health services, and ultimately to improve population health.

Relevant Work

PRCs have made substantial progress in improving the quality of people's lives by preventing and controlling disease, injury, and disability. PRCs have been at the forefront of engaging community members and partners to use local knowledge to understand health problems, effectively design and implement prevention research, and interpret research results to ensure population health impacts through sustainable and potentially scalable public health programs and interventions. The PRCs have contributed to efforts to eliminate health disparities, create healthy communities and improve public health practice.

The PRC Program strives to find new ways to improve the health of all Americans in economically responsible ways through scientific research, community participation, collaborative partnerships, practical application, dissemination of scientific findings, and translation of evidence-based interventions into public health products and practice.

2. Approach

The intent of this NOFO is to support a network of Health Promotion and Disease Prevention Research Centers (PRCs) across the country to conduct applied public health prevention research to address the leading causes of illness, injury, disability and death in populations experiencing health disparities. The research activities should test systems-level approaches,

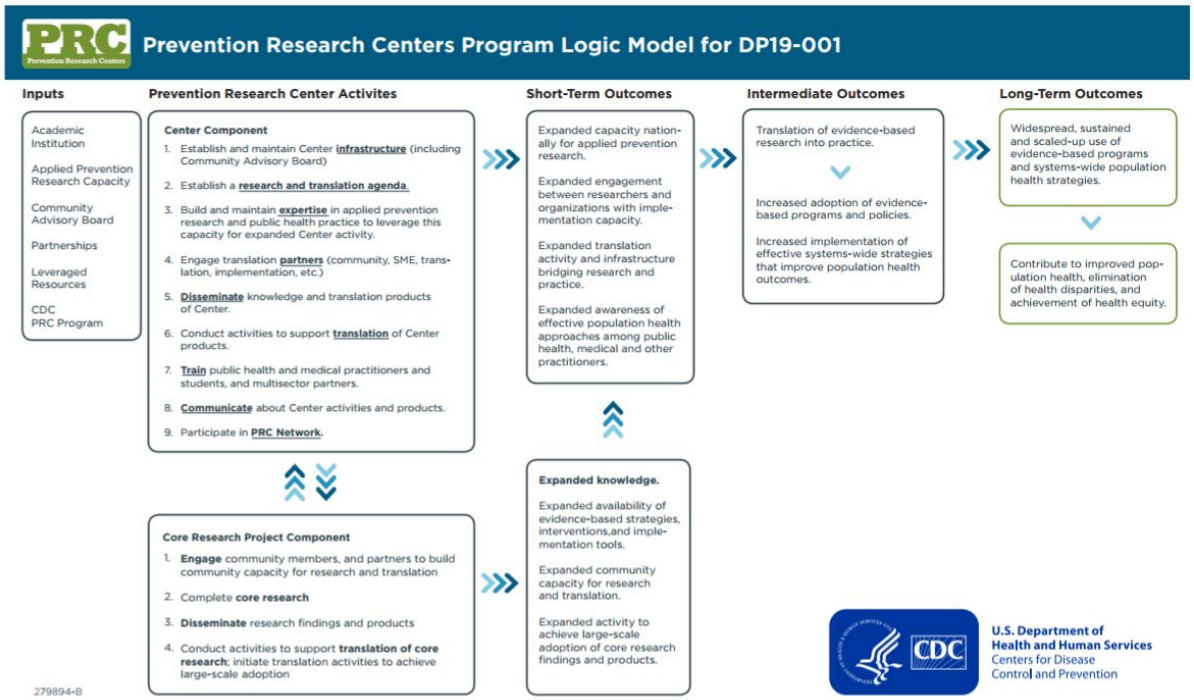
community-clinical interventions, or evaluate policy strategies, including community economic development, to address the health needs of underserved communities and populations experiencing health disparities.

The purpose of this NOFO is to establish, and maintain multi-disciplinary Prevention Research Centers that conducts high-quality applied health promotion and disease prevention research. Each Center will:

- Conduct one (1) applied public health prevention research project (Core Research Project) using a community engagement approach to address a major cause of disease, disability, injury, or death in a population experiencing health disparities;
- Disseminate research findings to community, practice, and academic audiences;
- Translate evidence-based interventions for sustainability and widespread scale-up; and
- As part of the PRC Network, serve as a resource for developing, implementing, evaluating, disseminating, and translating evidence-based public health interventions at local, state, tribal, or national levels.

PRCs will be located in accredited Schools of Public Health and accredited Schools of Medicine or Osteopathy with a Preventive Medicine Residency Program that have multidisciplinary faculty with expertise in public health, and have working relationships with relevant groups in such fields as medicine, psychology, nursing, social work, education, community economic development and business. PRC will have core faculty in epidemiology, biostatistics, social sciences, behavioral and environmental health sciences and health administration, have graduate training programs relevant to disease prevention, have demonstrated curriculum in disease prevention, and have capacity for residency training in public health or preventive medicine.

The following logic model outlines goals for a Prevention Research Center and expected short-term, intermediate-term, and long-term outcomes. Also, see Appendix 1.



Objectives/Outcomes

Recipients are expected to contribute to the NOFO outcomes by the conclusion of the funding period (9/29/2024). Short term, intermediate term, and long term outcomes expected to be accomplished because of this NOFO are listed in the NOFO logic model and will be evaluated using the PRC Program Evaluation Reporting System. Recipients are expected to achieve short term and intermediate term outcomes within the 5-year funding period.

Long Term Outcomes:

- Improved population health, elimination of health disparities, and achievement of health equity
- Increased widespread, sustained and scaled-up use of evidence-based programs and systems-wide population health strategies

Intermediate Term Outcomes:

- Increased adoption of evidence-based programs and policies
- Increased implementation of effective systems-wide strategies that improve population health
- Increased translation of evidence-based research into practice

Short Term Outcomes:

- Expanded capacity nationally for applied prevention research
- Expanded engagement between researchers and organizations with implementation

capacity
- Expanded translation activity and infrastructure bridging research and practice
- Expanded awareness of effective population health approaches amongst public health, medical and private sector practitioners
- Expanded knowledge from one core research project
- Expanded availability of evidence-based strategies, interventions, and implementation tools
- Expanded community capacity for research and translation
- Expanded activity to achieve large-scale adoption of core research project findings and products

This NOFO will support achievement of short term, intermediate term, and long-term outcomes through the following activities:

Center Component:

1. Establish and maintain PRC infrastructure (including Community Advisory Board)
2. Establish a Center research and translation agenda
3. Build and maintain expertise in applied prevention research and public health practice in order to leverage this capacity for expanded Center activity
4. Engage translation partners to increase translation of research findings into public health practice
5. Disseminate knowledge and translation products of the Center
6. Conduct activities to support translation of Center products
7. Train public health and medical practitioners and students, and multisector practitioners
8. Communicate about Center activities and products
9. Participate in the PRC Network

Core Research Project Component

1. Engage community members, governmental, non-governmental, and private sector partners to build community capacity for the Core Research Project
2. Complete Core Research Project
3. Disseminate Core Research Project findings and products
4. Initiate translation activities to achieve large-scale adoption of effective interventions

This NOFO will support activities that achieve short term, intermediate term, and long-term outcomes identified in the Prevention Research Centers Program Logic Model for DP19-001, including both a Center Component and Core Research Project Component.

Center Component

This NOFO will support the following Center activities:

1. Establish and maintain PRC infrastructure (including Community Advisory Board)

Academic institutions should provide institutional support to establish, sustain, or enhance the organizational infrastructure and facilities needed to operate the PRC. Institutional support is

critical to sustaining the scientific and financial administration of the PRC. Commitment by the academic institution to support the PRC is demonstrated by sharing of resources, i.e. additional funding, or other resources, return of Facilities & Administration costs as defined by CDC policy and regulations. Additional infrastructure of the PRC would consist of the PRC Administrative team and the Community Advisory Board.

- The PRC Principal Investigator (PI) attracts and leads multidisciplinary faculty and staff to accomplish the goals and objectives of the PRC and support long-range planning and implementation of the PRC's research and translation agenda. The PI develops a unified operating infrastructure that ensures resources and processes are in place to conduct and monitor center activities and promote career development among faculty and staff.
- PRC faculty and staff should possess the capacity and experience to administer a high-quality prevention research center and conduct rigorous applied public health prevention research in community settings.
- The PRC's administrative team should consist of required key personnel - Principal Investigator/Project Director (PI/PD), Authorized Official Representative (AOR), the Signing Official (SO) and Administrative Official (AO), PRC Deputy Director, and Core Research Project PI. Additional staff may provide expertise in evaluation, communication, dissemination, translation, and estimating cost of the intervention.
- This administrative capacity can be demonstrated by a Center level organizational chart, institutional support, and the proposed application budget and budget justification.

Community Advisory Board

- The PRC will maintain a Community Advisory Board (CAB) to advise the Center on its research and translation agenda, translation plan, Center activities, and Core Research Project. The CAB should have the capacity and experience working with the target populations and community.
- The Community Advisory Board (CAB) should have Standard Operating Procedures with defined roles, responsibilities, operating guidelines and procedures, and training and knowledge requirements.
- The CAB should include a member of the community and population where the Core Research Project will occur, multisector partners, and other key stakeholders with experience working in the proposed research topic who can provide input on Center activities and the Core Research Project design, implementation, dissemination activities and execution of the translation plan.
- The CAB should develop expertise and commitment to the PRC's area of focus.
- The contribution of the CAB can be demonstrated by signed Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) from existing or prospective community advisory board members. The MOU or MOA should clearly specify the activities to be conducted by the board member, roles and responsibilities of the PRC, the roles and responsibilities of the board, and the expected goals of the collaboration.

2. Establish a Center research and translation agenda

- Identify proposed prevention research center's area(s) of focus
- The PRC will develop a 5-year applied prevention research and translation agenda to guide its Center activities, Core Research Project, and other projects to expand its research portfolio. The research and translation agenda would build on the expertise of faculty and staff and address the needs of community partners.
- The research and translation agenda should describe the high-level strategies the recipient will undertake to translate the findings and products of the Core Research Project and other Center research, and projects or initiatives into public health practice.
- The PRC's research and translation agenda should be provided as part of the application and included in the Appendix section.

3. Build and maintain expertise in applied prevention research and public health practice in order to leverage this capacity for expanded Center activity

- PRC faculty and staff should possess the capacity to conduct high quality applied public health prevention research on approaches and strategies that improve population health outcomes, and provide services such as public health practice competency training to practitioners, applied prevention research training to students, public health needs assessment, and evaluation services to local, state, tribal or national agencies and CDC funded state and local health departments.
- The PRC should identify and promote main areas of expertise to partners and practitioners so these areas of expertise are widely known.
- The PRC can leverage this expertise to expand Center activities.

4. Engage translation partners to increase translation of research findings into public health practice

- The PRC is expected to collaborate with key stakeholders to test interventions, implement program strategies, sustain outcomes, and exchange of information between experts working in various areas of public health, governmental, and non-governmental sectors.
- The PRC is expected to collaborate with stakeholders vital to development of the Center's research and translation agenda, and Core Research Project through the planning, implementation, analyses/evaluation, dissemination, and translation stages of research.
- These key stakeholders should be identified in the Translation Plan with explanation of how the stakeholders would be involved in the research and translation processes.
- Key stakeholders may include community organizations, multi-sectoral partners, non-profit organizations, health departments, and other agencies.
- Engage stakeholders with the capacity to take effective interventions to scale.

5. Disseminate knowledge and translation products of the Center

- Conduct targeted distribution of both research findings and translation products that result from effective research findings to community, practice and academic audiences. Dissemination of research findings could include peer-reviewed journal articles, peer-

reviewed conference presentations, and books or book chapters. Products could include research tools, public health practice tools, and packaged evidence based interventions.

6. Conduct activities to support translation of Center products

- Use a translation framework (i.e. Knowledge into Action Framework) to guide planning for Center translation activities.
- Collaborate with key stakeholders to identify strategies to translate the findings and products of Center research for widespread use.

7. Train public health and medical practitioners and students, and multisector partners

- Serve as a training resource for public health students, medical students, preventive medicine residents, and multisector partners to expand awareness of effective population health approaches to address health disparities and promote health equity.
- Provide prevention research training for public health students, medical students, or postdoctoral fellows to establish a pipeline of applied prevention researchers skilled in community engagement.
- Provide practitioners and communities with training in areas such as how to implement effective interventions, use translation products, evaluate programs and practices, or conduct public health system assessments to improve population health outcomes.
- Trainings would include practicum, internships, fellowships, and workshops for community members and stakeholder organizations.
- Allocate not more than seven percent (7%) of proposed application budget (direct and indirect costs) to support training activities. Academic instruction and large scale public health training programs are not supported under this NOFO.

8. Communicate about Center activities and products

- The PRC should promote its skills, knowledge, areas of expertise, and products within the institution and to external key audiences.
- Communication channels would include the development and maintenance of PRC branded website, electronic and print materials, social media and any innovative channels to describe the Center's research, activities, products, and resources.

9. Participate in the PRC Network

The intent of this NOFO is to support a network of Health Promotion and Disease Prevention Research Centers (PRCs) across the country. PRCs funded under this NOFO will build on the strong achievements of previous PRC Network members and advance the PRC Program's mission and prevention research activities.

PRCs are expected to participate as a member of the PRC Network by:

- Participating in PRC Network activities and committees, such as the steering committee, operations committee, community committee, and Communities of Practice.
- Collaborating with tribal, territorial, state, or local health departments to provide technical assistance and subject matter expertise to develop, enhance, or improve public

health practice, programs or activities.
- Collaborating with partner organizations to promote applied public health prevention research and its contribution to public health practice, e.g. Association of Schools and Programs of Public Health (ASPPH), American College of Preventive Medicine (ACPM), Association of American Medical Colleges (AAMC), Association State and Territorial Health Officers (ASTHO), National Association for County Community and Economic Development (NACCED), etc.
- Collaborating with partner organizations to advance community engaged research and prevention implementation science, e.g. CTSAs, PCORIs, PBRNs, etc.
- Collaborating with other network members to increase the PRC Network's collective impact in applied public health prevention research and public health practice to improve population health outcomes.

To ensure adequate resources are committed to this component, at least thirty percent (30%) of the funding (direct and indirect costs) provided through this NOFO should be used to support the Center Component activities.

Core Research Project Component

The NOFO will support one (1) applied public health prevention research project (Core Research Project) which uses a community engagement approach to address a major cause of disease, disability, injury, or death in a population experiencing health disparities.

The Core Research Project should address one of the three prevention research categories listed below:

- **Intervention research** - research that addresses a significant gap in the evidence of effective health promotion and disease prevention interventions such as those outlined in each review found in the Guide to Community Preventive Services, or as outlined in the 2016 (or subsequent years) Community Preventive Services Task Force (CPSTF), Annual Report to Congress. Approximately twenty percent (20%) of selected applications/awards.
    - Examples of Intervention research might include research that tests the effectiveness of an intervention in improving population health outcomes by using community economic development approaches, or for health topics where effective interventions have not previously been identified or for which previous interventions have not been effective and effective interventions do not currently exist.
- **Implementation research** - research that tests the processes by which a previously proven intervention is translated into public health practice during implementation; research that identifies facilitators and barriers to effectiveness in systems of public health practice, which can include small or large-scale implementation. Approximately forty percent (40%) of selected applications/awards.
    - Examples of Implementation research might include research examining organizational or community barriers and facilitators to participation in an intervention; factors in effectiveness while expanding implementation of an effective intervention to multiple localities; examination of costs and other

factors impacting decisions to adopt; identification of facilitators to widespread adoption and scale-up, etc. (These examples are intended to be illustrative and are not exhaustive of this category).

- **Public health practice-based evidence research** - research that examines the effectiveness of public health practice-based strategies and interventions that are being used in the field, but which have not been fully tested and evaluated, or for which substantial and consistent evidence has not yet been established. Approximately forty percent (40%) of selected applications/awards.
    - An example of a Public Health Practice-based research project would be a rigorous study to test whether an existing program in a practice-based environment is effective in improving population health outcomes. Additionally, through the rigorous study of the program's delivery, potentially compared with standard practice or some other control environment, facilitators and barriers to effective program delivery would be identified, and recommendations on whether the program has sufficient evidence of effectiveness can be determined.

Research in all three categories should be designed with the goal of sustainability and scalability of strategies and interventions that are found to be effective. The Core Research Project must reflect one of these three categories of public health research. Etiological research will not be supported by this NOFO.

An important component of all study types would be the evaluation of the cost of implementation and/or scaling of the research intervention through an economic analysis. The addition of economic evaluation of the cost of implementing the intervention is integral to public health professionals, practitioners, and organizations decision to adopt related to which interventions offer the most improvement of health while minimizing costs.

This NOFO will support the following Core Research Project activities:

1. **Engage community members, governmental, non-governmental, and private sector partners to build community capacity for the Core Research Project**

- The Core Research Project should use a community engagement approach to address a major cause of disease, disability, injury, or death in a population experiencing health disparities.
- The PRC should collaborate with the PRC Community Advisory Board (CAB) in all phases of the Core Research Project including project design, implementation, dissemination activities, execution of the translation plan, and long-term sustainability of the intervention.
- Members of the defined community and population addressed by the Core Research Project should be represented on the CAB and fully engaged in all phases of the Core Research Project.
- Core Research Project findings should be shared with the relevant targeted community.

2. **Complete Core Research Project**

- Develop a project timeline that incorporates strategies for the completion of the Core

Research Project including recruitment, data collection and analyses, dissemination of research findings, determination of effectiveness, decision to translate, and translation of the project at the local, regional or state level within the five-year project period.

3. **Disseminate Core Research Project findings and products**

- Dissemination of Core Research Project findings and products should occur for each of the three categories of research.
- Seek venues for dissemination of Core Research Project findings and products in databases of effective interventions, and systematic and policy reviews such as but not limited to the following:
    - Cochrane Reviews, http://www.cochranelibrary.com/cochrane-database-of-systematic-reviews/
    - National registry of evidence-based programs and practices, http://www.nrepp.samhsa.gov/
    - Research tested intervention programs, http://rtips.cancer.gov/rtips/index.do;
    - CDC database of evidence-based interventions, https://effectiveinterventions.cdc.gov/en/AboutDebi.aspx
    - What Works for Child and Youth Development: Tools for Improving Services to Children and Youth (Child Trends), https://www.childtrends.org/what-works/program-descriptions/
    - AHRQ Innovations Exchange, https://innovations.ahrq.gov/about-us
- Create dissemination products to share information about research findings with key audiences in creative formats (e.g. infographics, etc.).
- Publish and present Core Research Project findings through peer-reviewed channels.
- Disseminate Core Research Project findings to relevant targeted community, practice, and academic audiences.
- Dissemination products could include books and book chapters, peer-reviewed journal articles and peer-reviewed presentations, and evaluated research tools and public health practice tools.
- Post peer-reviewed publications and other dissemination products on the Center?s website.

4. **Initiate translation activities to achieve large-scale adoption of effective interventions**

- Provide a translation plan which describes the anticipated strategies and activities you will undertake to translate the findings and products of effective Core Research Project into practice.
- The Translation Plan should include the following:
    - The plan should consider factors that organizations often consider in their decision to adopt interventions.
    - Include key stakeholders and potential adopters/implementers, resources needed for start-up and sustainability in the implementation setting, and partnerships for potential scale-up.
    - The Core Research Project should be guided by a translation framework (e.g. Knowledge into Action Framework, see Appendix 2) to guide planning for

translation activities.
    - Engage the core research project community to participate in design and completion of the project and collaborate for long-term sustainability of the intervention by the partner.
    - Packaging of research findings into implementation products, e.g. programs, policies, toolkits, guidelines, training guides for use by implementers and potential adopters.
    - Engage additional partners that have the ability to adopt the intervention for widespread, sustained and scaled-up implementation.
    - Consider what technical support is needed by adopters for successful implementation and what entities would best provide this support.
    - For effective research projects that will be translated, quantify the cost of implementation of the research intervention through a cost analysis.

To ensure adequate resources are committed to this component, at least fifty percent (50%) of the funding (direct and indirect costs) provided through this NOFO should be used to support the design, development, implementation, dissemination, and translation of the Core Research Project Component activities A portion of Core Research Project funding may include costs of developing translation products.

Objectives/Outcomes

Recipients are expected to contribute to the NOFO outcomes by the conclusion of the funding period (9/29/2024). Short term, intermediate term, and long term outcomes expected to be accomplished because of this NOFO are listed in the NOFO logic model and will be evaluated using the PRC Program Evaluation Reporting System. Recipients are expected to achieve short term and intermediate term outcomes within the 5-year funding period.

Long Term Outcomes:

- Improved population health, elimination of health disparities, and achievement of health equity
- Increased widespread, sustained and scaled-up use of evidence-based programs and systems-wide population health strategies

Intermediate Term Outcomes:

- Increased adoption of evidence-based programs and policies
- Increased implementation of effective systems-wide strategies that improve population health
- Increased translation of evidence-based research into practice

Short Term Outcomes:

- Expanded capacity nationally for applied prevention research
- Expanded engagement between researchers and organizations with implementation capacity
- Expanded translation activity and infrastructure bridging research and practice

- Expanded awareness of effective population health approaches amongst public health, medical and private sector practitioners
- Expanded knowledge from one core research project
- Expanded availability of evidence-based strategies, interventions, and implementation tools
- Expanded community capacity for research and translation

Expanded activity to achieve large-scale adoption of core research findings and products

Target Population

The PRC program aims to improve population health outcomes and contribute to the elimination of health disparities. This NOFO addresses the public health needs of population groups that exhibit incidences of disease, which are most amenable to prevention intervention such as the following populations and communities:

- Populations experiencing health disparities due to race, ethnicity, gender identity, sexual orientation, geography (rural, urban), socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities).
- Communities disadvantaged by social determinants of health that create health inequities.

Applicants should clearly identify the population and communities they will address in the Research Plan, describe the health disparities and health inequities they experience, and how the proposed PRC can benefit the identified target population and communities.

Collaboration/Partnerships

It is anticipated that the PRC network and each PRC supported by this NOFO will collaborate with external partners (organizations, individuals, community members, governmental, non-governmental and private sector partners) and CDC PRC award recipients on projects for the purpose of developing, enhancing, or improving public health practice, programs and activities.

It is also expected that collaboration among PRCs and external partners on projects will result in decision-making, resource sharing, and the creation of products. Community engagement is fundamental to both the success and relevance of the research and activities supported by this NOFO.

Evaluation/Performance Measurement

PRCs are expected to participate in the PRC Program evaluation conducted via the PRC Program Evaluation Reporting System (PERS). PERS collects data that are used to evaluate the PRC Network and to enhance the PRC Program. PERS assesses and tracks outcomes represented in the Prevention Research Centers Program Logic Model for DP19-001 (see Appendix 1).

The PRC Program aims to answer the following evaluation questions:

1. To what extent does the PRCs stimulate and facilitate system-wide changes that improve population health outcomes
2. To what extent does the evidence developed and/or disseminated by the PRCs support and impact the efforts of health departments, community economic development organizations and other public health and community partners
3. To what extent do the PRCs contribute to public health workforce development
4. To what extent do investments in PRCs support the scalability, sustainability, and effectiveness of outcomes resulting from community-based or systems-wide efforts to improve population health

Annual Action Plan

Applicants are to provide a detailed 12-month Annual Action Plan for Center Component and Core Research Project Component activities for the first budget period, September 30, 2019 - September 29, 2020. The action plan will be updated annually. The annual action plan should be written in S.M.A.R.T. format and describe:

- Project Period Goals
- Short Term or Intermediate Term Outcomes
- Annual Objectives
- Annual Activities and timeline
- Measures of Success
- Data sources
- Completion Date
- Staff responsible

For additional reference, guidance for developing an Annual Action Plan is provided as Appendix 3.

Implementation Timeline

The following is a suggested timeline for use in planning activities associated with this NOFO.

Component	Year 1	Year 2	Year 3	Year 4	Year 5
Center	Establish Center, including CAB; and conduct Center activities.	Conduct Center activities.	Conduct Center activities.	Conduct Center activities, including planning for sustainability of the Center.	Complete Center activities, including sustainability of the Center.
Core	Establish and	Conduct	Complete Core	Complete Core	Complete Core

Research Project	conduct Core Research Project activities.	Core Research Project activities.	Research Project activities, including preliminary analyses, and dissemination of research and practice products.	Research Project, including final data analyses, dissemination of research findings, and begin translation activities	Research Project dissemination & translation activities, including sustainable practice. Initiate scale-up planning & implementation.

Translation Plan

See the Approach section for Translation Plan requirements.

Section II. Award Information

Funding Instrument Type: Cooperative Agreement

A support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities.

Application Types Allowed:

New - An application that is submitted for funding for the first time. Includes multiple submission attempts within the same round.

Estimated Total Funding: $112,500,000

Anticipated Number of Awards: 30

Anticipate number of awards is 20-30.

Awards issued under this NOFO are contingent on the availability of funds and submission of a sufficient number of meritorious applications.

Award Ceiling: $750,000 Per Budget Period

Award Floor: $0 Per Budget Period

Total Period of Performance Length: 5 year(s)

Throughout the Period of Performance, CDC's commitment to continuation of awards will

depend on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and CDC's determination that continued funding is in the best interest of the Federal government.

HHS/CDC grants policies as described in the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf) will apply to the applications submitted and awards made in response to this NOFO.

Section III. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

The following types of Higher Education Institutions are always encouraged to apply for CDC support as Public or Private Institutions of Higher Education:

Hispanic-serving Institutions
Historically Black Colleges and Universities (HBCUs)
Tribally Controlled Colleges and Universities (TCCUs)
Alaska Native and Native Hawaiian Serving Institutions

2. Foreign Organizations

Foreign Organizations are not eligible to apply.

Foreign components of U.S. Organizations are not eligible to apply.

For this announcement, applicants may not include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

3. Special Eligibility Requirements

In accordance with Section 1706 of the Public Health Services Act, as amended, 42 U.S.C. 300u-5, academic health centers, as defined in 42 U.S.C 300u-5(d) and Section 799B, as amended 42 U.S.C. 295p, are eligible to apply for funding under this NOFO:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation

is defined by Section 799B (1) (E) of the PHS Act.

2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).
    - Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application. Accreditation must be granted by the award date, estimated to be September 30, 2019.

For an applicant to be considered, it must be responsive to the following criteria:

- An institution (normally identified by having a unique DUNS number) may submit, or be part of, only a single application in response to this NOFO. Multiple applications from different divisions, faculties, centers, schools, etc. of the same university, school of public health, medicine, or osteopathy will be returned without further consideration by CDC.
- Etiological research will not be supported as the Core Research Project. Applicants who proposed etiology research will be considered unresponsive to this NOFO.

If your application is incomplete or deemed non-responsive to the special eligibility requirements listed in this section, it will not enter into the review process.

CDC will not accept and review applications with budgets greater than the ceiling of the award range. Applications with budgets that exceed the ceiling of the award, which includes both direct and indirect costs, will be considered non-responsive, and will not be entered into the review process.

4. Justification for Less than Maximum Competition

In accordance with Section 1706 of the Public Health Services Act, as amended, 42 U.S.C. 300u-5, academic health centers, as defined in 42 U.S.C 300u-5(d) and Section 799B, as amended 42 U.S.C. 295p, are eligible to apply for funding under this NOFO.

5. Responsiveness

An application will be responsive if it meets the following requirements:

- Complies with items 1, 2, 3, and 10 of this section (see Section III. Eligibility Information).
- The proposed budget does not exceed the ceiling amount of this NOFO.

Non-responsive applications will not be entered into the review process. Applicants will be

notified that their application did not meet the submission requirements.

6. Required Registrations

Applicant organizations must complete the following registrations as described in the SF 424 (R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Dun and Bradstreet Universal Numbering System (DUNS) number in order to begin each of the following registrations.

- (Foreign entities only): Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: https://eportal.nspa.nato.int/AC135Public/Docs/US%20Instructions%2 0for%20NSPA%20NCAGE.pdf
- System for Award Management (**SAM**) – must maintain current registration in SAM (the replacement system for the Central Contractor Registration) to be renewed annually, https://www.sam.gov/portal/SAM/#1.
- Grants.gov
- eRA Commons

All applicant organizations must register with **Grants.gov**. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The "one-time" registration process will take three to five days to complete. However, it is best to start the registration process at least two weeks prior to application submission.
All Program Directors/Principal Investigators (PD/PIs) **must** also work with their institutional officials to register with the **eRA Commons** or ensure their existing eRA Commons account is affiliated with the eRA Commons account of the applicant organization. **All registrations must be successfully completed and active before the application due date**. Applicant organizations are strongly encouraged to start the registration process at least four (4) weeks prior to the application due date.

7. Universal Identifier Requirements and System for Award Management (SAM)

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the US D&B D-U-N-S Number Request Web Form or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.
Additionally, all applicant organizations must register in the **System for Award Management (SAM)**. Organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a

recipient. Additional information about registration procedures may be found at the SAM internet site at https://www.sam.gov/index.html.
If an award is granted, the recipient organization **must** notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the recipient organization.

8. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her organization to develop an application for support. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for HHS/CDC support.

9. Cost Sharing

This FOA does not require cost sharing as defined in the HHS Grants Policy Statement (http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

10. Number of Applications

As defined in the HHS Grants Policy Statement,(https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf), applications received in response to the same Notice of Funding Opportunity generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this NOFO that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

Only one application per institution (normally identified by having a unique DUNS number) is allowed.

Section IV. Application and Submission Information

1. Address to Request Application Package

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

2. Content and Form of Application Submission

It is critical that applicants follow the instructions in the SF424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf and here: https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf, except where instructed

in this Notice of Funding Opportunity to do otherwise. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review.
The forms package associated with this NOFO includes all applicable components, mandatory and optional. Please note that some components marked optional in the application package are required for submission of applications for this NOFO. Follow the instructions in the SF 424 (R&R) Application Guide to ensure you complete all appropriate "optional" components.
In conjunction with the SF424 (R&R) components, CDC grants applicants should also complete and submit additional components titled "PHS398." Note the PHS398 should include assurances and certifications, additional data required by the agency for a complete application. While these are not identical to the PHS398 application form pages, the PHS398 reference is used to distinguish these additional data requirements from the data collected in the SF424 (R&R) components. A complete application to CDC will include SF424 (R&R) and PHS398 components. These forms can be downloaded from http://grants.nih.gov/grants/funding/424/index.htm.

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."

3. Letter of Intent

Due Date for Letter of Intent: **05/25/2018**
Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CIO staff to estimate the potential review workload and plan the review.

By the date listed above and in Part 1. Overview Information, prospective applicants are asked to submit a letter of intent that includes the following information:

1. Name of the Applicant
2. Descriptive title of proposed prevention research center including a brief statement of its

focus area(s)
3. Descriptive title of proposed core research project
4. Name, address, and telephone number of the Lead PD/PI
5. Names of other key personnel
6. Participating institutions
7. Number and title of this notice of funding opportunity: RFA-DP-19-001, Health Promotion and Disease Prevention Research Centers

The letter of intent should be sent electronically to:

Natalie Darling, Scientific Program Official

Extramural Research Program Operations and Services

Centers for Disease Control and Prevention

4770 Buford Highway, NE

Mailstop F-80

Atlanta, GA 30342

Telephone: (770)-488-5740

Email: ndarling@cdc.gov

4. Required and Optional Components

A complete application has many components, both required and optional. The forms package associated with this NOFO in Grants.gov includes all applicable components for this NOFO, required and optional.

5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of 16 components. Not all 16 components of the Research Plan apply to all Notices of Funding Opportunities(NOFOs). Specifically, some of the following 16 components are for Resubmissions or Revisions only. See the SF 424 (R&R) Application Guidehttps://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf and here: https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Notice of Funding Opportunity Description).
Follow the page limits stated in the SF 424 (R&R) unless otherwise specified in the NOFO. As applicable to and specified in the NOFO, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

1. Introduction to Application (for Resubmission and Revision ONLY) - provide a clear description about the purpose of the proposed research and how it addresses the specific requirements of the NOFO.
2. Specific Aims – state the problem the proposed research addresses and how it will result in public health impact and improvements in population health.
3. Research Strategy – the research strategy should be organized under 3 headings:

Significance, Innovation and Approach. Describe the proposed research plan, including staffing and timeline.

4. Inclusion Enrollment Report (Renewal and Revision applications ONLY)

5. Progress Report Publication List (for Continuation ONLY)

Human Subjects Section

6. Protection of Human Subjects

7. Inclusion of Women and Minorities

8. Targeted/Planned Enrollment Table (for New Application ONLY)

9. Inclusion of Children

Other Research Plan Sections

10. Vertebrate Animals

11. Select Agent Research

12. Multiple PD/PI Leadership Plan.

13. Consortium/Contractual Arrangements

14. Letters of Support

15. Resource Sharing Plan(s)

16. Appendix

Component 4 (Inclusion Enrollment Report) applies only to Renewal and Revision applications for clinical research. Clinical research is that which is conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. Patient-oriented research includes: (a) mechanisms of human disease, (b) therapeutic interventions, (c) clinical trials, and (d) development of new technologies). Follow the page limits in the SF 424 (R&R) Application Guide unless otherwise specified in the NOFO. All instructions in the SF424 (R&R) Application Guide https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf and here: https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf must be followed along with any additional instructions provided in the NOFO.

Applicants that plan to collect public health data must submit a Data Management Plan (DMP) in the Resource Sharing Plan section of the PHS 398 Research Plan Component of the application. A DMP is required for each collection of public health data proposed. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds.

The DMP may be outlined in a narrative format or as a checklist but, at a minimum, should include:

• Descriptions of the data to be produced in the proposed project

• How access will be provided to the data (including provisions for protection of privacy, confidentiality, security, intellectual property, or other rights)

• Use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use

• Plans for archival and long-term preservation of the data, or explaining why long-term

preservation and access cannot be justified
Examples of DMPs may be found here: University of California https://dmp.cdlib.org/, or USGS, http://www.usgs.gov/datamanagement/plan/dmplans.php

Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Notice of Funding Opportunity Description). Follow the page limits stated in the SF 424 unless otherwise specified in the NOFO. As applicable to and specified in the NOFO, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

1. Introduction to Application (Resubmissions and Revision applications ONLY) - provide a clear description about the purpose of the proposed research and how it addresses the specific requirements of the NOFO.
2. Specific Aims State the problem the proposed Center and Core Research Project addresses and how it will result in public health impact and improvements in population health as identified in the Background and Public Health Impact sections.

Research Plan

The applicant's research plan should address activities that will be conducted over the entire project period. The Research Plan narrative is comprised of components 2 and 3 above. NOTE: that the research Strategy is divided into three parts: 1) Significance, 2) Innovation, and 3) Approach.

The applicants' research strategy must address activities that will be conducted during the 5-year project period and must include the following items:

Center Component

The Center component of the application is limited to the first 10 pages of the Research Strategy. Applicants are expected to describe experience conducting and how they will carry out the activities listed in Part 2, Section 1, No. 2, Approach, and provide evidence of this experience. To ensure adequate resources are committed to this component, at least thirty percent (30%) of the funding (direct and indirect costs) provided through this NOFO should be used to support the Center Component activities.

1. **Establish and maintain PRC infrastructure (including a Community Advisory Board)**

The application should include:

- A description of the location of the PRC within the institution's infrastructure including reporting lines, and other participating schools and departments within the institution.
- An organizational chart (which can be included as an appendix) and description of a Center's staffing plan for faculty and staff, their roles, and planned percent of effort. The

organizational chart should reflect an appropriate leadership model and delegation of work activities to ensure accountability of all faculty and staff and the integration of activities into a coherent prevention research center.

- Clear, detailed evidence of institutional commitment to support the PRC by sharing of resources. This may take the form of return of Facilities & Administrative costs, office space, personnel, equipment, additional funding or other resources, etc.
- A description of the qualifications of the PD/PI (PRC Director) and the planned percentage of time he/she will devote to administering the PRC.
- The PD/PI should be an established researcher with the leadership and institutional authority to direct the activities of the PRC. The qualifications of the PD/PI should be documented and include previous experience conducting community-based applied prevention research, have published findings in peer-reviewed journals, and have the specific authority and responsibility to carry out the proposed Center and Core Research Project. As demonstrated by a Biographical Sketch that includes experience relevant to the Center's chosen health focus and proposed activities.
- A multidisciplinary faculty with expertise to accomplish the PRC's mission, and facilitates implementation of its research and translation agenda and planned activities. Faculty should have the capacity and experience to administer a high quality prevention research center and conduct rigorous applied prevention research in community settings. As demonstrated by a Biographical Sketch that includes experience relevant to the Center's chosen health focus and proposed activities.
- Staff should have qualifications, which support the activities of the Center and Core Research Project. As demonstrated by a Biographical Sketch/Curriculum Vitae/Resume with shows capacity and/or experience relevant to the Center's chosen health focus and proposed activities.
- Provide evidence of prevention research, projects and activities that are supported by other sources of funding. Include source of funding, amount, and dates of funding.
- A description of the CAB's level of involvement based on the Community
- Engagement Continuum illustrated in Principles of Community Engagement, Second Edition. The level of involvement should reflect the CAB's proposed contribution to the Center and the Core Research Project activities.
- A description of the CAB including its capacity to advise the Center on its research and translation agenda, translation plan, Center activities and Core Research Project activities. Include the board's purpose, composition, role in center and core research project planning and activities, and operating procedures and communication procedures between the CAB and PRC faculty and staff.
- The CAB should consist of members of the community and populations participating in the Core Research Project, key stakeholders with experience working in the target communities, governmental, non-governmental, and private sector partners with an interest in the services and products of the Center (e.g., health departments, education agencies, community economic development organizations, etc.).
- The contribution of the CAB can be demonstrated by signed Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) from existing or prospective community advisory board members. The MOU or MOA should clearly specify the activities to be conducted by the CAB member, roles and responsibilities of the PRC, the roles and responsibilities of the CAB, and the expected goals of the

collaboration between the PRC and CAB member.

2. **Establish a Center research and translation agenda**

The application should include:

- A description of the Center's mission, goals, health priorities, and the health disparities and health equity approaches the PRC will address.
- The Center's 5-year applied prevention research and translation agenda used to guide its Center activities, Core Research Project activities, and other projects to expand its research portfolio. The agenda should describe high-level strategies the Center will undertake to translate research findings and products into public health practice.

3. **Build and maintain expertise in applied prevention research and public health practice in order to leverage this capacity for expanded Center activity**

The application should include:

- Plans to provide services such as public health practice competency training to practitioners, applied prevention research training to students, public health needs assessment, and evaluation services to local, state, tribal or national agencies and CDC funded state and local health departments.
- Plans to sustain the Center after the funding period ends including ensuring the intended and sustained effect of the Center continues after funding has ended.

4. Engage translation partners to increase translation of research findings into public health practice

The application should include:

- Description of how the PRC will collaborate with the translation partners.
- Description of collaborations with key stakeholders demonstrated by signed MOUs or MOAs that clearly specify the activities to be conducted, roles and responsibilities of the PRC and the roles and responsibilities of the stakeholder, and expected outcomes of the partnership.
- The signed MOU, MOA or letter of support included in the Appendix.

5. **Disseminate knowledge and translation products of the Center**

The application should include:

- Resources and personnel to support dissemination activities.
- A plan to develop and disseminate Center materials to community, practice, and academic audiences.

6. Conduct activities to support translation of Center products

The application should include:

- Identification of a translation framework to guide translation planning and activities.

- Plans to collaborate with key stakeholders to identify strategies to translate the findings and products of Center research for widespread use.

7. **Train public health and medical practitioners and students, and multisector partners**

The application should include:

- Evidence of ability to serve as an educational and training resource, including information regarding previous training, technical assistance, and mentoring of public health practitioners particularly those at the local and state level, students, community members, and community partners.
- Plans to train the appropriate staff, students, community members, and multisector partners to be able to carry out the Center and Core Research Project activities such as data collection, data entry, data analysis, etc. Training activities should be designed to strengthen public health practitioners, students, community members, and partner organizations' capacity to engage in applied prevention research, improve public health programs and activities, or translate effective interventions for sustainability and scale-up.
- Training activity costs should not be greater than seven percent (7%) of the total budget (direct and indirect costs). Academic instruction and large scale public health training programs are not supported under this NOFO.

8. Communicate about Center activities and products

The application should include:

- Resources and personnel to support the Center's communication activities.
- A plan to develop and maintain a PRC branded website, with clear branding as a PRC within 6 month – 1 year of award.
- A plan to promote the Center throughout a variety of communication channels.

9. Participate in the PRC Network

The application should include:

- Plans to collaborate with multisector partners, tribal, territorial, state, or local health departments and other partners to provide technical assistance and subject matter expertise.
- Suggest activities PRC Network members can engage in to promote applied public health prevention research and its contribution to public health practice, advance prevention implementation science, and/or increase the PRC Network's collective impact in prevention research to improve population health outcomes.

<u>Core Research Project Component</u>

The Core Research Project component of the application is limited to the 15 pages of the Research Strategy. Applicants are expected to describe experience conducting and how they will carry out the activities listed in Part 2, Section 1, No. 2, Approach, and provide evidence of this experience. Applicants should also document a community need as evidenced by a

previous community needs assessment, state health plan, etc. To ensure adequate resources are committed to this component, at least fifty percent (50%) of the funding (direct and indirect costs) provided through this NOFO should be used to support the design, development, implementation, dissemination, and translation of the Core Research Project Component activities A portion of Core Research Project funding may include costs of developing translation products.

1. **Engage community members, governmental, non-governmental, and private sector partners to build community capacity for the Core Research Project**

The application should include:

- Documentation of community agreement with the proposed Core Research Project provided as specific, detailed letters of support, MOU, or MOA from the CAB, community stakeholders, and other key partners.
- Documentation from partner organization(s) of their commitment and planned involvement in research activities. This involvement can include guidance on engagement of new and existing partners; involvement in the design and implementation of Core Research Project and other Center activities; recruitment of research participants, interpretation and dissemination of research results and identification of translation partners and resources.
- Signed MOU, MOA or letter of support can be included under the Letters of Support section of the research plan and will not count towards the page limit of the application.

2. Complete Core Research Project

The application should include:

- Documentation of the Principal Investigator(s) experience conducting applied prevention research as evidenced by a Biographical Sketch that includes at least one first-authored journal article or previous grant support for research and at least ten (10) peer-reviewed journal articles relevant to the chosen health topic and proposed intervention.
- Clear description of the one (1) research category of the Core Research Project: Intervention Research, Implementation Research or Public Health Practice-based Evidence Research. Ensure the research project is consistent with the research category description listed in the Approach section.
- Clear description of which health issue and health disparity the Core Research Project addresses, research population and community, the specific aims of the Core Research Project, and the expected health outcome and health equity improvement. Include the population size, geographic boundaries, racial and ethnic makeup, socioeconomic status, etc.
- Review of the existing literature on the topic of interest, which identifies a gap in the literature, and describes the contribution of the proposed research project.
- Description of background and significance, including a statement of the health problem being addressed and how the research contributes to the field of applied public health research and population health improvement.
- Preliminary Studies/Reports that document the project team’s experience in conducting

the type of research proposed, experience with the community in which the project will be implemented, and experience in the research topic and methods.
- Description of the study participants, including recruitment and retention strategies, and power calculations, if appropriate. Plans to train the appropriate staff, students and community members to be able to carry out the research activities such as data collection, data entry, data analysis, etc.

3. **Disseminate Core Research Project findings and products**

The application should include:

- Plans to develop and strategically disseminate Core Research Project products and findings to community, practice and academic audiences. Plans should include documenting all products translated and any implementation of positive findings.

4. **Initiate translation activities to achieve large-scale adoption of effective interventions**

The application should include:

- Plans to work with community partners and other key translation stakeholders to: use local knowledge in the understanding of health problems; design, implement, and interpret the results to ensure interventions and projects have public health impact, are sustainable, and have the potential for scalability.
- A Translation Plan for working with community members, governmental, non-governmental, private sector partners, and other key translation stakeholders to translate interventions proved effective for sustainability and scale up to a wider audience.
- Description of how the PRC will assess feasibility of the intervention for public health practitioners and organizations.
- Documentation of effective and well-defined working relationships with translation partners as evidenced by MOU, MOA, or letter of support detailing the involvement of the partner.

Travel considerations for the first year of the funding period.

Applicants are encouraged to budget travel to two or more of the following meetings for the first year of funding:

Meeting	Dates	Location*	Days*	# Travelers*
CDC PRC Program Awardee Meeting	TBD	Atlanta, GA	2.5	4-6
Association of Schools and Programs of Public Health Annual Meeting (ASPPH)	TBD	Arlington, VA	2	1-2

American Public Health Association Annual Meeting (APHA)	Nov 9-13, 2019	Philadelphia, PA	2	1-2

**To Be Determined, for planning purposes only*

Budget Preparation

Applicants should provide a budget table with separate sections for the Center Component and the Core Research Project Component. This should be included in the application and labeled as "Appendix A: Budget Sections" and are in addition to the budget requirements outlined in the SF424 R&R.

Example:

Cost Category	Center Component	Core Research Project Component	Total
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual Costs			
Construction			
Other			
Total Direct Charges			
Indirect Charges			
Total Budget			

6. Appendix

Do not use the appendix to circumvent page limits. A maximum of 10 PDF documents are allowed in the appendix. Additionally, up to 3 publications may be included that are not publically available. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

The Appendix may include:

- An Annual Action Plan for the first year of funding to include both the Center Component and Core Research Project Component, a timeline, and staffing. Additional information regarding the Annual Action Plan is included in Appendix 3. The Annual Action Plan has a 20-page limit.
- List of publicly available, peer-reviewed journal articles included in the PI's Biographical Sketch, up to 3 publications of the following types can be included in one appendix. In each case include the entire document:
    - Manuscripts and/or abstracts accepted for publication but not published.
    - Published manuscripts and/or abstracts where a free, online, publicly available journal link is not available.
- Core Research Project materials and protocols.
- Surveys, questionnaires, and other data collection instruments, protocols, and informed consent documents.
- A plan for IRB approval, a well-developed draft of an IRB protocol, or evidence of exemption from IRB approval.

Applicants are encouraged to be as concise as possible and submit only information essential for the review of the application.

7. Page Limitations

All page limitations described in this individual NOFO must be followed. For this specific NOFO, the Research Strategy component of the Research Plan narrative is limited to 25 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 10 PDF files with a maximum of 50 pages for all appendices.

8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system. **CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide** https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf
and here: https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf.

9. Submission Dates & Times

Part I. Overview Information contains information about Key Dates. Applicants are encouraged to submit in advance of the deadline to ensure they have time to make any application corrections that might be necessary for successful submission.
Organizations must submit applications via Grants.gov (https://www.grants.gov), the online portal to find and apply for grants across all Federal agencies. The eRA Commons systems retrieve the application from Grants.gov and check the application against CDC business rules.

If no errors are found, the application will be assembled in the eRA Commons for viewing by the applicant before moving on for further CDC processing.
If errors are found, the applicant will be notified in the eRA Commons. They must make required changes to the local copy of their application and submit again through Grants.gov.
Applicants are responsible for viewing their application in the eRA Commons to ensure accurate and successful submission.
Once you can see your application in the Commons, be sure to review it carefully as this is what the reviewer will see. Applicants must then complete the submission process by tracking the status of the application in the eRA Commons (http:// grants.nih. gov/grants /guide/url_redirect .htm? id=11123).
Information on the submission process is provided in the SF424 (R&R) Application Guide.
Note: HHS/CDC grant submission procedures do not provide a period of time beyond the grant application due date to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e. error correction window).
The application package is not complete until it has passed the Grants.gov/eRA Commons validation process. This process and email notifications of receipt, validation or rejection may take two (2) business days.
Applicants are strongly encouraged to allocate additional time prior to the submission deadline to submit their applications and to correct errors identified in the validation process. Applicants are encouraged also to check the status of their application submission to determine if the application packages are complete and error-free. Applicants who encounter system errors when submitting their applications must attempt to resolve them by contacting the Grants.gov Contact Center (1-800-518-4726; support@grants.gov). If the system errors cannot be resolved, applicants must contact TIMS at 770-488-2700; ogstims@cdc.gov for guidance at least 3 calendar days before the deadline date.
After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. A third and final e-mail message is generated once the applicant's application package has passed validation and the grantor has confirmed receipt of the application.

Unsuccessful Submissions: If an application submission was unsuccessful, ***the applicant*** must:
1. Track his/her submission and verify the submission status (tracking should be done initially regardless of rejection or success).

    a. If the status states "***rejected***," do #2a or #2b.

2. Check his/her emails from both Grants.gov and eRA Commons for rejection notices.

    a. If the deadline has passed, he/she should email the Grant Management Specialist listed in the NOFO (ogstims@cdc.gov) explaining why the submission failed. b. If there is time before the deadline, he/she should correct the problem(s) and resubmit as soon as possible.

Due Date for Applications: **06/25/2018**

Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the

listed application due date.

10. Intergovernmental Review (E.O. 12372)

This initiative is not subject to intergovernmental review (http:// www. whitehouse.gov/ omb/ grants_spoc).

11. Funding Restrictions

All HHS/CDC awards are subject to the federal regulations, 45 CFR 75, terms and conditions,and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.
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).
For more information on expanded authority and pre-award costs, go to: https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.
CDC requires that mechanisms for, and cost of, public health data sharing be included in grants, cooperative agreements, and contracts. The cost of sharing or archiving public health data may also be included as part of the total budget requested for first-time or continuation awards. Fulfilling the data-sharing requirement must be documented in a Data Management Plan (DMP) that is developed during the project planning phase prior to the initiation of generating or collecting public health data and must be included in the Resource Sharing Plan(s) section of the PHS398 Research Plan Component of the application.
Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds (for example, privacy and confidentiality considerations, embargo issues).
Recipients who fail to release public health data in a timely fashion will be subject to procedures normally used to address lack of compliance (for example, reduction in funding, restriction of funds, or award termination) consistent with 45 CFR 74.62 or other authorities as appropriate. For further information, please see: https://www.cdc.gov/grants/additionalrequirements/ar-25.html for revised AR-25.

Restrictions or conditions may be placed on the award until:

- IRB and OMB/PRA (if needed) approvals are obtained.
- Human Subjects Education Requirement documentation is provided for any new key personnel or other significant contributors involved in the design, conduct, or research involving human subjects.

Applicants are advised that any activities involving standard information collection (i.e.,

surveys, questionnaires, data requests, etc.) from ten (10) or more non-federal individual/entities are subject to Paperwork Reduction Act (PRA) requirements and may require the CDC to coordinate an OMB/PRA approval request).

Reimbursement of pre-award costs is not allowed. All HHS/CDC awards are subject to the terms and conditions, cost principles, and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.

For more information on expanded authority and pre-award costs, go to: http://www.hhs.gov /asfr/ogapa/aboutog/hhsgps107.pdf or speak with your Grants Management Specialist (GMS).

12. Other Submission Requirements and Information

Application Submission
Applications must be submitted electronically following the instructions described in the SF 424 (R&R) Application Guide. **PAPER APPLICATIONS WILL NOT BE ACCEPTED.**
Applicants must complete all required registrations before the application due date.
Section III.6 "Required Registrations" contains information about registration.
For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (http://grants.nih.gov/grants/guide /url_ redirect.htm? id=11144).

Important reminders: All PD/PIs must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.

The applicant organization must ensure that the DUNS number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the System for Award Management (SAM). Additional information may be found in the SF424 (R&R) Application Guide.

If the applicant has an FWA number, enter the 8-digit number. Do not enter the letters "FWA" before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of the SF 424 (R&R) Application Guide and in the HHS Grants Policy Statement.
See more resources to avoid common errors and submitting, tracking, and viewing applications: http:// grants.nih. gov/grants/ Electronic Receipt /avoiding _errors.htm or http:// grants. nih.gov/grants/ Electronic Receipt/submit _app.htm
Upon receipt, applications will be evaluated for completeness by the CDC Office of Grants Services (OGS) and responsiveness by OGS and the Center, Institute or Office of the CDC. Applications that are incomplete and/or nonresponsive will not be reviewed.

Section V. Application Review Information

1. Criteria

Only the review criteria described below will be considered in the review process. As part of the CDC mission (http:// www.cdc.gov/ about/ organization/ mission.htm), all applications submitted to the CDC in support of public health research are evaluated for scientific and technical merit through the CDC peer review system.

Overall Impact

Reviewers will provide an overall impact/priority score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria and additional review criteria (as applicable for the project proposed).

Scored Review Criteria

Reviewers will consider each of the review criteria below in the determination of scientific merit, and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

Significance

Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

Significance Review Criteria - Center Component

Specific to this NOFO:

- Does the Center address a problem of great importance to applied public health prevention research and public health practice?

Significance Review Criteria - Core Research Project Component

Specific to this NOFO:

- Does the Core Research Project address a problem and/or gap of importance in Intervention Research, Implementation Research, or Public Health Practice-based evidence research?
- If successful, does the intervention have the potential to be scalable, reach a large portion of the population at risk, and improve health outcomes?

Investigator(s)

Are the PD/PIs, collaborators, and other researchers well suited to the project? Have they

demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?

Investigator(s) Review Criteria - Center Component

Specific to this NOFO:

- Does the applicant provide evidence that the PD/PIs, faculty and staff have experience in community engaged research and public health practice?
- Does the applicant provide evidence that the PD/PIs, faculty and staff have experience building the capacity of the public health workforce?
- Does the applicant provide evidence that the PD/PIs, faculty and staff have capacity to address health equity approaches to addressing population health problems?
- Does the applicant provide evidence that the PD/PIs, and faculty's previous research and activities contributed to improvements in public health practice and population health outcomes?
- Does the applicant demonstrate capacity to administer the Center (e.g. organizational chart, institutional support, the proposed application budget and budget justification)?

Investigator(s) Review Criteria - Core Research Project Component

Specific to this NOFO:

- Does the applicant provide evidence that the PD/PIs, faculty and staff have experience in community engaged research and public health practice?
- Does the PD/PIs, faculty or staff have experience collaborating with a community advisory board?
- Does the applicant provide evidence that the PD/PIs, faculty and staff have experience and capacity to effectively engage populations experiencing health disparities or communities with health inequities?
- Does the applicant provide evidence that the PD/PIs and faculty's previous research contributed to improvements in public health practice or population health outcomes?
- Does the applicant have experience engaging partners who can translate research results?
- Do the PD/PIs, faculty and staff, Community Advisory Board, and translation partners have the skills and experience needed to conduct the Center and Core Research Project activities listed in the Approach Section?

Innovation

Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or

methodologies, instrumentation, or interventions proposed?

Innovation Review Criteria - Center Component

Specific to this NOFO:

- Does the Center proposal bridge gaps between researchers and public health practitioners?
- Does the applicant propose novel approaches to address population health problems?
- Does the applicant challenge and seek to shift current public health practice paradigms or approaches?
- Does the application propose innovative approaches to community engagement to improve population health outcomes?

Innovation Review Criteria - Core Research Project Component

Specific to this NOFO:

- Does the application challenge and seek to shift current research or public health practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions?
- Does the application propose new application of theoretical concepts, new approaches and methods, new interventions, or adaptation of effective interventions?
- Does the application propose research that is innovative and offers concrete value to public health practice?

Approach

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed?
If the project involves clinical research, are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

Approach Review Criteria - Center Component

Specific to this NOFO

- Does the research and translation agenda ensure they can meet the goals of the NOFO?
- Is there sufficient information on the proposed Center that includes translation partners that align with the Centers research and translation agenda (e.g., state health departments, multi-sectoral partners, non-profit organizations, and other agencies)
- Is there adequate signed Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) from existing or prospective community advisory board members?

The MOU or MOA should clearly specify the activities to be conducted by the board member, roles and responsibilities of the PRC, the roles and responsibilities of the board, and the expected goals of the collaboration.

- Is there an adequate description on how the Center will disseminate knowledge and translation products of the Center?
- Does the applicant's translation plan adequately describe how they will translate Center products?
- Does the applicant describe how they will train public health, medical practitioners, students, and multisector partners?
- Are the plans to communicate about Center activities and products appropriate?
- Has the applicant demonstrated adequate collaboration with CAB, local, state, tribal or national partners in Center activities and the Core Research Project adequate as evidence by signed MOU or MOA for each party?
- Are training activity costs limited to seven percent (7%) of the funding (direct and indirect costs) as evidence by the proposed Budget and Budget Justification?
- Does the application budget allocate at least thirty percent (30%) of funding (direct and indirect costs) to support the Center Component activities?

Approach Review Criteria - Core Research Project Component

Specific to this NOFO:

- Does the application propose a Core Research Project, which uses one of the following categories of research: Intervention Research, Implementation Research, or Public Health Practice-based evidence Research?
- Is the Core Research Project aligned with a public health priority area listed in the NOFO?
- Does the application propose how researchers will engage communities and multisector partners in their Core Research Project and build community capacity for applied prevention research and translation?
- Does the application propose a timeline to complete the Core Research Project, disseminate research findings, and translate the intervention within the five years?
- Does the application describe how the Core Research Project findings and products will be strategically disseminated to community, practice and academic audiences?
- Does the application describe collaborative partnerships and plans for translation of the intervention?
- Does the application propose to evaluate scalability of the Core Research Project to wider audiences?
- Does the applicant describe how they will assess feasibility of the intervention for public health practitioners and organizations?
- Has the applicant demonstrated adequate collaboration of CAB, local, state, tribal or national partners in Center activities and the Core Research Project adequate as evidence by signed MOU or MOA for each party?
- Does the application budget allocate at least fifty percent (50%) of the funding (direct

and indirect costs) to support the Core Research Project Component activities?

Environment

Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

Environment Review Criteria - Center Component

Specific to this NOFO:

- Will the institutional environment contribute to the probability of success of the Center?
- Is the institutional support, equipment and other physical resources available to support the Center?
- Has the applicant demonstrated commitment by the academic institution to support the PRC as evidence by detailed documentation of commitment (i.e. return of Facilities & Administration costs, office space, personnel, equipment, additional funding, or other resources)?

Environment Review Criteria - Core Research Project Component

Specific to this NOFO:

- Does the project support key stakeholder involvement throughout the research process?
- Has the applicant demonstrated commitment by the academic institution to support the PRC as evidence by detailed documentation of commitment (i.e. return of Facilities & Administration costs, office space, personnel, equipment, additional funding, or other resources)?

Overall Impact Review Criteria - Center Component and Core Research Project Component

Reviewers will provide an overall assessment of the likelihood of the proposed Center and Core Research Project to exert a sustained, powerful influence on the research field(s), in consideration of the above review criteria and additional review criteria.

Scored Review Criteria

Reviewers will consider each of the review criteria above (Significance, Investigator, Innovation, Approach, Environment) in the determination of scientific merit, and give a separate score for each criteria. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

Overall Impact - Overall Application

Reviewers will provide an overall impact score to reflect their assessment of the likelihood of the Prevention Research Center to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria and the evaluation of the Center and Core Research Project components.

- Does the application provide evidence that the Center has sufficient capacity and resources to accomplish the proposed activities?
- Does the application provide evidence that the Center will contribute to the success of the Core Research Project?
- Is there synergy between the Center's research and translation agenda and the Core Research Project?
- Is the application as proposed likely to achieve the purpose and outcomes of the NOFO?

For this NOFO, note the following:

For the Center Component and Core Research Project Component, assigned reviewers will provide individual "criterion scores" for each of the review criteria. Reviewer will also provide their assessment of the overall impact of each component.

Reviewers will provide an overall impact score and assessment of the entire application (Overall Application) based on their evaluation of the Center Component and Core Research Project Component and review criteria. Criterion scores will not be assigned for the overall application.

2. Additional Review Criteria

As applicable for the project proposed, *reviewers will evaluate* the following additional items while determining scientific and technical merit, and in providing an overall impact/priority score, but *will not give separate scores* for these items.

Protections for Human Subjects

If the research involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR Part 46 , the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: 1) the justification for the exemption, 2) human subjects involvement and characteristics, and 3) sources of materials. For additional information on review of the Human Subjects section, please refer to the HHS/CDC Requirements under AR-1 Human Subjects Requirements (http://www.cdc.gov/grants/additionalrequirements/index.html).

If your proposed research involves the use of human data and/or biological specimens, you must provide a justification for your claim that no human subjects are involved in the Protection of Human Subjects section of the Research Plan.

Inclusion of Women, Minorities, and Children
When the proposed project involves clinical research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children. For additional information on review of the Inclusion section, please refer to the policy on the Inclusion of Women and Racial and Ethnic Minorities in Research (https://www.cdc.gov/maso/Policy/Policy_women.pdf and the policy on the Inclusion of Persons Under 21 in Research(https://www.cdc.gov/maso/Policy/policy496.pdf).

Vertebrate Animals
The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following five points: 1) proposed use of the animals, and species, strains, ages, sex, and numbers to be used; 2) justifications for the use of animals and for the appropriateness of the species and numbers proposed; 3) adequacy of veterinary care; 4) procedures for limiting discomfort, distress, pain and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices; and 5) methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animal Section (https://grants.nih.gov/grants/olaw/VAChecklist.pdf).

Biohazards
Reviewers will assess whether materials or procedures proposed are potentially hazardous to research personnel and/or the environment, and if needed, determine whether adequate protection is proposed.

Dual Use Research of Concern
Reviewers will identify whether the project involves one of the agents or toxins described in the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern, and, if so, whether the applicant has identified an IRE to assess the project for DURC potential and develop mitigation strategies if needed.
For more information about this Policy and other policies regarding dual use research of concern, visit the U.S. Government Science, Safety, Security (S3) website at: http://www.phe.gov/s3/dualuse. Tools and guidance for assessing DURC potential may be found at: http://www.phe.gov/s3/dualuse/Pages/companion-guide.aspx.

3. Additional Review Considerations

As applicable for the project proposed, reviewers will consider each of the following items, but *will not give scores* for these items, and should not consider them in providing an overall

impact/priority score.

Resource Sharing Plan(s)

HHS/CDC policy requires that recipients of grant awards make research resources and data readily available for research purposes to qualified individuals within the scientific community after publication. Please see: https://www.cdc.gov/grants/additionalrequirements/ar-25.html

New additional requirement: CDC requires recipients for projects and programs that involve data collection or generation of data with federal funds to develop and submit a Data Management Plan (DMP) for each collection of public health data.

Investigators responding to this notice of funding opportunity should include a detailed DMP in the Resource Sharing Plan(s) section of the PHS 398 Research Plan Component of the application. The AR-25 outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

The DMP should be developed during the project planning phase prior to the initiation of collecting or generating public health data and will be submitted with the application. The submitted DMP will be evaluated for completeness and quality at the time of submission.

The DMP should include, at a minimum, a description of the following:

• Type of data to be produced in the proposed project;

• Mechanisms for providing access to and sharing of the data (including provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights);

• Use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and

• Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified.

Applications submitted without the required DMP may be deemed ineligible for award unless submission of DMP is deferred to a later period depending on the type of award, in which case, funding restrictions may be imposed pending submission and evaluation.

Budget and Period of Support

Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research. The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/grants/interestedinapplying/applicationresources.html

The budget can include both direct costs and indirect costs as allowed.

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 modified total direct costs 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.

Indirect costs on training grants are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards in excess of

$25,000.
If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.
The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.docx

4. Review and Selection Process

Applications will be evaluated for scientific and technical merit by an appropriate peer review group, in accordance with CDC peer review policy and procedures, using the stated review criteria.
As part of the scientific peer review, all applications:

- Will undergo a selection process in which only those applications deemed to have the highest scientific and technical merit (generally the top half of applications under review), will be discussed and assigned an overall impact/priority score.

- Will receive a written critique.

Applications will be assigned to the appropriate HHS/CDC Center, Institute, or Office. Applications will compete for available funds with all other recommended applications submitted in response to this NOFO. Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding decisions:

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.

The following will be considered in making funding decisions:

- Selection to awards to ensure equitable geographic distribution of PRCs across the United States.
- Selection to ensure mix of Core Research Project research category types - approximately twenty percent (20%) Intervention Research, forty percent (40%) Implementation Research, and forty percent (40%) Public Health Practice-based Evidence Research.

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.

5. Anticipated Announcement and Award Dates

After the peer review of the application is completed, the PD/PI will be able to access his or her Summary Statement (written critique) and other pertinent information via the eRA Commons.

Section VI. Award Administration Information

1. Award Notices

Any applications awarded in response to this NOFO will be subject to the DUNS, SAM Registration, and Transparency Act requirements. If the application is under consideration for funding, HHS/CDC will request "just-in-time" information from the applicant as described in the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

A formal notification in the form of a Notice of Award (NoA) will be provided to the applicant organization for successful applications. The NoA signed by the Grants Management Officer is the authorizing document and will be sent via email to the recipient's business official.

Recipients must comply with any funding restrictions as described in Section IV.11. Funding Restrictions. Selection of an application for award is not an authorization to begin performance. Any costs incurred before receipt of the NoA are at the recipient's risk. These costs may be allowable as an expanded authority, but only if authorized by CDC.

2. CDC Administrative Requirements

Overview of Terms and Conditions of Award and Requirements for Specific Types of Grants

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the NOFO. All NOFOs from the Center for Global Health must include AR-35. Recipients must then comply with the ARs listed in the NOFO. Do not include any ARs that do not apply to this NOFO. NOFO Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: http://www. access.gpo.gov/ nara/cfr/cfr-table- search.html.

Specific requirements that apply to this NOFO are the following:

Specific requirements that apply to this NOFO are the following:

AR-1: Human Subjects Requirements

AR-2: Inclusion of Women and Racial and Ethnic Minorities in Research

AR-3: Animal Subjects Requirements

AR-7: Executive Order 12372 Review

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

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-22: Research Integrity

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access ?new requirement

AR-26: National Historic Preservation Act of 1966

AR-28: Inclusion of Persons Under the Age of 21 in Research

AR-29: Compliance with EO13513, ?Federal Leadership on Reducing Text Messaging while Driving?, October 1, 2009

AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR-31: Distinguishing Public Health Research and Public Health Nonresearch

AR-32: FY 2015 Enacted General Provisions

Organization Specific ARs:

AR-8: Public Health System Reporting Requirements

AR-15: Proof of Non-profit Status

AR-23: Compliance with 45 C.F.R. Part 87

AR-25: Data Management and Access

3. Additional Policy Requirements

The following are additional policy requirements relevant to this NOFO:

HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items and Printing Publications This policy supports the Executive Order on Promoting Efficient Spending (EO 13589), the Executive Order on Delivering and Efficient, Effective, and Accountable Government (EO 13576) and the Office of Management and Budget Memorandum on Eliminating Excess Conference Spending and Promoting Efficiency in Government (M-35-11). This policy apply to all new obligations and all funds appropriated by Congress. For more information, visit the HHS website at: https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/index.html.

Federal Funding Accountability and Transparency Act of 2006 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 grants, contracts, loans and other assistance and payments through a single,

publicly accessible website, www.usaspending.gov. For the full text of the requirements, please review the following website: https://www.fsrs.gov/.
Plain Writing Act The Plain Writing Act of 2010, Public Law 111-274 was signed into law on October 13, 2010. The law requires that federal agencies use "clear Government communication that the public can understand and use" and requires the federal government to write all new publications, forms, and publicly distributed documents in a "clear, concise, well-organized" manner. For more information on this law, go to: http://www.plainlanguage.gov/plLaw/index.cfm.

Pilot Program for Enhancement of Employee Whistleblower Protections All applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires that 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.

Copyright Interests Provision 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.

Language Access for Persons with Limited English Proficiency Recipients of federal financial assistance from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. Recipients of federal financial assistance must take the reasonable steps to provide meaningful access to their programs by persons with limited English proficiency.

Dual Use Research of Concern On September 24, 2014, the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern was released. Recipients (foreign and domestic) receiving CDC funding on or after September 24, 2015 are subject to this policy. Research funded by CDC involving the agents or toxins named in the policy, must be reviewed to determine if it involves one or more of the listed experimental effects and if so, whether it meets the definition of DURC. This review must be completed by an Institutional Review Entity (IRE) identified by the funded institution.
Recipients also must establish an Institutional Contact for Dual Use Research (ICDUR). The award recipient must maintain records of institutional DURC reviews and completed risk mitigation plans for the term of the research grant, cooperative agreement or contract plus three years after its completion, but no less than eight years, unless a shorter period is required by law or regulation.
If a project is determined to be DURC, a risk/benefit analysis must be completed. CDC will work collaboratively with the award recipient to develop a risk mitigation plan that the CDC must approve. The USG policy can be found at http://www.phe.gov/s3/dualuse.
Non-compliance with this Policy may result in suspension, limitation, restriction or termination of USG funding, or loss of future USG funding opportunities for the non-compliant USG-funded research project and of USG funds for other life sciences research at the institution, consistent with existing regulations and policies governing USG funded research, and may subject the institution to other potential penalties under applicable laws and regulations.

Data Management Plan(s)
CDC requires that all new collections of public health data include a Data Management Plan (DMP). For purposes of this announcement, "public health data" means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation.
This new requirement ensures that CDC is in compliance with the following; Office of Management and Budget (OMB) memorandum titled "Open Data Policy–Managing Information as an Asset" (OMB M-13-13); Executive Order 13642 titled "Making Open and Machine Readable the New Default for Government Information"; and the Office of Science and Technology Policy (OSTP) memorandum titled "Increasing Access to the Results of Federally Funded Scientific Research" (OSTP Memo).
The AR-25 https://www.cdc.gov/grants/additionalrequirements/ar-25.html outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

4. Cooperative Agreement Terms and Conditions

The PD(s)/PI(s) will have the primary responsibility for:

- Administration and management of scientific, programmatic and fiscal aspects of the cooperative agreement and the day to day management of the Center and Core Research Project activities outlined in the NOFO.
- Providing documentation of appropriate human subjects protections and obtaining necessary IRB approvals and consent forms.
- Communicating with PRC program and providing accurate and timely submission of

required reports to CDC.

- Participating in routine monitoring activities such as technical assistance calls and site visits with the PRC Program's Project Officer.
- Submitting prior approval request for change in key personnel. Key personnel for the PRCs are PI/Director, Institutional Business Official, Signing Official, Administrative Official, PRC Deputy Director and Core Research Project PI.
- Providing requested evaluation information for the PRC Program Evaluation Reporting System (PERS).
- Participating in PRC Network committees such as the steering committee, operations committee, community committee and Communities of Practice activities.
- Participating in the PRC Network activities and PRC Program meetings, including representatives the PRC's Community Advisory Board.
- Ensuring participation of the Community Advisory Board in Center and Core Research Project activities.
- Overseeing SIP application and post award activities including submission of prior approval requests and required reports to CDC.
- Providing communication and dissemination information to the PRC Program for communication and dissemination purposes.
- Implementing the translation plan associated with the Core Research Project.
- Making translation products developed because of this Cooperative Agreement publicly accessible on the PRC's website.

Recipients will retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current HHS, PHS, and CDC policies.

CDC staff will have substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below, the PRC Program will:

- Assisting the PI, as needed, in complying with the Investigator responsibilities described in the Policy on Public Health Research and Nonresearch Data Management and Access http://intranet.cdc.gov/od/oads/spa/dma/index.html
- Ensure that research conducted aligns with CDC public health priorities and the goals and objectives of PRC Program cooperative agreements.
- Provide consultation and other technical assistance to develop annual action plans, and required reports.
- Provide consultation and other technical assistance to help awardees collect and report PERS data for the PRC Program evaluation.
- Provide technical assistance on the use of the CDC Acknowledgement Statement and PRC Program's Branding Guidelines for Communication and Dissemination products.
- Conduct site visits of PRCs to provide programmatic and scientific consultation and technical assistance to meet program objectives and cooperative agreement requirements.
- Convene PRC Program meetings and Communities of Practice to facilitate research collaboration and information sharing.
- Serve as a scientific and programmatic resource for PRC Network committees and activities.

- Promote dissemination of awardee research projects, products, and Center Core activities
- Promote translation of promising PRC and SIP interventions.
- Evaluate recipient progress in meeting PRC program goals and objectives.

Additionally, an HHS/CDC Project Officer or other HHS/CDC staff will provide day-to-day programmatic, administrative, and fiscal management in support of the project as defined below.

The PRC Program Project Officer will:

- Be named in the Notice of Grant Award as the Project Officer;
- Monitor performance against approved budgets, budget justifications, annual action plan objectives and activities;
- Provide programmatic, administrative and technical assistance to the awardees;
- Make recommendations on requests for changes in scope, objectives, and/or budgets that deviate from the approved peer-reviewed application;
- Facilitate the exchange of information with other CDC programs so that public health efficiencies are reached and effectiveness findings are disseminated quickly between CDC and its awardees.
- Promote dissemination of promising practices, programs, interventions, and other research findings and products; and
- Assess the public health impact of the Core Research Project and assure translation of promising practices, policies, programs, interventions, and other research findings and products.

Additionally, an HHS/CDC agency Scientific Program Official will be responsible for the normal scientific and programmatic stewardship of the award.

The ERPOS Scientific Program Official will be:

- Named in the Notice of Award (NoA) as the Scientific Program Official to provide scientific oversight and assure overall scientific and programmatic stewardship of the award;
- Monitor performance against approved project objectives; and
- Assure assessment of the public health impact of the research conducted under this funding opportunity announcement.

5. Reporting

Recipients will be required to complete Research Performance Progress Report (RPPR) in eRA Commons at least annually (see https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/forms/report_on_grant.htm) and financial statements as required in the HHS Grants Policy Statement.
A final progress report, invention statement, equipment inventory list and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.
Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity depend upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination

that continued funding is in the best interest of the Federal government.
The **Federal Funding Accountability and Transparency Act of 2006 (Transparency Act),** includes a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.
Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients:
1) **Information on executive compensation when not already reported through the SAM Registration; and**
2) **Similar information on all sub-awards/ subcontracts/ consortiums over $25,000.** It is a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.
All recipients of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over $25,000. See the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

A. Submission of Reports
The Recipient Organization must provide HHS/CDC with an original, plus one hard copy of the following reports:

1. **Yearly Non-Competing Grant Progress Report** is due 90 to 120 days before the end of the current budget period. The RPPR form (https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf) is to be completed on the eRA Commons website. The progress report will serve as the non-competing continuation application. Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity are contingent upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.

2. **Annual Federal Financial Report (FFR)** SF 425 https://grants.nih.gov/grants/forms/report_on_grant/federal_financial_report_ffr.htm required and must be submitted through eRA Commons **within 90 days after the end of the calendar quarter in which the budget period ends.**

3. **A final progress report**, invention statement, equipment/inventory report, and the final FFR are required **90 days after the end of the Period of Performance.**

B. Content of Reports

1. Yearly Non-Competing Grant Progress Report: The recipient's continuation

application/progress should include

- Description of Progress during Annual Budget Period: Current Budget Period Progress reported on the RPPR form in eRA Commons (https://grants.nih.gov/grants/rppr/index.htm). Detailed narrative report for the current budget period that directly addresses progress towards the Measures of Effectiveness included in the current budget period proposal.

- Research Aims: list each research aim/project

a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned
b) Leadership/Partnership: list project collaborations and describe the role of external partners.

- Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research into practice or may be used to inform public health policy. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. *Questions to consider in preparing this section include*:

- How will the scientific findings be translated into public health practice or inform public health policy?
- How will the project improve or effect the translation of research findings into public health practice or inform policy?
- How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
- How will the findings advance or guide future research efforts or related activities?

- Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, inform policy, or use of technology in public health. *Questions to consider in preparing this section include*:

- How will this project lead to improvements in public health?
- How will the findings, results, or recommendations been used to influence practices,

procedures, methodologies, etc.?

- How will the findings, results, or recommendations contributed to documented or projected reductions in morbidity, mortality, injury, disability, or disease?

- Current Budget Period Financial Progress: Status of obligation of current budget period funds and an estimate of unobligated funds projected provided on an estimated FFR.

- New Budget Period Proposal:

- Detailed operational plan for continuing activities in the upcoming budget period, including updated Measures of Effectiveness for evaluating progress during the upcoming budget period. Report listed by Research Aim/Project.
- Project Timeline: Include planned milestones for the upcoming year (be specific and provide deadlines).

- New Budget Period Budget: Detailed line-item budget and budget justification for the new budget period. Use the CDC budget guideline format.

- Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate "Not applicable: No publications or presentations have been made."

- IRB Approval Certification: Include all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of the most recent local IRB and CDC IRB, if applicable. If any approval is still pending at time of APR due date, indicate the status in your narrative.

- Update of Data Management Plan: The DMP is considered a living document that will require updates throughout the lifecycle of the project. Investigators should include any updates to the project's data collection such as changes to initial data collection plan, challenges with data collection, and recent data collected. Applicants should update their DMP to reflect progress or issues with planned data collection and submit as required for each reporting period.

- Additional Reporting Requirements:

Specific to this NOFO, the following instructions clarify the reporting requirement. Section VI. Award Administration Information, 5. Reporting, B. Content of Reports.

1. <u>Yearly Non-Competing Grant Progress Report</u>

- Translation of Research:
  - "Research Project" or "Project" refers to the Center Component and the Core Research Project Component.
  - "Findings" refers to research or scientific findings from the Center Component and the Core Research Project Component.
- Public Health Relevance and Impact:
  - "Findings" refers to research or scientific findings from the Center Component and the Core Research Project Component.
  - "Research Project" or "Project" refers to the Center Component and the Core Research Project Component.
- New Budget Period Proposal:
  - "Detailed Operational Plan" refers to the Annual Action Plan. Refer to Appendix 3, DP19-001 Annual Action Guidance, for additional information.
- Publications/Presentations/Tools/Other Products:
  - Include peer reviewed publications and presentations, evaluated research and practice tools, and other products from the Center Component and the Core Research Project Component, along with publications and presentations resulting from this grant during the budget period.

2. Final Reports

- "Outcomes" and "Research Findings" refer to the Center Component and the Core Research Project Component
- "Aim/Project Overview" refers to the Center Component and the Core Research Project Component
- Translation of Research:
  - "Research Project" or "Project" refers to the Center Component and the Core Research Project Component.
  - "Findings" refers to research or scientific findings from the Center Component and the Core Research Project Component.
- Public Health Relevance and Impact:
  - "Findings" refers to research or scientific findings from the Center Component and the Core Research Project Component.
  - "Research Project" or "Project" refers to the Center Component and the Core Research Project Component.
- Publications/Presentations/Tools/Other Products:
  - Include peer reviewed publications and presentations, evaluated research and practice tools, and other products from the Center Component and Core Research Project Component, along with publications and presentations resulting from this grant during the budget period.

3. Additional Reporting Requirements

- Provide information for the PRC Program Evaluation Reporting System (PERS).

4. Annual Federal Financial Report (FFR)

- FFRs should report separate unobligated balances for each PRC award and SIP award(s).

2. Annual Federal Financial Reporting The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons within 90 days after the end of the calendar quarter in which the budget period ends. The FFR should only include 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 in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.
The due date for final FFRs will continue to be 90 days after the Period of Performance end date. Recipients must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, recipients must submit a final FFR, final progress report, and Final Invention Statement and Certification within 90 days of the end of grant period. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).
FFR (SF 425) instructions for CDC recipients are now available at https://grants.nih.gov/grants/forms/report_on_grant/federal_financial_report_ffr.htm. For further information, contact GrantsInfo@nih.gov. Additional resources concerning the eFSR/FFR system, including a User Guide and an on-line demonstration, can be found on the eRA Commons Support Page: https://grants.nih.gov/support/index.html
FFR Submission: The submission of FFRs to CDC will require organizations to register with eRA Commons (Commons) (https://commons.era.nih.gov/commons/). CDC recommends that this one time registration process be completed at least 2 weeks prior to the submittal date of a FFR submission.
Organizations may verify their current registration status by running the “List of Commons Registered Organizations” query found at: https://era.nih.gov/registration_accounts.cfm. Organizations not yet registered can go to https://commons.era.nih.gov/commons/ for instructions. It generally takes several days to complete this registration process. This registration is independent of Grants.gov and may be done at any time.
The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found

at: https://era.nih.gov/docs/Commons_UserGuide.pdf.
3. Final Reports: Final reports should provide sufficient detail for CDC to determine if the stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The recipient's final report should include:

- Research Aim/Project Overview: The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.

- Translation of Research Findings: The PI should describe how the findings will be translated and how they will be used to inform policy or promote, enhance or advance the impact on public health practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that informed policy or practice during the course of the Period of Performance. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.

- Public Health Relevance and Impact: This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project related beyond the immediate study to improved practices, prevention or intervention techniques, or informed policy, technology or systems improvements in public health.

- Publications; Presentations; Media Coverage: Include information regarding all publications, presentations or media coverage resulting from this CDC funded activity. Please include any additional dissemination efforts that did or will result from the project.

- Final Data Management Plan: Applicants must include an updated final Data Management Plan that describes the data collected, the location of where the data is stored (example: a repository), accessibility restrictions (if applicable), and the plans for long term preservation of the data.

Section VII. Agency Contacts

We encourage inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants.

Application Submission Contacts

Grants.gov Customer Support (Questions regarding Grants.gov registration and submission, downloading or navigating forms)

Contact Center Phone: 800-518-4726
Email: support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

eRA Commons Help Desk (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)
Phone: 301-402-7469 or 866-504-9552 (Toll Free)
TTY: 301-451-5939
Email: commons@od.nih.gov
Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time

CDC Technical Information Management Section (TIMS)
Telephone 770-488-2700
Email: ogstims@cdc.gov
Hours: Monday - Friday, 7am – 4:30pm U.S. Eastern Time

Scientific/Research Contact(s)

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Extramural Research Program Operations and Services

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Atlanta, GA 30342

Telephone: (770)-488-5740

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Jaya Raman, Ph.D., Scientific Review Official

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Centers for Disease Control and Prevention

4770 Buford Highway, NE

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Atlanta, GA 30342

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Email: kva@cdc.gov

Financial/Grants Management Contact(s)

Patricia French, Grants Management Specialist/Officer (GMS/GMO)

Office of Grants Services (OGS)

Office of Financial Resources (OFR)

Office of the Chief Operating Officer (OCOO)

Centers for Disease Control and Prevention (CDC)

Telephone: 770-488-2849 Email: pfrench@cdc.gov

Section VIII. Other Information

Other CDC Notices of Funding Opportunities can be found at www.grants.gov.
All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Authority and Regulations
Awards are made under the authorization of Sections of the Public Health Service Act as amended and under the Code Federal Regulations.

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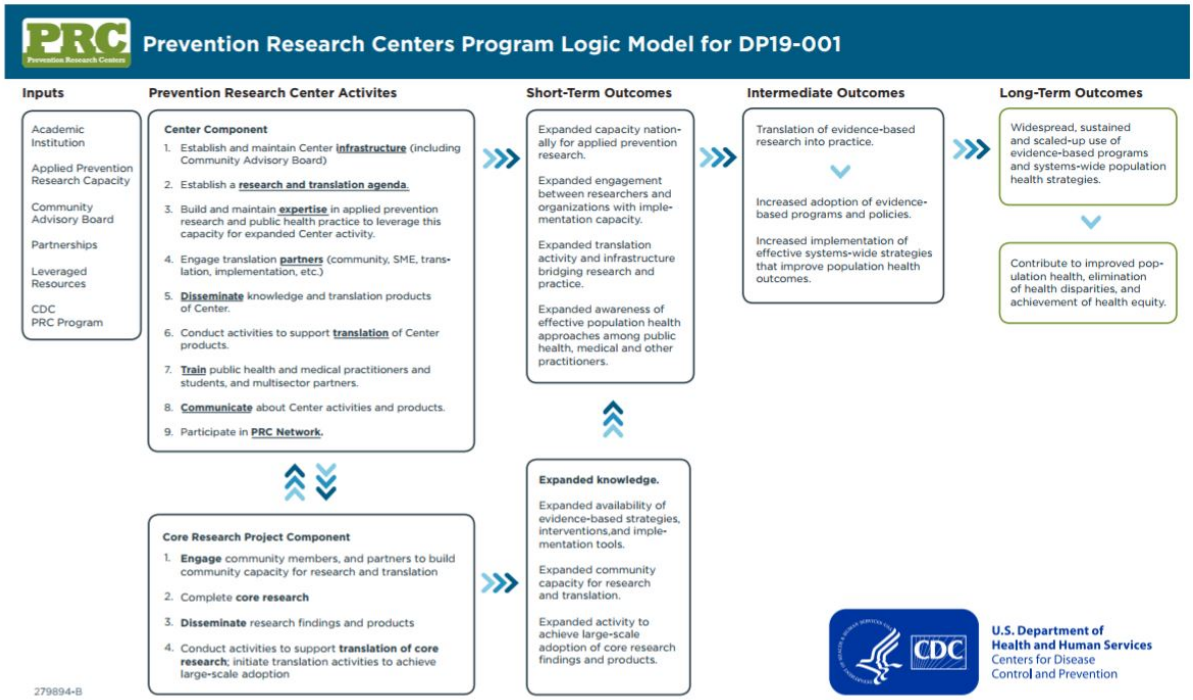
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Appendices:

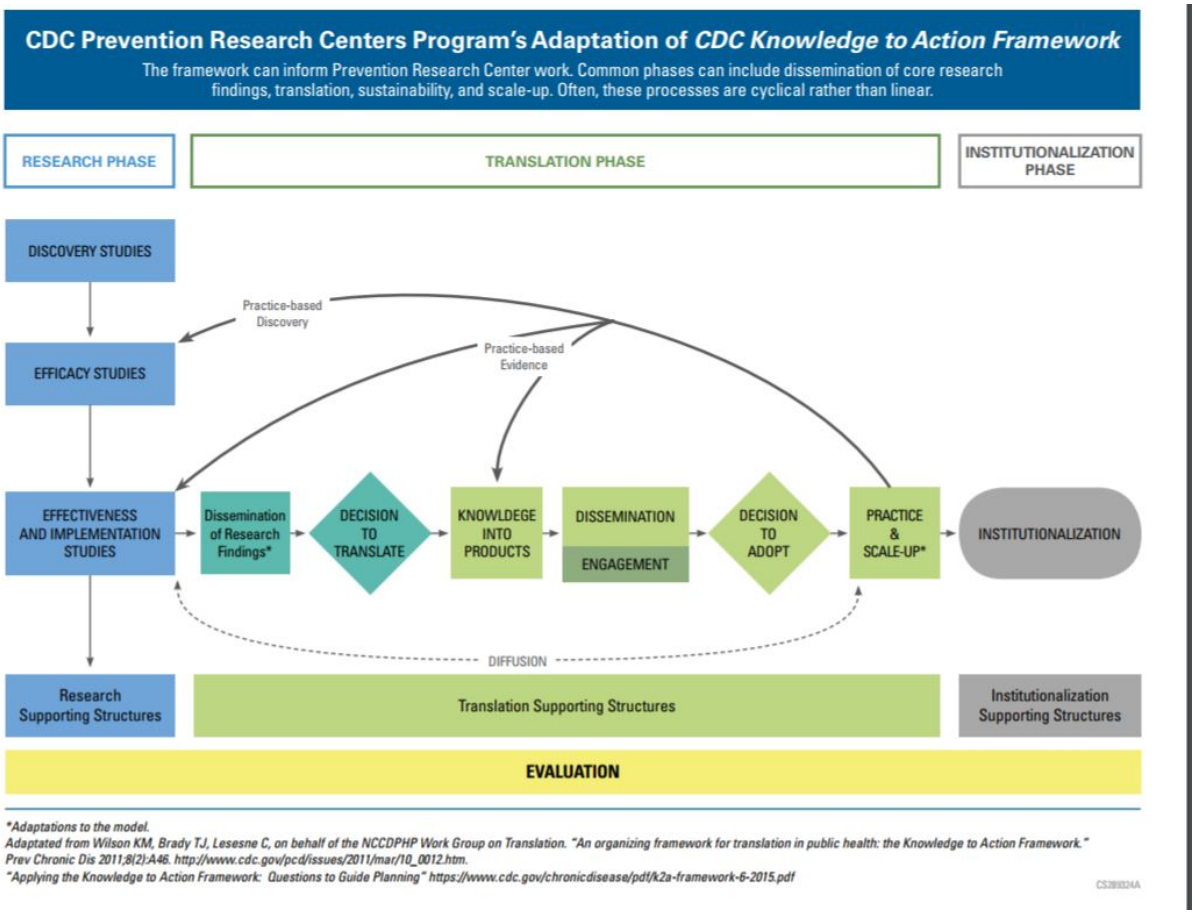
- Appendix 1 - PRC Program Logic Model for DP19-001
- Appendix 2 - PRC Program's Adaption of the Knowledge to Action Framework graphic
- Appendix 3 - DP19-001 Annual Action Plan Guidance

- Appendix 4 - Glossary

Appendix 1 - PRC Program Logic Model for DP19-001



Appendix 2 - PRC Program's Adaption of the Knowledge to Action Framework



Appendix 3 - DP19-001 Annual Action Plan Guidance

Guidance for Developing an Annual Action Plan

The Annual Action Plan should reflect activities proposed for the first 12-month budget period. It should include the Center Component activities and the Core Research Project Component activities as listed in the NOFO. The Action Plan should not exceed 20 pages.

For each Center Component and Core Research Project Component provide the following:

- Proposed 5-year Project Period Goal
- Annual Objective
- Annual Activities for each Annual Objective (per component)
- Measure of Success
- Data Source
- Completion Date of the activity
- Person responsible for the activity

DEFINITIONS:

Project Period Goal (5-years): An outcome statement that defines the intended accomplishments over the five (5) year project period. Write each goal in a SMART format so that the desired outcome is clear. See SMART definition below.

- Develop one goal for each of the Center Component activities
- Develop for each for each of the four Core Research Project Component activities.

Annual Objective: An objective that supports the completion of the project period goal and outcomes. The objective should cover a 12-month budget period and be written in SMART format so that the desired objective is clear. See SMART definition below. Write one annual objective for each goal.

Annual Activity: Actual events or actions implemented to achieve a specific annual objective goal and the outcome. List three (3) to five (5) high-level activities. These activities may include multiple tasks, do not list individual tasks.

Indicator: Measurable or observable element that serves as markers for program performance and attainment of goals.

Data Source: Describe the source that will be used to provide the Measure of Success.

Completion Date: the actual or anticipated complete date of an activity. The dates reflects a progressive timeline leading to completion of the all associated activities. Do not list an arborary date such as the end of the budget period.

Responsible Staff: Person (s) who will oversee the activity, provide necessary evidence of completion, and attainment of measure of success.

Logic Model Outcomes:

Long-term outcome - The PRC Program Logic Model long-term outcomes are the intended results if the project period goal is achieved.

Intermediate-term outcome - The PRC Program Logic Model intermediate-term outcomes are the intended results if the project period goal is achieved.

Short-term outcome - The PRC Program Logic Model short-term outcomes are the intended results if the project period goal is achieved.

SMART format:

S = Specific: an objective or goal should be precise and should focus on a single result. A specific objective answers the questions, who, what, where, when and how

M = Measurable: an objective or goal should include specific criteria or measures that indicate whether the objective has been met. A good measure answers the question, How will we know if we have accomplished the objective

A = Achievable: an objective or goal should be attainable and within reach.

R = Realistic: an objective or goal should be realizable given the time, resources, and activities proposed and available.

T = Time-bound: an objective or goal should include the date it will be started and the date the center expects to complete it.

Sample Template:

NOFO Section: **Center Component Establish and Maintain PRC Infrastructure (including Community Advisory Board)**				
Long-term Outcome* **-** Widespread, sustained, and scaled-up use of evidence-based programs and system-wide population health strategies; Contribute to improved population health, elimination of health disparities, and achievement of health equity.				
Intermediate Term Outcome* **-** Translation of evidence-based research into practice; Increased adoption of evidence-based program and policies; Increased implementation of effective system-wide strategies that improve population health outcomes.				
Short Term Outcome* **-** Expanded capacity for applied prevention research. Expanded engagement between researchers and organizations with implementation capacity. Expanded translation activity and infrastructure bridging research and practice. Expanded awareness of effective population health approaches amongst public health, medical, and other practitioners. *Source: PRC Program Logic Model for DP19-001				
Project Period Goal (5-Year):				
Annual Objective (12-month Budget Period):				
Annual Activities	**Indicator**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
1.2				
1.3				
1.4				
1.5				

NOFO Section: **Center Component Establish a Center Research and Translation Agenda**
Long-term Outcome* **-** Widespread, sustained, and scaled-up use of evidence-based programs and system-wide population health strategies; Contribute to improved population health, elimination of health disparities, and achievement of health equity.
Intermediate Term Outcome* **-** Translation of evidence-based research into practice; Increased adoption of evidence-based program and policies; Increased implementation of effective system-wide strategies that improve population health outcomes.

Short Term Outcome* **-** Expanded capacity for applied prevention research. Expanded engagement between researchers and organizations with implementation capacity. Expanded translation activity and infrastructure bridging research and practice. Expanded awareness of effective population health approaches amongst public health, medical, and other practitioners. *Source: PRC Program Logic Model for DP19-001
Project Period Goal (5-Year):
Annual Objective (12-month Budget Period):

Annual Activities	Indicator	Data Source	Completion Date	Staff Responsible
1.1				
1.2				
1.3				
1.4				
1.5				

NOFO Section: **Center Component Build and Maintain Expertise in Applied Prevention Research and Public Health Practice in Order to Leverage this Capacity for Expanded Center Activity**
Long-term Outcome* **-** Widespread, sustained, and scaled-up use of evidence-based programs and system-wide population health strategies; Contribute to improved population health, elimination of health disparities, and achievement of health equity.
Intermediate Term Outcome* **-** Translation of evidence-based research into practice; Increased adoption of evidence-based program and policies; Increased implementation of effective system-wide strategies that improve population health outcomes.
Short Term Outcome* **-** Expanded capacity for applied prevention research. Expanded engagement between researchers and organizations with implementation capacity. Expanded translation activity and infrastructure bridging research and practice. Expanded awareness of effective population health approaches amongst public health, medical, and other practitioners. *Source: PRC Program Logic Model for DP19-001
Project Period Goal (5-Year):
Annual Objective (12-month Budget Period):

Annual Activities	Indicator	Data Source	Completion Date	Staff Responsible

1.1				
1.2				
1.3				
1.4				
1.5				

NOFO Section: **Center Component Engage Translation Partners to Increase Translation of Research Findings into Public Health Practice**
Long-term Outcome* **-** Widespread, sustained, and scaled-up use of evidence-based programs and system-wide population health strategies; Contribute to improved population health, elimination of health disparities, and achievement of health equity.
Intermediate Term Outcome* **-** Translation of evidence-based research into practice; Increased adoption of evidence-based program and policies; Increased implementation of effective system-wide strategies that improve population health outcomes.
Short Term Outcome* **-** Expanded capacity for applied prevention research. Expanded engagement between researchers and organizations with implementation capacity. Expanded translation activity and infrastructure bridging research and practice. Expanded awareness of effective population health approaches amongst public health, medical, and other practitioners. *Source: PRC Program Logic Model for DP19-001
Project Period Goal (5-Year):
Annual Objective (12-month Budget Period):

Annual Activities	**Indicator**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
1.2				
1.3				
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NOFO Section: **Center Component Disseminate Knowledge and Translation Products of the Center**
Long-term Outcome* **-** Widespread, sustained, and scaled-up use of evidence-based programs

and system-wide population health strategies; Contribute to improved population health, elimination of health disparities, and achievement of health equity.
Intermediate Term Outcome* **-** Translation of evidence-based research into practice; Increased adoption of evidence-based program and policies; Increased implementation of effective system-wide strategies that improve population health outcomes.
Short Term Outcome* **-** Expanded capacity for applied prevention research. Expanded engagement between researchers and organizations with implementation capacity. Expanded translation activity and infrastructure bridging research and practice. Expanded awareness of effective population health approaches amongst public health, medical, and other practitioners. *Source: PRC Program Logic Model for DP19-001
Project Period Goal (5-Year):
Annual Objective (12-month Budget Period):

Annual Activities	**Indicator**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
1.2				
1.3				
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NOFO Section: **Center Component Conduct Activities to Support Translation of Center Products**
Long-term Outcome* **-** Widespread, sustained, and scaled-up use of evidence-based programs and system-wide population health strategies; Contribute to improved population health, elimination of health disparities, and achievement of health equity.
Intermediate Term Outcome* **-** Translation of evidence-based research into practice; Increased adoption of evidence-based program and policies; Increased implementation of effective system-wide strategies that improve population health outcomes.
Short Term Outcome* **-** Expanded capacity for applied prevention research. Expanded engagement between researchers and organizations with implementation capacity. Expanded translation activity and infrastructure bridging research and practice. Expanded awareness of effective population health approaches amongst public health, medical, and other practitioners. *Source: PRC Program Logic Model for DP19-001

Project Period Goal (5-Year):				
Annual Objective (12-month Budget Period):				
Annual Activities	**Indicator**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
1.2				
1.3				
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NOFO Section: **Center Component Train Public Health and Medical Practitioners, Students and Multisector Partners**
Long-term Outcome* **-** Widespread, sustained, and scaled-up use of evidence-based programs and system-wide population health strategies; Contribute to improved population health, elimination of health disparities, and achievement of health equity.
Intermediate Term Outcome* **-** Translation of evidence-based research into practice; Increased adoption of evidence-based program and policies; Increased implementation of effective system-wide strategies that improve population health outcomes.
Short Term Outcome* **-** Expanded capacity for applied prevention research. Expanded engagement between researchers and organizations with implementation capacity. Expanded translation activity and infrastructure bridging research and practice. Expanded awareness of effective population health approaches amongst public health, medical, and other practitioners. *Source: PRC Program Logic Model for DP19-001

Project Period Goal (5-Year):				
Annual Objective (12-month Budget Period):				
Annual Activities	**Indicator**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
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NOFO Section: **Center Component Communicate about Center Activities and Products**
Long-term Outcome* **-** Widespread, sustained, and scaled-up use of evidence-based programs and system-wide population health strategies; Contribute to improved population health, elimination of health disparities, and achievement of health equity.
Intermediate Term Outcome* **-** Translation of evidence-based research into practice; Increased adoption of evidence-based program and policies; Increased implementation of effective system-wide strategies that improve population health outcomes.
Short Term Outcome* **-** Expanded capacity for applied prevention research. Expanded engagement between researchers and organizations with implementation capacity. Expanded translation activity and infrastructure bridging research and practice. Expanded awareness of effective population health approaches amongst public health, medical, and other practitioners. *Source: PRC Program Logic Model for DP19-001
Project Period Goal (5-Year):
Annual Objective (12-month Budget Period):

Annual Activities	**Indicator**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
1.2				
1.3				
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1.5				

NOFO Section: **Center Component Participate in the PRC Network**
Long-term Outcome* **-** Widespread, sustained, and scaled-up use of evidence-based programs and system-wide population health strategies; Contribute to improved population health, elimination of health disparities, and achievement of health equity.
Intermediate Term Outcome* **-** Translation of evidence-based research into practice; Increased adoption of evidence-based program and policies; Increased implementation of effective system-wide strategies that improve population health outcomes.
Short Term Outcome* **-** Expanded capacity for applied prevention research. Expanded engagement between researchers and organizations with implementation capacity. Expanded

translation activity and infrastructure bridging research and practice. Expanded awareness of effective population health approaches amongst public health, medical, and other practitioners.

*Source: PRC Program Logic Model for DP19-001

Project Period Goal (5-Year):				
Annual Objective (12-month Budget Period):				
Annual Activities	**Indicator**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
1.2				
1.3				
1.4				
1.5				

NOFO Section: **Core Research Project Component Engage Community Members and Partners to Build Community Capacity for Research and Translation**

Long-term Outcome* **-** Widespread, sustained, and scaled-up use of evidence-based programs and system-wide population health strategies; Contribute to improved population health, elimination of health disparities, and achievement of health equity.

Intermediate Term Outcome* **-** Translation of evidence-based research into practice; Increased adoption of evidence-based program and policies; Increased implementation of effective system-wide strategies that improve population health outcomes.

Short Term Outcome* **-** Expanded Knowledge, Expanded availability of evidence-based strategies, interventions, and implementation tools, Expanded community capacity for research and translation, Expanded activity to achieve large-scale adoption of core research findings and products.

*Source: PRC Program Logic Model for DP19-001

Project Period Goal (5-Year):				
Annual Objective (12-month Budget Period):				
Annual Activities	**Indicator**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
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NOFO Section: **Core Research Project Component Complete Core Research Project**
Long-term Outcome* **-** Widespread, sustained, and scaled-up use of evidence-based programs and system-wide population health strategies; Contribute to improved population health, elimination of health disparities, and achievement of health equity.
Intermediate Term Outcome* **-** Translation of evidence-based research into practice; Increased adoption of evidence-based program and policies; Increased implementation of effective system-wide strategies that improve population health outcomes.
Short Term Outcome* Expanded Knowledge, Expanded availability of evidence-based strategies, interventions, and implementation tools, Expanded community capacity for research and translation, Expanded activity to achieve large-scale adoption of core research findings and products. *Source: PRC Program Logic Model for DP19-001
Project Period Goal (5-Year):
Annual Objective (12-month Budget Period):

Annual Activities	**Indicator**	**Data Source**	**Completion Date**	**Staff Responsible**
1.1				
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1.3				
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1.5				

NOFO Section: **Core Research Project Component Disseminate Core Research Findings and Products**
Long-term Outcome* **-** Widespread, sustained, and scaled-up use of evidence-based programs and system-wide population health strategies; Contribute to improved population health, elimination of health disparities, and achievement of health equity.
Intermediate Term Outcome* **-** Translation of evidence-based research into practice;

Increased adoption of evidence-based program and policies; Increased implementation of effective system-wide strategies that improve population health outcomes.
Short Term Outcome* Expanded Knowledge, Expanded availability of evidence-based strategies, interventions, and implementation tools, Expanded community capacity for research and translation, Expanded activity to achieve large-scale adoption of core research findings and products. *Source: PRC Program Logic Model for DP19-001
Project Period Goal (5-Year):
Annual Objective (12-month Budget Period):

Annual Activities	Indicator	Data Source	Completion Date	Staff Responsible
1.1				
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NOFO Section: **Core Research Project Component Initiate Translation Activities to Achieve Large-scale Adoption of Effective Interventions**
Long-term Outcome* - Widespread, sustained, and scaled-up use of evidence-based programs and system-wide population health strategies; Contribute to improved population health, elimination of health disparities, and achievement of health equity.
Intermediate Term Outcome* - Translation of evidence-based research into practice; Increased adoption of evidence-based program and policies; Increased implementation of effective system-wide strategies that improve population health outcomes.
Short Term Outcome* Expanded Knowledge, Expanded availability of evidence-based strategies, interventions, and implementation tools, Expanded community capacity for research and translation, Expanded activity to achieve large-scale adoption of core research findings and products. *Source: PRC Program Logic Model for DP19-001
Project Period Goal (5-Year):
Annual Objective (12-month Budget Period):

Annual Activities	Indicator	Data Source	Completion Date	Staff Responsible
1.1				
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Appendix 4 - Glossary

Applied Public Health Prevention Research: The application and evaluation of research that aims to prevent disease and promote health by developing, disseminating, translating strategies and interventions applicable to public health practice, programs and policies.

Collaboration: Mutually beneficial process in which two or more partners, who share a common goal, work together to create or enhance the capacity of a program towards success and benefit. This working relationship on a project results in shared decision-making, leveraging resources, and the creation of products.

Collective Impact: The commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem at scale. These successful collective impact initiatives often assure five conditions that are associated with their relative success: common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support. (i.e., the commitment and engagement of PRC Network members to use their combined influence and expertise to advance public health prevention research and public health practice.)

Community: a group of people who have common characteristics; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other similar common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action.

Community Advisory Board: An advisory board, made up of community members, governmental, nongovernmental and private sector partners that makes recommendations and offers guidance on the Center's activities and the Core Research Project design, implementation, dissemination, translation, sustainability and scale up.

Community Economic Development: focuses on developing sustainable communities based on the relationship between economic factors and social, environmental and cultural element of community well-being and resilience.

Community Engagement: a continuum of community involvement; the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of the people, and to bring about environmental and behavioral changes that will improve the health of the community.

Community Health Assessment: A community health assessment, also known as community health needs assessment, refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.

Community Health Workers (CHWs): a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

Cross-Sector Partnerships: Formal and informal partnerships where parties from the government, nongovernmental, private, nonprofit and/or for-profit sectors are collaborating toward a common goal and aiming to maximize the impact of available resources.

Determinants of Health: Factors which influence the health status of an individual and/or a population are called determinants of health. They may be categorized in several groups such as the genetic or biological causes and predisposition of disease, mortality, or disability; the behavioral aspects of disease and illness (choices, lifestyle, etc.); the cultural, political, economic, and social aspects of disease and illness; the environmental aspects of disease and illness; the policy aspects of disease and illness; and the individual and response to all of the above.

Dissemination: A purposeful and facilitated process of distributing information and materials to community, practice, and academic audiences, organizations and individuals who can use them to improve health.

Effectiveness: The extent to which a specific intervention, when deployed in real-world settings, achieves the intended effects or outcomes.

Etiologic research: A study that aims to determine a causal relationship.

Evidence-based practice: Evidenced-based practice involves making decisions on the basis of the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned.

Health Disparities: Health disparities refer to differences in population health status that are avoidable and can be changed. These differences can result from environmental, social, and/or economic conditions, as well as public policy. These and other factors adversely affect population health.

Health Equity: Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical, and contemporary injustices, and the elimination of health and healthcare disparities.

Implementation research: Implementation research seeks to understand the processes and factors that are associated with successful uptake, adoption, and implementation of evidence-based interventions within a particular setting (e.g., a worksite or school). Implementation research investigates and address major bottlenecks that impede effective implementation, assesses whether the core components of the original intervention were faithfully transported to the real-world setting (i.e., the degree of fidelity of the disseminated and implemented intervention with the original study), and is also concerned with the adaptation of the implemented intervention to the local context.

Implementation science: Implementation science is the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practice into routine practice with the overall aim of improving the quality and effectiveness of health services.

Intervention research: Evaluates the efficacy or effectiveness of health promotion or disease prevention strategies for a particular group or community to test a hypothesized relationship.

Knowledge into Action Framework: The Knowledge into Action (K2A) framework describes and depicts the high-level processes necessary to move from discovery into action by using translation of evidence-based programs, practices, or policies - broadly defined to include evidence-based communications, campaigns, guidelines, and other interventions and tools. The framework identifies three components (i.e., research, translation, and institutionalization) and the decision points, interactions, and supporting structures within the components that are necessary to move knowledge to sustainable action.

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

Overall Impact: Reviewers will provide an overall impact score to reflect their assessment of the likelihood for the Prevention Research Center to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria and the evaluation of the Center and Core Research Project components.

People with disabilities: The term disability represents a diverse group of individuals who share the experience of living life with significant limitations in cognition, mobility, hearing, vision, communication, or mental/emotional functioning. Anyone, children, women, and men of all ages, races and ethnicities, can experience disability at any time in their lives.

Policy: Policy is procedure, administrative action, incentive or voluntary practice, law, or regulation of governments and other institutions.

Population Health: Population health is a cohesive, integrated and comprehensive approach to health considering the distribution of health outcomes within a population, the health determinants that influence the distribution of care, and the policies and interventions that affect and are impacted by the determinants of health.

Practice-based evidence research: Research that examines the effectiveness of public health practice-based strategies and interventions that are being used in the field, but which have not been fully tested and evaluated, or for which substantial and consistent evidence has not yet been established.

Public health practice: The strategic, organized, interdisciplinary application of knowledge, skills, and competencies necessary to perform public health services and other activities to improve the health of populations.

Public health system: The public health system is the constellation of governmental and nongovernmental organizations that contribute to the performance of essential public health services for a defined community or population.

Scalability: The ability of a health intervention shown to be efficacious on a small scale and or

under controlled conditions to be expanded under real world conditions to reach a greater proportion of the eligible population, while retaining effectiveness.

SMART objectives: SMART objectives help develop realistic and measureable objectives. Each objective is Specific (concrete, detailed and well defined), Measureable (includes numbers and quantities), Achievable (feasible and easy to put into action), Realistic (considers resources, personnel, cost, etc.), and Time bound (has a time frame to set boundaries around the objective.

Social Determinants of Health: Determinants of health 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.

Special Interest Projects: Special Interests Projects (SIPs) are supplemental health promotion and disease prevention research projects funded by CDC, HHS, or other federal agencies that focus on the major causes of death and disability, (2) improve public health practice within communities, and (3) cultivate effective state and local public health programs. SIPs are competed annually and open only to funded Prevention Research Centers.

Sustainability: The capacity to maintain an intervention or program services at a level that will provide ongoing prevention and treatment for a health problem after termination of major financial, managerial, and technical assistance from an external donor.

Technical Assistance: Technical assistance is an array of supports including advice, recommendations, information, demonstrations, and materials provided to assist the workforce or organizations in improving public health services.

Training: Training for the public health workforce includes the provision of information through a variety of formal, regular, planned means for the purpose of supporting the public health workforce in maintaining the skills, competencies, and knowledge needed to successfully perform their duties.

Translation: The process and steps needed or taken to ensure effective and widespread use of science-based programs, practices, and policies; a term for the entire process of putting research into practice.

Questions from Potential Applicants & CDC Responses DP19-001

1. We are a CEPH accredited Department of Public Health. Do you have to be a School of Public Health to qualify? We have a new Research Center in our College, Center for Environmental and Workplace Health. We would like to apply for this grant and grow but would like to hear your opinion about what institutions would be most likely to get awarded.

RESPONSE 1:

No, a CEPH accredited Department of Public Health is not eligible for this NOFO. An institution must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Applicants in the process of obtaining accreditation from ACGME for a Preventive Medicine Residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application. Accreditation must be granted by the award date, estimated to be September 30, 2019

An application will be non-responsive if it does not meet the requirements outlined in the NOFO, Section III. Eligibility Information. Non-responsive applications will not be entered into the review process.

2. Core team or Co-PI– do all of the researchers and staff have to reside in the [name of institution] School of Medicine or for example, can a Co-PI work at another institution that doesn't have a School of Public Health or School of Medicine. Can the lead investigator on the core research project have a secondary appointment in the School of Medicine with a primary appointment in the School of Population Health at [name of institution]? How closely linked must the proposal be linked to the residency program?

RESPONSE 2:

CDC looks at the eligibility of the applying institution/organization in determining if an application is eligible. An applicant must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Applicants in the process of obtaining accreditation from ACGME for a Preventive Medicine Residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in

their application. Accreditation must be granted by the award date, estimated to be September 30, 2019.

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her eligible organization to develop an application for support. The NOFO does include review criteria for proposed PI/PDs and additional staff. Please refer to Section V. Application Review Information; 1.Criteria: Investigators. These criteria will be considered in the review process.

3. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). I am at [name of institution] and am the Director of the Center for Research and Education on Gender and Sexuality. However, the Department I am affiliated with is Sociology and Sexuality Studies and the College is the College of Health and Social Sciences. Do applicants have to be housed in a school of Public Health, School of Osteopathy or a Preventive Medicine Residency? I was confused by this. The RFA also mentions training, specifically for Post docs, and residents. We have undergraduate and Masters level students, so we would be focusing on an earlier stage of the pipeline. Would that be considered responsive to the RFA?

RESPONSE 3:

Yes, applicants must be a School of Public Health, School of Medicine with a Preventive Medicine Residency or a School of Osteopathy with a Preventive Medicine Residency. Other programs are not eligible. CDC looks at the eligibility of the applying institution/organization in determining if an application is eligible.

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her eligible organization to develop an application for support.

An application will be non-responsive if it does not meet the requirements outlined in the NOFO, Section III. Eligibility Information. Non-responsive applications will not be entered into the review process.

4. I am writing to inquire regarding eligibility criteria for Funding Opportunity RFA-DP-19-001. As per the RFA, eligible institutions are schools of public health or schools of medicine with a preventive medicine residency program. The [name of city] Department of Health and Mental Hygiene has a preventive medicine residency program that has been in existence for almost 60 years. We are fully accredited by ACGME and have an affiliation with the [name of public university] School of Public Health in [our city]. Is it possible for an institution with a preventive medicine residency program not housed in a school of medicine to apply for this grant?

RESPONSE 4:

A department of health is not eligible to apply for this NOFO. Refer to Section III. Eligibility Information, 1. Eligible Applicants. Public or Private Institutions of Higher Education are encouraged to apply for this NOFO. Additionally, refer to Section III. Eligibility Information; 3. Special Eligibility Requirements. An institution must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Applicants in the process of obtaining accreditation from ACGME for a Preventive Medicine Residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application. Accreditation must be granted by the award date, estimated to be September 30, 2019

An application will be non-responsive if it does not meet the requirements outlined in the NOFO, Section III. Eligibility Information. Non-responsive applications will not be entered into the review process.

5. Are accredited public health programs eligible for RFA-DP-19-001, "Health Promotion and Disease Prevention Research Centers, or only accredited schools of public health? (The NOFO directs interested applicants to a Q and A page, but the page cannot be found by my web browser: "A link to this NOFO and applicant Questions and Answers will be available at CDC Notice of Funding Opportunity/NCCDPHP/Health Promotion and Disease Prevention Research." Perhaps it is simply too soon after the NOFO was released?

RESPONSE 5:

Accredited public health programs are not eligible to apply for this NOFO. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements. An institution must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application.

· Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.

· Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the

Accreditation Council for Graduate Medical Education (ACGME).

Applicants in the process of obtaining accreditation from ACGME for a Preventive Medicine Residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application. Accreditation must be granted by the award date, estimated to be September 30, 2019

The link is now operational, please visit https://www.cdc.gov/chronicdisease/about/foa/prcs/index.htm.

6. I recently reviewed the NOFO for RFA-DP-19-001. I wanted to get clarification on the eligibility portion: if we have a CEPH-accredited public health program (not a school of public health - although we are actively working towards this establishment), would that qualify for the purposes of this application?

RESPONSE 6:

Accredited public health programs are not eligible to apply for this NOFO. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements. An institution must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Applicants in the process of obtaining accreditation from ACGME for a Preventive Medicine Residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application. Accreditation must be granted by the award date, estimated to be September 30, 2019.

7. An investigator from the [name] Cancer Institute at [name of institution] is interested in applying for funding opportunity number RFA-DP-19-001. However, there are some questions regarding the eligibility requirements outlined in Section III of the RFA. For item number three, there are two accreditation requirements. Based on the details we can find at our institution, we do in fact meet these requirements. However, what type of documentation would be required from the [name of institution] to confirm we do in fact meet these requirements? Or do these requirements even apply to us? Thank you for any guidance you can provide.

RESPONSE 7:

An applicant must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Applicants in the process of obtaining accreditation from ACGME for a Preventive Medicine Residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application. Accreditation must be granted by the award date, estimated to be September 30, 2019.

An application will be non-responsive if it does not meet the requirements outlined in the NOFO, Section III. Eligibility Information. Non-responsive applications will not be entered into the review process.

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her eligible organization to develop an application for support.

CDC looks at the eligibility of the applying institution/organization not the individual investigator in determining if an application is eligible. Eligibility will be determine based on being accredited by CEPH or ACGME and no separate documentation is required.

8. I am writing to inquire about applicant eligibility for RFA-DP-19-001 - Health Promotion and Disease Prevention Research Centers. The [name of institution] is both a Hispanic and Asian / Pacific Islander serving institution. However, we have not yet established a School of Public Health, but we have a CEPH accredited Program in Public Health. The eligibility criteria only indicates accredited schools of public health, but does not mention accredited programs of public health that are recognized by the same accrediting body. Are we eligible to apply? If accredited Programs of Public Health do not qualify us, does the fact that we are a Hispanic and Asian Pacific Islander serving institution qualify us to apply?

RESPONSE 8:

Accredited public health programs are not eligible to apply for this NOFO. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements. An institution must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is

defined by Section 799B (1) (E) of the PHS Act.

- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Applicants in the process of obtaining accreditation from ACGME for a Preventive Medicine Residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application. Accreditation must be granted by the award date, estimated to be September 30, 2019.

9. I would like to inquire if you agree our institutions meet the criteria for eligibility to submit an application under RFA-DP-19-001.

Our planned application would come jointly from [name of institution A] University and [name of institution B] Health and Hospital System. A Multi-PI plan will be proposed with one PI from each institution. [Name of] County has operated an ACGME-accredited Preventive Medicine Residency Program since 2001. [Name of institution A] became a formal participant and has been listed as such with ACGME since 2012. [Name of institution A] is [name of institution B's] academic medical center partner for this training program. We are both listed on "Section B" of the accreditation page on the ACGME website [link removed].

Our residents spend equal time at these two sites, with most research mentoring, MPH training, and some clinical preventive service training occurring at [name of institution A]. [Name of institution B] provides most clinical preventive service experiences and some public health field experiences through the County Dept of Health. The leadership is shared. HRSA funding for the stipends used to support trainees lists [name county] County and [name of institution A] as equal collaborators (Multi-PI award).

This seems fairly straightforward to me, but I want to double check because it is probable the contact PI would be at [name of institution A], and our program is called the "[name of] County Health and Hospitals System Public Health and General Preventive Medicine Program," a title that predated [name of institution A's] involvement beginning in about 2012.

RESPONSE 9:

No, an institution must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive

Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Applicants in the process of obtaining accreditation from ACGME for a Preventive Medicine Residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application. Accreditation must be granted by the award date, estimated to be September 30, 2019

An application will be non-responsive if it does not meet the requirements outlined in the NOFO, Section III. Eligibility Information. Non-responsive applications will not be entered into the review process.

In summary, eligible applicants must be a School of Public Health, School of Medicine with a Preventive Medicine Residency or a School of Osteopathy with a Preventive Medicine Residency. Departments of health, health systems, or other programs are not eligible to apply for this NOFO. CDC looks at the eligibility of the applying institution/organization in determining if an application is eligible.

10. According to the NOFO page 21 of 79, Section III. Eligibility Information: Eligibility Category: Others (see text field entitled "Additional information on eligibility" for clarification) – However, there is no text field in the Additional information on eligibility.

Under item 3. Special Eligibility Requirements: "In accordance with Section 1706 of the Public Health Services Act, as amended, 42 U.S.C. 300u-5, academic health centers, as defined in 42 U.S.C 300u-5(d) and Section 799B, as amended 42 U.S.C. 295p, *are* eligible to apply for funding under this NOFO: Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B(1)(E) of the PHS Act.

It seems we have two different interpretations here. One is that [name of institution] University would be eligible to submit a proposal and the other is that it must be submitted by an accredited school of public health. Per the use of the word "are" eligible, I feel as if the University proper is an eligible entity and that an accredited school of public health could submit if they so choose.

We are not wanting to submit two proposals, due to the complexity of our organizational structure, we just want to be sure that our application is accepted and reviewed when it is submitted, and we need to get clarification on what types of organizations are actually eligible.

RESPONSE 10:

An institution must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.

- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Applicants in the process of obtaining accreditation from ACGME for a Preventive Medicine Residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application. Accreditation must be granted by the award date, estimated to be September 30, 2019

An application will be non-responsive if it does not meet the requirements outlined in the NOFO, Section III. Eligibility Information. Non-responsive applications will not be entered into the review process.

In summary, eligible applicants must be a School of Public Health, School of Medicine with a Preventive Medicine Residency or a School of Osteopathy with a Preventive Medicine Residency. Departments of health, health systems, or other programs are not eligible to apply for this NOFO. CDC looks at the eligibility of the applying institution/organization in determining if an application is eligible.

11. I am writing to ask for clarification about eligibility. At [name of institution], we have an accredited program in public health, within our Dept. of Public Health & Community Medicine in our school of Medicine. I have been interested in applying for a PRC for several years and was hoping to respond to this. Are we ineligible?

RESPONSE 11:

Accredited public health programs are not eligible to apply for this NOFO. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements. An institution must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Applicants in the process of obtaining accreditation from ACGME for a Preventive Medicine Residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application. Accreditation must be granted by the award date, estimated to be September

30, 2019.

An application will be non-responsive if it does not meet the requirements outlined in the NOFO, Section III. Eligibility Information. Non-responsive applications will not be entered into the review process.

12. The NOFO asks that we do a cost evaluation of the core research for dissemination, implementation & translation purposes. Ordinarily when we do this we include only implementation costs and not the research costs. In other words, we do not include the costs of evaluation, which is usually quite expensive. Inasmuch as implementation is usually for the intervention itself, evaluation costs are not relevant. But I was wondering if that is what CDC had in mind – or do they want us to include evaluation costs as well?

RESPONSE 12:

The NOFO states, "An important component of all study types would be the evaluation of the cost of implementation and/or scaling of the research intervention through an economic analysis. The addition of economic evaluation of the cost of implementing the intervention is integral to public health professionals, practitioners, and organizations decision to adopt related to which interventions offer the most improvement of health while minimizing costs."

An applicant can propose an evaluation of the cost of implementation and scaling of the Core Research Project intervention.

13. Hi, I'm wondering a University with an academic health center but without an accredited school of public health can apply under the RFA indicated in the subject line above.

RESPONSE 13:

No, an institution must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

An application will be non-responsive if it does not meet the requirements outlined in the NOFO, Section III. Eligibility Information. Non-responsive applications will not be entered into the review process.

In summary, eligible applicants must be a School of Public Health, School of Medicine with a Preventive Medicine Residency or a School of Osteopathy with a Preventive Medicine

Residency. Departments of health, health systems, or other programs are not eligible to apply for this NOFO. CDC looks at the eligibility of the applying institution/organization in determining if an application is eligible.

14. We are considering applying to become a PRC (we haven't been in the past, so we know it will be a challenge), but we wanted to focus on the refugee and immigrant community in [name of city and town], where we now have a major facility. We are thinking of focusing on the social determinants that are specific to the health of refugee and immigrant communities. Do you think this approach might have some interest to CDC and the Center, and is worth considering for a PRC application?

RESPONSE 14:

CDC cannot comment on proposed approaches or target populations, however, applicants are encouraged to carefully review the goals and objectives and desired outcomes described in the NOFO.

Approach and objectives can be found in Section I, part 2. The target population in the NOFO is defined as "Populations experiencing health disparities due to race, ethnicity, gender identity, sexual orientation, geography (rural, urban), socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities). Communities disadvantaged by social determinants of health that create health inequities". Additionally, application should align with the public health priorities listed in Part 2. Section I. Funding Opportunity Description of the NOFO.

15. Can [name of institution] University be the applicant as they are not a School of Public Health, but the School of Public Health is a Division/Unit under [name of institution] University? The School of Public Health does not have its own DUNS number as they do not submit proposals without approval from the system.

Our application would look like this:

- Applicant – [name of institution] University
    - Division – School of Public Health

Please advise as we are trying to avoid complications at the time of submission.

RESPONSE 15:

Yes, an institution must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive

Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

An application will be non-responsive if it does not meet the requirements outlined in the NOFO, Section III. Eligibility Information. Non-responsive applications will not be entered into the review process.

In summary, eligible applicants must be a public or private institution of higher education with a School of Public Health, School of Medicine with a Preventive Medicine Residency or a School of Osteopathy with a Preventive Medicine Residency. Departments of health, health systems, or other programs are not eligible to apply for this NOFO. CDC looks at the eligibility of the applying institution/organization in determining if an application is eligible.

16. I'm wondering if a University with an academic health center but without an accredited school of public health can apply under the RFA indicated in the subject line above.

RESPONSE 16:

No, an institution must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

An application will be non-responsive if it does not meet the requirements outlined in the NOFO, Section III. Eligibility Information. Non-responsive applications will not be entered into the review process.

17. I work for the University of [state name] School of Medicine, Grants Development Office. I am trying to get clarification on our eligibility to apply for the following funding opportunity: Health Promotion and Disease Prevention Research Centers RFA-DP-19-001, Due: 06/25/18. Under Section III. Eligibility Information, #3 Special Eligibility Requirements on pg 21-22, we are accredited (fully, maximum years, substantial compliance) by the ACGME. However, our school does NOT have a Preventive Medicine Residency Program and we are not yet in the process of developing one. So my question is – would that disqualify us from applying under the terms of this grant? We believe we qualify under the other stated requirements, but were unsure about

this section in particular.

RESPONSE 17:

Eligible applicants must be a School of Public Health, School of Medicine with a Preventive Medicine Residency or a School of Osteopathy with a Preventive Medicine Residency. If your institution does not have a Prevention Medicine Residency and are not in the process of obtaining accreditation for a Preventive Medicine Residency program, then eligibility is not met.

An application will be non-responsive if it does not meet the requirements outlined in the NOFO, Section III. Eligibility Information. Non-responsive applications will not be entered into the review process.

18.There is language in the RFA about who is defined as an academic health center (I pasted the language below). Our school does not have a school of public health or preventive medicine residency. We are very strong in public health – community – clinical partnerships to address prevention. We even led a CDC initiative to define how this might look and published our work in 2012. We work closely with the City Health Department. The work of [our] Center on Society and Health is right in line with this RFA. And our family medicine department is combined with epidemiology and our MPH program, called Department of Family Medicine and Population Health. Is there any flexibility in the definition of the academic centers that can apply? Given all of our work and connections to public health and community health, I believe [name of institution] would be an ideal Health Promotion and Disease Prevention Research Center.

RESPONSE 18:

An institution must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Applicants in the process of obtaining accreditation from ACGME for a Preventive Medicine Residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application. Accreditation must be granted by the award date, estimated to be September 30, 2019

An application will be non-responsive if it does not meet the requirements outlined in the

NOFO, Section III. Eligibility Information. Non-responsive applications will not be entered into the review process.

In summary, eligible applicants must be a School of Public Health, School of Medicine with a Preventive Medicine Residency or a School of Osteopathy with a Preventive Medicine Residency. If your institution does not have an accredited School of Public Health or Prevention Medicine Residency and are not in the process of obtaining accreditation for a Preventive Medicine Residency program, then eligibility is not met.

19. Have there been successful PRC applicants who have not focused on a single chronic disease? We are considering what we think is a highly novel type of intervention for girls, one that could have beneficial effects across a range of risky behaviors.

RESPONSE 19:

CDC cannot comment on specific approaches or target populations, however, applicants are encouraged to carefully review the goals and objectives and desired outcomes described in the NOFO.

Approach and objectives can be found in Section I, part 2. The target population in the NOFO is defined as "Populations experiencing health disparities due to race, ethnicity, gender identity, sexual orientation, geography (rural, urban), socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities). Communities disadvantaged by social determinants of health that create health inequities".

Additionally, application should align with the public health priorities listed in Part 2. Section I. Funding Opportunity Description of the NOFO.

20.In reference Health Promotion and Disease Prevention Research Centers RFA-DP-19-001, are Schools of Public Health that have received a site visit from CEPH for accreditation but do not have a formal answer on its status eligible to apply and receive funding?

RESPONSE 20:

No, an institution must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

An application will be non-responsive if it does not meet the requirements outlined in the

NOFO, Section III. Eligibility Information. Non-responsive applications will not be entered into the review process.

In summary, eligible applicants must be a School of Public Health, School of Medicine with a Preventive Medicine Residency or a School of Osteopathy with a Preventive Medicine Residency. If your institution does not have an accredited School of Public Health, then eligibility is not met.

21.I am a Research Project Coordinator at an Historically Black College & University, in (name of town/state). Our department of Health, Physical Education and Sport Studies would like to submit a proposal for the Health Promotion and Disease Prevention Research Centers Grant (RFA-DP-19-001). I am emailing to request clarification regarding the eligibility requirements. [We are] an institution of higher education that has a School of Health Sciences but no School of Medicine, nor a residency program. Is the eligibility based on the applicant meeting the requirement of category 1 **or** category 3? Or meeting the requirements of both category 1 **and** category 3? Are we eligible to apply?

RESPONSE 21:

No, an institution must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

An application will be non-responsive if it does not meet the requirements outlined in the NOFO, Section III. Eligibility Information. Non-responsive applications will not be entered into the review process.

In summary, eligible applicants must be an institution of higher learning with either a School of Public Health, School of Medicine with a Preventive Medicine Residency or a School of Osteopathy with a Preventive Medicine Residency; otherwise, eligibility is not met.

22. We attended the 4/24/2018 WebEx and time expired before sharing our questions:

A.Do applications need to address evaluation in the Core Component section other than to say 'we will participate in PERS'? The NOFO is not clear.

B.Does the Core Component (10 pages) also need to include separate Significance, Innovation and Approach sections similar to the Research Components?

C.There are no specifics in the NOFO regarding format or page limits for the Research and Translation Agenda. Are there any guidelines on format or limits that should be followed?

RESPONSE 22A:

CDC cannot comment on the content of an application. Refer to NOFO Section, PHS 398 research Plan Component, Research Plan, Center Component for detailed information on what should be included in the application for the Center Component.

Also, as clarification, NOFO Section I. Funding Opportunity Description, Background and Purpose, Evaluation/Performance Measurement., states "PRCs are expected to participate in the PRC Program evaluation conducted via the PRC Program Evaluation Reporting System (PERS). PERS collects data that are used to evaluate the PRC Network and to enhance the PRC Program. PERS assesses and tracks outcomes represented in the Prevention Research Centers Program Logic Model for DP19-001 (see Appendix 1).

The PRC Program aims to answer the following evaluation questions:

1. To what extent does the PRCs stimulate and facilitate system-wide changes that improve population health outcomes
2. To what extent does the evidence developed and/or disseminated by the PRCs support and impact the efforts of health departments, community economic development organizations and other public health and community partners
3. To what extent do the PRCs contribute to public health workforce development
4. To what extent do investments in PRCs support the scalability, sustainability, and effectiveness of outcomes resulting from community-based or systems-wide efforts to improve population health"The applicant may provide information on how it will meet the Evaluation/Performance Measurement expectation noted in the NOFO.

RESPONSE 22B:

The Research Plan narrative is composed of components 2 (Specific Aims) and 3 (Research Strategy). The Research Strategy portion of the Research Plan is divided into three parts: 1) Significance, 2) Innovation, and 3) Approach. The applicant should address Core Component and Core Research Project activities to be conducted over the entire project period in the Research Strategy. The Center Component portion of the Approach is limited to the first 10 pages and the Core Research Project Component is limited to 15 pages of the Research Strategy.

The NOFO outlines the contents of the Research Strategy. The organization of the Research Strategy is left to the applicant.

The NOFO will be amended to correct the language on page 28, Research Plan, Center Component, to change the words "Research Plan" to "Research Strategy".

RESPONSE 22C:

The NOFO does not specify a format or page limit for the Research and Translation agenda. The applicant should provide a Research and Translation agenda that best meets the expectations listed in the NOFO.

23. I would like to submit a question for the FAQ. Since we are a current funding PRC do we need to include the Progress Report Publication List. This is noted for a continuation and we would like clarification.

RESPONSE 23:

The NOFO specifies that Progress Report Publication List is for Continuation applications only. This is a new application so this component of the PHS 398 Research Plan does not apply. Refer to the PHS 398 Research Plan Component section of the NOFO.

24. I am a young MD investigator at the instructor level looking to obtain initial funding for a basic science project related to treatment of osteoporosis and/or inflammatory arthritis/rheumatoid arthritis. I currently work on a mouse model with a strong bone phenotype and I have what I think is a great target to treat bone loss/osteoporosis in systemic diseases. I am wondering if you would be able to tell me whether a project such as mine would be worth submitting for this award. Any feedback would be very helpful.

RESPONSE 24:

No, basic science research is not supported under this NOFO. DP19-001: Health Promotion and Disease Prevention Research Centers is a NOFO to support applied public health prevention research in one of the following research categories listed in the NOFO – Intervention research, Implementation research, or Public health practice-based evidence research. The NOFO defines applied public health prevention research as the application and evaluation of research that aims to prevent disease and promote health by developing, disseminating, translating strategies and interventions applicable to public health practice, programs, and policies.

25. I've listed four questions below related to the above-referenced NOFO that we were not able to get answered on yesterday's informational call:

A.Translation Plan: Is the "Translation Plan" referenced on the call the same as the "Research and Translation Agenda" referenced on page 12 of the NOFO? Or are these two separate items?

B.Translation Framework: The NOFO references the Knowledge to Action Framework. Can we use a different translation/dissemination framework to support our proposed Center and Research activities?

C.MOUs for CAB and Partners: If an organization is both a Community Advisory Board Member and a Translation Partner, do you recommend having the organization sign two different MOUs? Or do you recommend they sign a single MOU with responsibilities of both roles included in the single MOU?

D.Action Plan: The Action Plan Template in the NOFO appendix includes for each component Long Term, Intermediate and Short Term Outcomes that are taken directly from the PRC Logic Model. This same text is repeated across all 13 AP components. Are we supposed to tailor and edit this text specific to our PRC Center and Core Research Aims?

RESPONSE 25A:

No, the Translation Plan and the Translation and Research Agenda are different documents. See expectation for the Translation Plan under NOFO section I. Funding Opportunity Description, 2. Approach, Core Research Project, Activity 4. Initiate translation activities to achieve large-scale adoption of effective interventions. See expectations for the Research and Translation Agenda under NOFO section I. 2. Approach, Center Component, Activity 2. Establish a Center research and translation agenda; and section III. Part 5, Research Plan, Center Component, Activity 2. Establish a research and translation agenda.

RESPONSE 25B:

CDC encourages use of the Knowledge into Action framework. However, an applicant may use another translation framework, other than the CDC Knowledge into Action Framework, to guide planning for translation activities.

RESONSE 25C:

CDC cannot comment on the organization of documents such as MOUs. The applicant may submit the format and organization that best meets the expectations listed in the NOFO.

RESPONSE 25D:

The applicant is expected to submit an Annual Action Plan that reflects its plan for the first twelve month budget period. The Annual Action Plan template is designed to align with the long term, intermediate term, and short term outcomes reflected in the DP19-001 Logic Model.

26. Please find a number of questions that our PRC has relative to the grant proposal in response to the NOFO above. Thank you for your help.

A.I am a bit confused about the organization of the Research Strategy of the grant proposal. SF424 requires specific sections, such as Significance, Innovation, etc. Yet the NOFO sets forth 13 components (9 for Center and 4 for Core Research). The guidelines under these components do not mention Significance or Innovation. So, do we still include them or disregard and organize the proposal only according to the 13 components.

B.It appears that the core research component #2, “Complete Core Research Project,” is where the bulk of our core research will be presented. The guidelines, however, omit quite a bit of information that we usually include in a rigorous research proposal. Do we follow only the guidelines in the NOFO or is it appropriate to include other areas as well?

C.Also, we usually use guidance from theory for our core research. Nothing about theory is mentioned in the guidelines for core research components listed in the NOFO; therefore, it is unclear if there is a place in the organization of the proposal for theory at all.

D.On the conference call this past Tuesday, a question was asked about putting information about the organizations’ facilities & resources in the first component on Infrastructure. The response was that that would definitely be a place where they would look for this information. I was very surprised at this because there is a form that captures all of that information and the 10 pages for the Center components is already limiting. To duplicate information that will already be presented elsewhere and take up space that is already very limited does not seem productive

and the guidelines do not suggest putting this information there. So, is it required that this information on facilities & resources be included in both Infrastructure as well as the form page where this information usually goes?

E.When we address Center component #2, Establish a Center Research and Translation Agenda, is CDC expecting us to include the proposed core research project also in this section?

F.The letter of intent asks for participating institutions. Does that include [abbreviated name of university] since [name of] University is the name of the applicant? What other institutions are expected? We will be working with community organizations and clinics, a hospital, and [city] Health Department, among others. Should all of these be listed? Or is this only in case we are working with, for example, another university?

RESPONSE 26A:

The NOFO outlines the content of the Research Strategy. The organization of the Research Strategy is left to the applicant.

The Research Strategy is divided into three parts: 1) Significance, 2) Innovation, and 3) Approach. Under the Research Strategy, the applicant should address the elements listed for the Core Component and Core Research Project Component. The Center Component is limited to the first 10 pages and the Core Research Project Component is limited to 15 pages of the Research Strategy.

RESPONSE 26B:

Yes, follow the guidance provided in the NOFO. CDC expects that an applicant will address each of the elements under the Core Research Project Component. Refer to NOFO section Part 2. Section IV. Application and Submission Information, 5. PHS 398 Research Plan Component for required and optional application components and for instructions for submission. Core Research Project expectation are listed in NOFO section I, Part 2 Approach, Core Research Project Component; and section III, Part 5.Reserch Plan, Core Research Project Component.

RESPONSE 26C:

An applicant may provide information of its choosing to describe its proposed project. Refer to NOFO section Part 2. Section IV. Application and Submission Information, 5. PHS 398 Research Plan Component for required and optional application components and for instructions for submission.

RESPONSE 26D:

Refer to NOFO section Part 2. Section IV. Application and Submission Information, 5. PHS 398 Research Plan Component for required and optional application components and for instructions for submission. The SF424 (R&R) provides guidance on where to note facilities, resources and infrastructure support from the institution.

RESPONSE 26E:

No, refer to NOFO Section I, 2. Approach, Core Research Project component for expectations and activities associated with the Core Research Project. The PRC's research and translation agenda should be provided as part of the application and included in the Appendix section.

The research and translation agenda is discussed under NOFO section 1, 2. Approach, Center

Component, Activity 2. Establish a Center Research and Translation agenda states:

- Identify proposed prevention research center's area(s) of focus
- The PRC will develop a 5-year applied prevention research and translation agenda to guide its Center activities, Core Research Project, and other projects to expand its research portfolio. The research and translation agenda would0 build on the expertise of faculty and staff and address the needs of community partners.
- The research and translation agenda should describe the high-level strategies the recipient will undertake to translate the findings and products of the Core Research Project and other Center research, and projects or initiatives into public health practice.

RESPONSE 26F:

NOFO section IV. 3. Letter of Intent outlines the content of the letter of intent as:

1. Name of the Applicant
2. Descriptive title of proposed prevention research center including a brief statement of its focus area(s)
3. Descriptive title of proposed core research project
4. Name, address, and telephone number of the Lead PD/PI
5. Names of other key personnel
6. Participating institutions
7. Number and title of this notice of funding opportunity: RFA-DP-19-001, Health Promotion and Disease Prevention Research Centers

For “Participating institutions”, an applicant is expected to list the institutions that will have a role in the administration or implementation of the proposed project.

27. We have a couple of questions that have emerged after last week's CDC PRC Informational Webinar.

A.The NOFO states that 50% of funding should be allocated to the Center Component. Of that 50%, 30% should be allocated towards Communication, Translation, & Dissemination and 7% should go towards Training. However, how should we allocate the remaining 13% of the budget? We can't seem to find where this is stated in the NOFO.

B.Is it possible to use a letter of agreement for our CAB members rather than a MOA? Receiving a MOA within our institution would take months to complete through our legal counsel. We may not be able to obtain a MOA before the CDC deadline.

RESPONSE 27A:

CDC cannot comment on an applicant’s proposed budget allocation. The applicant should submit a budget that best meets the expectation listed in the NOFO. The NOFO states “To ensure adequate resources are committed to this component, at least thirty percent (30%) of the funding (direct and indirect costs) provided through this NOFO should be used to support the Center Component activities.”

It also says "To ensure adequate resources are committed to this component, at least fifty percent (50%) of the funding (direct and indirect costs) provided through this NOFO should be used to support the design, development, implementation, dissemination, and translation of the Core Research Project Component activities A portion of Core Research Project funding may include costs of developing translation products.

RESPONSE 27B:

An applicant is expected to address the expectations listed in the NOFO. NOFO section IV, Part 5. Research Plan, Center Component, Activity 1 states, "The contribution of the CAB can be demonstrated by signed Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) from existing or prospective community advisory board members. The MOU or MOA should clearly specify the activities to be conducted by the board member, roles and responsibilities of the PRC, the roles and responsibilities of the board, and the expected goals of the collaboration."

28. Does the Specific Aims page contribute to the page count of a total of 25 pages? Should the research strategy be organized under the center components listed in the NOFO or should it be organized like last time, as set forth in the SF424? Would appreciate your help?

RESPONSE 28:

No, Specific Aims page does not contribute to the page count of 25 total pages. The page limit of 25 pages refers to the Research Strategy. The NOFO outlines the content of the Research Strategy. The organization of the Research Strategy is left to the applicant. 02

The Research Strategy is divided into three parts: 1) Significance, 2) Innovation, and 3) Approach. Under the Research Strategy, the applicant should address the elements listed for the Core Component and Core Research Project Component. The Center Component is limited to the first 10 pages and the Core Research Project Component is limited to 15 pages of the Research Strategy.

CDC expects applicants to follow the guidance provided in the NOFO. An applicant will address each of the elements under the Core Research Project Component. Refer to NOFO section Part 2. Section IV. Application and Submission Information, 5. PHS 398 Research Plan Component for required and optional application components and for instructions for submission. Core Research Project expectation are listed in NOFO section I, Part 2 Approach, Core Research Project Component; and section III, Part 5.Reserch Plan, Core Research Project Component.

29. I have been the PI of the PRC in [name of state] for the past three cycles, [but] I do not have ten peer-reviewed manuscripts in this area as required in the NOFO. We have collaborators in our university who do, [but in different study areas]. While I have a large number of papers in Indian health, that may not matter given the prose in the NOFO. Can you please clarify my eligibility as PI? Our other option, of course, would be to pick a different area of study where I have many papers. Should we pick a new

topic?

RESPONSE 29:

CDC cannot comment on the merit of a proposed PI, a specific approaches, or target populations.

CDC looks at the eligibility of the applying institution/organization not the individual investigator in determining if an application is eligible.

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her eligible organization to develop an application for support. The NOFO does include review criteria for proposed PI/PDs and additional staff. Please refer to Section V. Application Review Information; 1.Criteria: Investigators. These criteria will be considered in the review process.

Applicants are encouraged to carefully review the goals and objectives and desired outcomes described in the NOFO. Approach and objectives can be found in Section I, part 2. The target population in the NOFO is defined as "Populations experiencing health disparities due to race, ethnicity, gender identity, sexual orientation, geography (rural, urban), socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities). Communities disadvantaged by social determinants of health that create health inequities". Additionally, application should align with the public health priorities listed in Part 2. Section I. Funding Opportunity Description of the NOFO.

30. I would like to submit a question for the FAQ. Since we are a current funding PRC do we need to include the Progress Report Publication List. This is noted for a continuation and we would like clarification.

RESPONSE 30:

The NOFO specifies that Progress Report Publication List is for Continuation applications only. This is a new application so this component of the PHS 398 Research Plan does not apply. Refer to the PHS 398 Research Plan Component section of the NOFO.

31. We are PIs at the University of [x] in public health who work closely with our DOH Chronic Disease Prevention & Health Promotion Division Branch on research and evaluation. The recent announcement (RFA-DP-19-001) for academic research centers to participate in the network of Health Promotion and Disease Prevention Research Centers seems to be an excellent fit to build on this synergy. At the University of [name of state] public health is accredited by CEPH as a department, rather than a school. We are housed in the School of Social Work. There is no accredited school of public health in our state and we have on our team and in our broader department and community partners extensive inter-disciplinary capacity in developing, implementing, evaluating, disseminating, and translating evidence-based public health, including training programs and faculty in epidemiology, health policy and management, community based participatory research, health economics, etc. Are we still eligible to apply for this

announcement from our accredited department, or would we need to partner with our medical school to do so? It seems that our [name of institution] School of Medicine at University of [name of state] would be the only [name of state] institution [eligible]. Thus, if we submitted, we would plan to partner with them and have someone from that institution as the contact PI to be responsive.

RESPONSE 31:

Correct, accredited public health programs are not eligible to apply for this NOFO. An institution must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Applicants in the process of obtaining accreditation from ACGME for a Preventive Medicine Residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application. Accreditation must be granted by the award date, estimated to be September 30, 2019

An application will be non-responsive if it does not meet the requirements outlined in the NOFO, Section III. Eligibility Information. Non-responsive applications will not be entered into the review process.

In summary, eligible applicants must be an institution of higher learning with either a School of Public Health, School of Medicine with a Preventive Medicine Residency or a School of Osteopathy with a Preventive Medicine Residency; otherwise, eligibility is not met.

32. As we move forward with preparing our PRC competing renewal application we have a question about the expectations of our local Community Advisory Board members. We noted that the general guidelines for the local CAB are laid out on page 11-12 of the NOFO. Is it a requirement that one of our members serve on the national PRC Community Committee as well? We didn't see that explicitly stated in the NOFO but thought we should run that with you.

RESPONSE 32:

The NOFO does not reference a "national PRC Community Committee" or any committees of the PRC Network. The section of the NOFO referenced (11-12) identifies the expectations of the Community Advisory Board under Approach, Center Component, Activity 1. Establish and maintain PRC infrastructure (including Community Advisory Board). Also refer to NOFO

section, Research Plan, Center Component, Activity 1. Establish and maintain PRC infrastructure (including a Community Advisory Board) for information on the content of an application for this activity.

33. Has the Q&A listserv been set-up for the PRC application? How many appendices would be allowed with the proposal has been clarified. There were two areas that had contradicting information. One stated 10 appendices for the Center, 15 for the Research project, then another stated couldn't exceed 15 PDF files. Could you please let us know the status of this and also the listserv for Q&A?

RESPONSE 33

CDC will post applicant Questions and Answers to https://www.cdc.gov/chronicdisease/about/foa/prcs/index.htm.

Section 6. Appendix of the NOFO states "a maximum of 10 PDF documents are allowed in the appendix." Additionally, Section 7. Page Limitation, states appendices for the Research Plan may not exceed 15 PDF files. The correct maximum is 10 PDF documents with a maximum number of 50 pages for all appendices. The NOFO will be amended to correctly state that both references to PDF documents should read 10.

34. Page 29 of the above referenced NOFO lists the following requirement: Staff "…Curriculum Vitae / Resumes showing capacity and/or experience relevant to the Center's chosen health focus and proposed activities." Are CVs/resumes to be included in the same section as the Biosketches for Key Personnel? Or in a different proposal section?

RESPONSE 34:

Applicants are asked to provide a biosketch for the PI/PD, Senior Key Persons, and Other Significant Contributors as required by the SF424 (R&R) Application Guide. A biosketch or CV/resume should be submitted for all staff that make up the applicant's administrative team. If a staff biosketch is not provided, the staff's

CV/Resumes may be included in the appendix.

35.What are the eligibility requirements for medical schools that participate in a collaborative preventive medicine residency program?

RESPONSE 35:

A medical school must meet the Special Eligibility Requirements outlined in the NOFO to be eligible for application. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements.

- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive

Medicine Residency program or are in the process of obtaining accreditation for a Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

- Applicants in the process of obtaining accreditation from ACGME for a Preventive Medicine Residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application. Accreditation must be granted by the award date, estimated to be September 30, 2019

An application will be non-responsive if it does not meet the requirements outlined in the NOFO, Section III. Eligibility Information. Non-responsive applications will not be entered into the review process.

36.The NOFO asks applicants to identify a PI and a Deputy Director. If an application is going to include multiple PIs, is a Deputy Director still required?

RESPONSE 36:

As part of the expectations for the Center Component Approach, Activity 1. Establish and maintain PRC infrastructure (including Community Advisory Board), the applicant is expected to establish a PRC's administrative team consisting of required key personnel - Principal Investigator/Project Director (PI/PD), Authorized Official Representative (AOR), the Signing Official (SO) and Administrative Official (AO), PRC Deputy Director, and Core Research Project PI. Additional staff may provide expertise in evaluation, communication, dissemination, translation, and estimating cost of the intervention.

The NOFO allows for inclusion of a Multiple PD/PI Leadership Plan in the application. Refer to SF424 (R&R) Application Guide for instructions.

Also, please note, NOFO section Part1, Executive Summary, Number of PDs/PIs. **"**Applications may include more than one PI; however, the first PI listed on the application will be the contact PI for all correspondence. Any additional PIs are permitted, but would be referred to as Co-PIs."

37.What are the criteria for defining "environment"? Are they based on facilities that would be described/stated in the SF424?

RESPONSE 37:

The criteria for "Environment" is listed in the NOFO for both the Center Component and Core Research Project Component under Section V. Application Review Information, 1. Criteria, Environment Review Criteria – Center Component and Environment Review Criteria – Core Research Project Component.

38.How is the PI for the Center and/or Core being evaluated? Is the evaluation based on bio sketches?

RESPONSE 38:

Evaluation criteria for the Investigator is listed in the NOFO Section V. Application Review Information, 1. Criteria, Environment Review Criteria – Center Component and Environment Review Criteria – Core Research Project Component.

Bio sketches are part of the application requirements, but the application will be reviewed in its entirety so the information can be dispersed.

39. Are two logic models required or can a Center logic model with a Core sub-component suffice?

RESPONSE 39:

The NOFO does not require applicant to submit a logic model as part of the application. The NOFO provides a PRC Program logic model for applicants but it is up to each applicant to determine an approach to accomplish the activities and outcomes listed in the logic model.

40. Does one project with multiple PIs need to have a multi-PI plan?

RESPONSE 40:

If an applicant proposes multiple PIs, a Multiple PI Leadership Plan must be included in the application.

41. When is a MOU or MOA appropriate versus a letter of support?

RESPONSE 41:

The applicant makes the determination of what information best addresses the expectations in the NOFO. The Research Plan section of the NOFO provides guidance on documentation of collaboration. Refer to NOFO Section IV., 5, Research Plan for guidance on requirement for a MOU, MOA and Letter of Support.

42. Can you confirm that only one Core research project is needed (described in 15 pages and 25 pages total for the narrative)?

RESPONSE 42:

Yes, the NOFO will support one (1) applied public health prevention research project (Core Research Project) which uses a community engagement approach to address a major cause of disease, disability, injury, or death in a population experiencing health disparities.

43. Based on the slides, it appears there are separate review criteria for the Center and Core. Is the overall score a combination of two scores (combination of Center and Core scores)? Is there a review criterion for how the two components complement each other?

RESPONSE 43:

Each Component (Center Component and Core Research Project Component) will receive separate criterion scores. Reviewers will then provide an overall impact score for the application. Refer to the NOFO Section V. 1. Criteria to view the Overall Impact Review Criteria for the Center Component and Core Research Project Component. Also, refer to Review Criteria for the Overall Impact – Overall Application.

44. Are there any guidelines on long term archiving of data, specifically qualitative data?

RESPONSE 44:

Refer to NOFO Page 52, Data Management Plan(s) for requirements for a data management plan. An initial data management plan is needed if public health data is being collected. Refer to the AR-25 link for required components (5 components). The data management plans will be reviewed yearly.

45. Are tuition and fees (including for international students) allowable expenses for the budget?

RESPONSE 45:

Refer to NOFO Page 47, The budget can include both direct costs and indirect costs as allowed. 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 modified total direct costs 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.

46. What is the page limit for appendices, 10 or 15? There is conflicting information on the NOFO (page 34 and 35). Are MOUs included in the appendices or are they included in the letter of support? Page 30 has conflicting information compared to elsewhere in the NOFO.

RESPONSE 46:

Section 6. Appendix of the NOFO states “a maximum of 10 PDF documents are allowed in the appendix.” Additionally, Section 7. Page Limitation, states appendices for the Research Plan may not exceed 15 PDF files. The correct maximum is 10 PDF documents with a maximum number of 50 pages for all appendices. The NOFO will be amended to correctly state that both references to PDF documents should read 10.

The NOFO allows the applicant to place MOUs in the letters of support section of the Research Plan or in the appendix. If MOUs are placed in the appendices, they will be subject to the maximum of 10 PDF documents and 50 page limitation.

47. Pages 26-27 of the NOFO indicates that applications should include the bolded headers in

the section. However, not all may be relevant. Is an application from a currently funded PRC considered a new application?

RESPONSE 47:

Yes, this is a new application so this component of the PHS 398 Research Plan specific to Continuation or Renewal and Revision applications do not apply.

48. Community engaged research component – Is it acceptable to have a national partner and disseminate in multiple locations or is it better to disseminate with one local partner?

RESPONSE 48:

CDC cannot comment on a specific Approach to an application. It's up to the applicant to determine the best approach to meet the expectation of the NOFO.

49. Page 34 of NOFO includes a budget table (under Budget Preparation). Does the table go into the SF424 budget/budget justification or does it go in the appendix?

RESPONSE 49:

In addition to the budget requirements outlines in the SF424 (R&R) Application Guide, applicants should provide a budget table with separate sections for the Center Component and the Core Research Project Component. This budget table should be included in the application and labeled as "Appendix A: Budget Sections".

50.For the Core research project, can there be spin-off projects or is it only one Core research project?

RESPONSE 50:

The NOFO will support one (1) applied public health prevention research project (Core Research Project) which uses a community engagement approach to address a major cause of disease, disability, injury, or death in a population experiencing health disparities.

51. Please clarify what documentation applicants who are in the process of obtaining ACGME accreditation should submit in the application.

RESPONSE 51:

Applicants in the process of obtaining accreditation from ACGME for a Preventive Medicine Residency must include a copy of the Accreditation History and participating sites of the Preventive Medicine Residency program noted in their ACGME application. Accreditation must be granted by the award date, estimated to be September 30, 2019.

52. I have several questions important to our determination of where to focus our activities.

We would be building on a center structure initially developed for a very recent P-20 exploratory research center grant [focused on] Immigrant/Refugee Health.

However, I did not see mental health or trauma on the list of health issues in the application. Would this be a fundable area of focus?

RESPONSE 52:

CDC cannot comment on proposed approaches or target populations, however, applicants are encouraged to carefully review the goals and objectives and desired outcomes described in the NOFO.

Approach and objectives can be found in Section I, part 2. The target population in the NOFO is defined as "Populations experiencing health disparities due to race, ethnicity, gender identity, sexual orientation, geography (rural, urban), socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities). Communities disadvantaged by social determinants of health that create health inequities". Additionally, application should align with the public health priorities listed in Part 2. Section I. Funding Opportunity Description of the NOFO.

53. A. Can you provide a link to PHS398 component to be completed and submitted in the application package?

B.Can you provide instructions regarding completion of the PHS398?

C.Can you provide instructions regarding the placement of PHS398 within the application package?

D.Will PHS398 be in the Appendix and counted toward the maximum Appendix page limit?

E.Will the PHS398 be placed in the RESEARCH AND RELATED OTHER PROJECT INFORMATION Version 1.4 attachment section?

RESPONSE 53A:

The PHS 398 forms are accessible from the RFA-DP-19-001 NOFO posting at https://www.grants.gov/web/grants/search-grants.html. Under the "Package" tab, see Package Forms - Mandatory Forms, click Preview. Also, refer to NOFO section IV, Part 5. PHS 398 Research Plan Component for the link to the PHS 398 Application Guide and instruction for completing the required forms. The guidance document is the 424 R&R Application Guide. PHS 398 is referenced in this guide.

RESPONSE 53B:

Refer to NOFO section IV, Part 5. PHS 398 Research Plan Component for the link to the PHS 398 Application Guide and instruction for completing the required forms. The PHS 398 is referenced in the 424 R&R Application Guide.

RESPONSE 53C:

Refer to NOFO section IV, Part 5. PHS 398 Research Plan Component for the link to the PHS 398 Application Guide and instruction for completing the required forms.

RESPONSE 53D:

Refer to NOFO section IV, Part 5. PHS 398 Research Plan Component for the link to the PHS 398 Application Guide and instruction for completing the required forms.

RESPONSE 53E:

Refer to NOFO section IV, Part 5. PHS 398 Research Plan Component for the link to the PHS 398 Application Guide and instruction for completing the required forms. The PHS 398 is referenced in the 424 R&R Application Guide.

54. We have several questions related to the NOFO for the Prevention Research Centers.

A.We have over 20 individuals on our Community Advisory Board. Do we need separate MOUs or MOAs from each person (NOFO, page 29) or can we have one MOU/MOA that is signed by all Board members. If we do need individual MOUs/MOAs, do we include these in the Letters of Support Section of the Research Plan or in the Appendices?

B.If Community Advisory Board MOUs/MOAs are included in the Appendices, do they count towards the page limit (NOFO page 29)?

C.Do the MOU's/MOAs/Letters of Support from the Key Translation Partners count towards the 50 pages of the Appendix? NOFO page 30.

D.On NOFO page 34, it indicates that there can be only 10 PDF files in the Appendix section; in contrast, NOFO page 35, indicates 15 PDF files with the maximum of 50 Appendix pages, total. Would you please clarify.

E.NOFO page 12 indicates that we include a Research and Translation Agenda in the Appendix section. We are unable to find what is to be included in the agenda besides our focus areas. Does the Research and Translation Agenda also include the Translation framework (NOFO page 30) and the Translation Plan (NOFO page 33).

F.Does the Year 1 Action Plan get included in the 50 pages of the Appendix Section? (NOFO Page 34)?

RESPONSE 54A:

The applicant may submit the format and organization of MOUs or MOAs that best meets the expectations listed in the NOFO. The NOFO does not specify where to place the MOU/MOAs, thus up to applicant.

RESPONSE 54B:

Any documents placed in the appendices counts towards the 50 page limit in the appendix.

RESPONSE 54C:

Any documents placed in the appendices counts towards the 50 page limit in the appendix.

RESPONSE 54D:

Section 6. Appendix of the NOFO states "a maximum of 10 PDF documents are allowed in the appendix." Additionally, Section 7. Page Limitation, states appendices for the Research Plan

may not exceed 15 PDF files. The correct maximum is 10 PDF documents with a maximum number of 50 pages for all appendices. The NOFO will be amended to correctly state that both references to PDF documents should read 10.

RESPONSE 54E:

No, the Translation Plan and the Translation and Research Agenda are different documents. See expectation for the Translation Plan under NOFO section I. Funding Opportunity Description, 2. Approach, Core Research Project, Activity 4. Initiate translation activities to achieve large-scale adoption of effective interventions. See expectations for the Research and Translation Agenda under NOFO section I. 2. Approach, Center Component, Activity 2. Establish a Center research and translation agenda; and section III. Part 5, Research Plan, Center Component, Activity 2. Establish a research and translation agenda.

RESPONSE 54F:

The NOFO states "the appendix may include an annual action plan…"; thus, if an applicant places the action plan in the appendix, it contributes to the 50 page max page limitation and max 10 pdf document limitation.

55. I am not aware of a PRC being formed with multiple institutions to serve the needs of a whole state – especially being part of the same academic system. So, it would help to know how such a PRC approach might be perceived by CDC and what level of enthusiasm there would be for such a proposal.

RESPONSE 55:

CDC cannot comment on proposed approaches or target populations, however, applicants are encouraged to carefully review the goals and objectives and desired outcomes described in the NOFO.

Approach and objectives can be found in Section I, part 2. The target population in the NOFO is defined as "Populations experiencing health disparities due to race, ethnicity, gender identity, sexual orientation, geography (rural, urban), socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities). Communities disadvantaged by social determinants of health that create health inequities". Additionally, application should align with the public health priorities listed in Part 2. Section I. Funding Opportunity Description of the NOFO.

56.

A. When can we expect a response to NOFO questions?

B. When will responses to questions raised on the informational conference call be posted?

C. When will responses to written questions be posted?

D.What is the total page limit for all combined documents in the appendix?

E. Does the Action plan (limited to 20 pages) count toward appendix page limit?

F.What is the maximum number of PDF documents allowed in the appendix? NOFO, page 35: “A maximum of 10 PDF documents are allowed in the appendix. Additionally, up to 3 publications may be included that are not publically available.” NOFO, page 35: “Supporting materials for the Research Plan narrative included as appendices may not exceed 15 PDF files with a maximum of 50 pages for all appendices.”

G.Should letters of support be included in the research plan or the appendix?

H. Do MOU/MOA/Letters of Support count towards page limit of appendix? Stated on NOFO, page 32 but not elsewhere: “Signed MOU, MOA or letter of support can be included under the Letters of Support section of the research plan and will not count towards the page limit of the application”

I.For CAB members, is one letter of support documenting all members, respective roles, and signatures allowable or does each member need to provide a separate letter? (NOFO, page 29)

J.In the Core Research Project portion of the research plan, does the 15 page limit include a page for specific aims, or is an additional page allowable for these?

K.Is a biographical sketch required for the Deputy Director? NOFO page 53: "Submitting prior approval request for change in key personnel. Key personnel for the PRCs are PI/Director, Institutional Business Official, Signing Official, Administrative Official, PRC Deputy Director and Core Research Project PI"

L.Is the Deputy Director expected to have a research background, including publications? NOFO Page 53: "Submitting prior approval request for change in key personnel. Key personnel for the PRCs are PI/Director, Institutional Business Official, Signing Official, Administrative Official, PRC Deputy Director and Core Research Project PI"

M.Pg 27 of the NOFO states that the Research Strategy should include plans for staffing and timeline. Can the staffing and timeline be included as an appendix?

N.The Implementation timeline on page 20 includes suggested activities for each year of the project for the center and the core research project. Please clarify whether the timeline is separate from the action plan, if the timeline can be included as an appendix, and if a timeline is needed for all years of the project for the center and core research project.

O.Page 35 of the NOA states that the Appendix may include “An Annual Action Plan for the first year of funding to include both the Center Component and Core Research Project Component, a timeline, and staffing.” Since the annual objectives and activities for the action plan are only required for the first year of the project, please confirm that we should include a separate timeline and staffing plan for both the center and the core for all years of the project.

RESPONSE 56A:

CDC attempts to answer questions within 5-10 business days but that is dependent on the complexity and number of questions and may take longer.

RESPONSE 56B:

Response to questions raised on the Pre-Application Information Call are posted at: https://www.cdc.gov/chronicdisease/about/foa/prcs/index.htm.

RESPONSE 56C:

CDC attempts to answer questions within 5-10 business days but that is dependent on the complexity and number of questions and may take longer.

Response to written questions will be emailed to the requestor, and posted to https://www.cdc.gov/chronicdisease/about/foa/prcs/index.htm. THE NOFO will be amended to include all written questions and responses approximately 2 weeks before the application deadline. The amended NOFO will be accessible at www.grants.gov.

RESPONSE 56D:

The maximum is 50 pages for all appendices.

RESPONSE 56E:

Yes, the action plan counts towards appendix page limit.

RESPONSE 56F:

The correct maximum is 10 PDF documents allowed in the appendix.

RESPONSE 56G:

Letters of support may be included in the research plan or the appendix.

RESPONSE 56H:

The NOFO states that they should be placed in the research plan.

RESPONSE 56I:

The applicant may submit the format and organization of MOUs or MOAs that best meets the expectations listed in the NOFO.

RESPONSE 56J:

The Research Plan narrative is composed of components 2 (Specific Aims) and 3 (Research Strategy). The Research Strategy portion of the Research Plan is divided into three parts: 1) Significance, 2) Innovation, and 3) Approach. The applicant should address Core Component and Core Research Project activities to be conducted over the entire project period in the Research Strategy. The Center Component portion of the Approach is limited to the first 10 pages and the Core Research Project Component is limited to 15 pages of the Research Strategy.

The NOFO outlines the contents of the Research Strategy. The organization of the Research Strategy is left to the applicant. The Specific Aims are separate from the Research Strategy.

The NOFO will be amended to correct the language on page 28, Research Plan, Center Component, to change the words “Research Plan” to “Research Strategy”.

RESPONSE 56K:

Yes, applicants are asked to provide a biosketch for the PI/PD, Senior Key Persons, and Other Significant Contributors as required by the SF424 (R&R) Application Guide. A biosketch or CV/resume should be submitted for all staff that make up the applicant’s administrative team. If a staff biosketch is not provided, the staff’s CV/Resumes may be included in the appendix.

RESPONSE 56L:

Refer to NOFO section Research Plan. Staff should have qualifications, which support the

activities of the Center and Core Research Project. As demonstrated by a Biographical Sketch/Curriculum Vitae/Resume with shows capacity and/or experience relevant to the Center's chosen health focus and proposed activities

RESPONSE 56M:

The Research Strategy portion of your research plan would include a timeline and staffing for the Center Component and Core Research Component for all years of the period of performance. Refer to NOFO section IV. Part 5. PHS 398 Research Plan Component and the SF424 (R&R) Application Guide for instruction.

RESPONSE 56N:

The NOFO Implementation Timeline is provided for use in planning activities over the period of performance of the NOFO. The Annual Action Plan is a detailed 12-month plan for Center Component and Core Research Project activities for the first budget period.

RESPONSE 56O:

Correct, the Research Strategy portion of your research plan would include a timeline and staffing for the Center Component and Core Research Component for all years of the period of performance. Refer to NOFO section IV. Part 5. PHS 398 Research Plan Component.

57. Can you please confirm the salary for CDC, is it the same as the salary cap for NIH? Please advise.

RESPONSE 57:

The salary cap for CDC is Executive Level II, same as NIH.

58. I never received a response to this question I asked on the info webinar in April, and I don't see addressed in the online FAQ: Number of PDF documents allowed in the Appendix: Please confirm 15 documents total allowed!

- Page 34 of the NOFO states "a maximum of 10 PDF documents are allowed in the appendix."
- But most other places in the NOFO give 15 PDF documents as the maximum.

RESPONSE 58:

Section 6. Appendix of the NOFO states "a maximum of 10 PDF documents are allowed in the appendix." Additionally, Section 7. Page Limitation, states appendices for the Research Plan may not exceed 15 PDF files. The correct maximum is 10 PDF documents with a maximum number of 50 pages for all appendices. The NOFO will be amended to correctly state that both references to PDF documents should read 10.

59. The [name of state] Department of Health and [x] University are considering

development of an application for the NOFO RFA-DP-19-001: Health Promotion and Disease Prevention Research Centers. Could you please let me know if FAQs were developed based on the 4/28 informational call and, if so, where I can find them? Additionally, I have the following questions:

A. Pg 27: the list of 16 components is included on page 27, but it says the components required for this NOFO are listed in Part 2, Section I, however, I don't see them there. Are all 16 components required?

B. Pg 47: the NOFO indicates that the indirect is limited to 8% of MTDC for training grants. Is RFA-DP-19-001 considered a training grant or can the indirect be higher than 8%?

C.Pg 39: Section V: the NOFO includes much information about Application Review, but no matrix for scoring. Will one be provided or did I miss it in the NOFO?

RESPONSE 59:

Response to questions raised on the Pre-Application Information Call are posted at: https://www.cdc.gov/chronicdisease/about/foa/prcs/index.htm.

RESPONSE 59A:

Refer to NOFO section IV. Part 5. PHS 398 Research Plan Components and the SF424 R&R) Application Guide for instruction and visit https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf and here: https://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf for additional information.

RESPONSE 59B:

This NOFO (RFA_DP-19-001) is not a training grant. The budget can include both direct and indirect costs. If requesting indirect costs in the budget, a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter is required.

RESPONSE 59C:

The NOFO does not provide a matrix for scoring. Section V. Application Review Information provides explanation on criteria that will be evaluated during application review.

60. I am considering applying for this grant but I wanted to confirm that only Schools of Public Health are eligible to apply. Would the School of Social Work below be able to be a grantee institution if we had a co-PI or co-I in a School of Public Health?

RESPONSE 60:

An institution must meet one of the two Special Eligibility Requirements outlined in the NOFO to be eligible for application. Refer to Section III. Eligibility Information; 3. Special Eligibility Requirements.

- Accredited Schools of Public Health. Eligible Schools of Public Health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
- Accredited Schools of Medicine with an accredited Preventive Medicine Residency program and accredited Schools of Osteopathy that offer an accredited Preventive Medicine Residency program or are in the process of obtaining accreditation for a

Preventive Medicine Residency program. Eligible Schools of Medicine and Osteopathy must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

CDC looks at the eligibility of the applying institution/organization not the individual investigator in determining if an application is eligible.

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her eligible organization to develop an application for support. The NOFO does include review criteria for proposed PI/PDs and additional staff. Please refer to Section V. Application Review Information; 1.Criteria: Investigators. These criteria will be considered in the review process.

61. Do you have an estimate for when the clarifications to the RFP that were raised during the call will be posted?

RESPONSE 61:

You can find the slides and transcript from informational call and Q/As at the following website

https://www.cdc.gov/chronicdisease/about/foa/prcs/index.htm

62.I am writing to inquire about future plans for the Health Promotion and Disease Prevention Research Centers program. We are aware of the current call, CDC-RFA-DP19-001, but would like to know if you anticipate there will be a competition next year as well. If not, when might we expect the next solicitation to be released? Thank you very much for your time.

RESPONSE 62:

No, we will there will not be a competition to select PRC recipients next year. Through RFA-DP19-001, CDC anticipates funding 20-30 awards for the entire 5-year project period, September 30, 2019 – September 29, 2024. Institutions selected for award will be funded for 5 years contingent upon availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government.

63. We just wanted to confirm that the timeframe for this grant, RFA-DP-19-001, is September 30, 2019 - September 29, 2024; and not a start date of September 2018. Also, does the application require just a one year (first year) budget, or is a five year budget required?

RESPONSE 63:

Correct, the NOFO is for project period September 30, 2019 to September 29, 2024.

The application requires a budget for each 12-month budget period for the 5 years project period. The first year budget must not exceed the ceiling amount.

64. Please verify which information is correct on NOFO RFA-DP-19-001 on Section IV 6. Appendix: number of pdf documents allowed in Appendix is 10 (on page 34) or 7. Page Limitation: 15 (on page 35)? Please verify maximum page limit is 50 pages. The NOFO RFA-DP-19-001 states in Section IV. 5.4 Engage Translation Partners, 3rd bullet 'signed MOU, LOA

or letter of support included in the Appendix'. If the entire Appendix is 50 pages and multiple MOUs and letters of support are received from translation partners, what is the NOFO criteria to determine which MOUs and letters of support go into the Appendix and which letters of support go into SF424 Package G 400 9. Letters of Support?

RESPONSE 64:

Section 6. Appendix of the NOFO states "a maximum of 10 PDF documents are allowed in the appendix." Additionally, Section 7. Page Limitation, states appendices for the Research Plan may not exceed 15 PDF files. The correct maximum is 10 PDF documents with a maximum number of 50 pages for all appendices. The NOFO will be amended to correctly state that both references to PDF documents should read 10.

The NOFO allows the applicant to place MOUs in the letters of support section of the Research Plan or in the appendix. If MOUs are placed in the appendices, they will be subject to the maximum of 10 PDF documents and 50 page limitation.

65. The NOFO specifies a limit of 10 pdfs (page 34 of 79) and also 15 pdfs (page 35 of 79). How many pdfs are allowable in the Appendix?

RESPONSE 65:

Section 6. Appendix of the NOFO states "a maximum of 10 PDF documents are allowed in the appendix." Additionally, Section 7. Page Limitation, states appendices for the Research Plan may not exceed 15 PDF files. The correct maximum is 10 PDF documents with a maximum number of 50 pages for all appendices.

66. Can all MOUs and LOS be included in Research Plan Section 14 - Letters of Support? The NOFO says that the signed MOU/LOS for Translation Partners should be included in the Appendix (page 30 of 79); Activity 1 of the Core Research Project indicates that MOU/LOS should be included under Letters of Support Section (page 32 of 79); and the Appendix list, beginning on page 34, does not list MOUs or LOS at all. Space is tight in the Appendix and we have many partners/CAB members, so I'm hoping that all MOU/LOS can be included in Section 14 and not count against the 50-page Appendix limit. Please advise.

RESPONSE 66:

The NOFO allows the applicant to place MOUs in the letters of support section of the Research Plan or in the appendix. If MOUs are placed in the appendices, they will be subject to the maximum of 10 PDF documents and 50 page limitation.

67. Is the requirement that the applying institution should be based in US and the research should address public health challenges irrespective of location i.e in the US and/or abroad, or is it that the research should address public health challenges in the US thereby requiring that the target beneficiary populations be in the US?

Response 67

Yes, applicants must be based in the U.S. and the research should address Healthy People 2020 and other National Strategic Priorities relevant to the U.S. and target populations located in the U.S. NOFO Section III. Eligibility Information, Part 2. Foreign Organizations states "Foreign organization are not eligible to apply. Foreign components of U.S. organizations are not eligible to apply. For this announcement, applicants may not include collaborators or consultants from

foreign institutions. All applicable federal laws and policies apply. ”