U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

National Center for Injury Prevention and Control (NCIPC)
Division of Violence Prevention (DVP)

Rape Prevention and Education: Enhancing Capacity for Sexual Violence Prevention Across State and Territory Sexual Assault Coalitions

Opportunity number: CDC-RFA-CE-24-0068



Notice of Funding Opportunity

Application due April 16, 2024 - 11:59 p.m. ET

Contents

Before you begin 3

Step 1: Review the Opportunity 4

Basic information 5

Eligibility 7

Program description 8

Step 2: Get Ready to Apply 39

Get registered 40

Step 3: Prepare Your Application 41

Application contents & format 42

Step 4: Learn About Review & Award 47

Application review 48

Award notices 52

Step 5: Submit Your Application 53

Application submission & deadlines 54

Application checklist 55

Step 6: Learn What Happens After Award 57

Post-award requirements & administration 58

Contacts & Support 62

Appendix 64

Before you begin

If you believe you are a good candidate for this funding opportunity, secure your SAM.gov and Grants.gov registrations now. If you are already registered, make sure your registration is active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

See Step 2: Get Ready to Apply

Apply by April 16, 2024

Applications are due by 11:59 p.m. Eastern Time on April 16, 2024.



Step 1: Review the Opportunity

In this step

Basic information 5
Eligibility 7
Program description 8

Basic information

National Center for Injury Prevention and Control (NCIPC)

Division of Violence Prevention (DVP)

Decrease sexual violence and reduce disparities by addressing inequities.

Summary

Purpose

The purpose of the Rape Prevention and Education (RPE) program is to prevent sexual violence (SV) perpetration and victimization by increasing protective factors and decreasing risk factors. This can be achieved through a public health approach that implements and evaluates comprehensive strategies based on the best available evidence.

Have questions? See Contacts & Support.

Key facts

Opportunity Name: Rape Prevention and Education: Enhancing Capacity for Sexual Violence Prevention Across State and Territory Sexual Assault Coalitions

Opportunity Number: CDC-RFA-CE-24-0068

Federal Assistance Listing: 93.136

Key dates

Informational webinar: February 29, 2024, 2:00 p.m. ET

Application deadline: April 16, 2024

Expected award date: May 30, 2024

Expected start date: June 30, 2024

Requirements for State and Territory Sexual Assault (SA) Coalitions

The Violence Against Women Act (VAWA) Reauthorization Act of 2022 authorizes CDC to fund SA Coalitions to coordinate and provide prevention activities and assist with prevention programs. We require you to collaborate with State Health Departments (SHDs) and other applicable federal, state, tribal, and local entities engaged in SV prevention to address social and structural determinants of health at the community and societal levels of the social-ecological model

(SEM). This NOFO supports sexual violence prevention efforts by addressing social and structural determinants of health (SDOH) to achieve health equity.

Our goal is to foster meaningful involvement and coordination among you, your State or Territory Health Department, and Tribal SA Coalitions.

This four-year funding opportunity requires you to:

- Build infrastructure to support SV prevention activities
- Work with the SHDs to develop or enhance a State or Territory Action Plan
- Use data to inform prevention action
- Implement evidence-based community and societal level SV prevention strategies that advance health equity

Intended outcomes

The goal is for communities to increase their use of SV prevention strategies and programs that focus on populations and communities with a high burden of SV. The actions outlined in this NOFO will help you:

- Decrease SV perpetration and victimization rates at the state or territory level
- Reduce disparities in SV by addressing associated inequities in social and structural determinants of health

Funding details

Type: Grant

Expected total program funding over the performance period: $26,676,000

Expected total program funding per budget period: $6,669,000

Expected awards: Up to 56 State and Territory Sexual Assault Coalitions

Maximum funding per applicant per budget period: $135,000

We plan to award projects for four 12-month budget periods for a four-year period of performance.

The number of awards is subject to available funds and program priorities.

Funding strategy

As outlined in the 2022 Violence Against Women Act, all designated State and Territory Sexual Assault Coalitions will receive the same funding amount based on the allotment provided in the legislation ($135,000).

To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow on your keyboard.

Eligibility

Who can apply

Eligible applicants

The only type of organization that can apply is a designated State and Territory Sexual Assault Coalition, as authorized by the Violence Against Women Act (2022), 42 U.S.C. 280b-1b and 34 U.S.C. 12291.

Other required qualifying factors

We will not review your application if it doesn't meet the following criteria:

- **State Sexual Assault Coalition applicants:** Your organization must be named on the CDC approved State Sexual Assault Coalition list available at CDC's Rape Prevention and Education webpage. Include your State Sexual Assault Coalition's name in the project abstract.
- **Territory Sexual Assault Coalition applicants:** You must state that you are a Territory Sexual Assault Coalition. Include your coalition's name in the project abstract.

Cost sharing and matching funds

This program has no cost-sharing requirement or matching funds requirement. If you choose to include cost-sharing funds as a contribution to the award, we won't consider it when we review your application. If you receive an award, voluntary cost-sharing funds will be a requirement of your award and you will need to report on them.

Program description

Background

Overview

Sexual violence (SV) is a complex public health problem that affects people across their lifespan. SV often begins early and can lead to adverse short and long-term health outcomes, contributing to a substantial public health burden. Certain communities face a higher burden of SV due to systemic inequities, which worsen these adverse outcomes.

These health inequities, discussed further in this document, highlight the need to address social and structural determinants of health which is necessary for prevention of SV. SV is linked with various mental and physical health issues that disproportionately affect marginalized communities. Preventing it is a crucial way of addressing these issues.

Achieving health equity requires ongoing societal efforts to:

- Address environmental and systematic (social/structural) injustices
- Overcome economic, social, and other obstacles to health and health care
- Eliminate preventable health disparities

Achieving health equity also requires addressing root causes that disproportionately disadvantage people and communities based on characteristics such as race, ethnicity, gender, and ability. These causes can include racism and biases in societal values and public policy.

According to recent NISVS data:

- 67% of non-Hispanic multiracial women in the U.S. reported experiencing some form of contact SV during their lifetime compared to 35% of Hispanic women
- 72% of bisexual women reported experiencing unwanted sexual contact compared to 47% of heterosexual women

Disparities persist even when accounting for other demographic and socioeconomic factors, such as age or income.

Community and societal level prevention approaches, including achieving health equity and reducing disparities, are important to reduce SV and create lasting change. These strategies focus on settings that buffer against the risk for violence as shown in the outer levels of the SEM. The SEM provides a basis for understanding the way risk and protective factors at one level interact with those at another level.

We require SA Coalitions to collaborate with SHDs and other partners to address social and structural determinants of health at the community and societal levels of the SEM. This can be achieved by increasing capacity across statewide organizations and partners to adapt, implement, and evaluate state and community level strategies to prevent SV, and using data for program planning and improvement. These efforts will increase the reach and impact of prevention strategies and advance health equity by reducing disparities and

increasing the use of data-driven decision making to reduce inequities impacting populations and communities with disproportionately high rates of SV.

Related work

This NOFO builds on previous accomplishments and lessons learned from the Rape Prevention and Education program, as well as other funding opportunities and guidance documents:

- CDC-RFA-CE-23-0006 Rape Prevention and Education: Assessing Coalition Capacity to Advance Primary Prevention
- CDC-RFA-CE19-1902 Rape Prevention and Education: Using the Best Available Evidence for Sexual Violence Prevention
- Social Determinants of Health at CDC
- Adverse Childhood Experiences (ACEs)
- Violence Prevention in Practice - VetoViolence - CDC
- Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence
- What is Health Equity? | Health Equity | CDC

For more information, visit Violence Prevention on CDC's website.

Purpose

- This NOFO will fund State and Territory Sexual Assault Coalitions to build infrastructure to implement and evaluate programs, practices, and policies aimed at preventing sexual violence and promoting health equity in communities and populations of focus.
- This funding supports you in fostering meaningful involvement and coordination among partners to build sustainable infrastructure for sexual violence prevention.

Approach

Overview

The logic model in the next section includes the strategies and activities required under this NOFO. It also includes the program's expected outcomes. The asterisked outcomes are those we expect you to achieve during the 4-year period of performance.

Outcomes are the results that you intend to achieve and usually show the intended direction of change, such as increase or decrease.

Not all outcomes apply to all strategies. The table in the following section shows how they apply. You will use these outcomes as a guide for developing performance measures.

Program logic model

The logic model shows the strategies and activities of the program along with the outcomes we expect over time. We will require you to report on the asterisked (*) outcomes.

Table: Program logic model

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Strategy 1: Build infrastructure for SV Prevention • Activity 1.1: Build internal program capacity to facilitate and monitor the implementation of SV prevention efforts • Activity 1.2: Conduct or leverage an existing SV primary prevention capacity assessment with a focus on health equity **Strategy 2: Collaborate with the SHD to enhance State Action Plan (SAP)** • Activity 2.1: Collaborate with the SHD to enhance an existing State/ Territory Action Plan to support State and community level implementation of SV prevention • Activity 2.2: Leverage and meaningfully engage multi-sector partners, resources, and representatives from underserved	• 1.1 Increased recipient capacity to implement and evaluate primary prevention of SV at the community and societal levels* • 1.2 Increased capacity to promote and incorporate health equity program activities relevant to SV prevention among partner organizations* • 2.1 Increased partner and community awareness of effective primary prevention strategies to prevent SV* • 2.2 Increased partner and community awareness of the disparate burden of SV* • 2.3 Increased coordination and collaboration among partners and between State Health Departments (SHDs), Tribal SA Coalitions, representatives from underserved communities and other sectors to prevent SV*	• 1.3 Sustained capacity for program implementation and SV prevention across the state or territory* • 2.4 Increased partner support to implement, evaluate, and adapt state and community level strategies to prevent SV* • 3.4 Increased reach of prevention strategies that impact communities and populations with disproportionately high rates of SV* • 3.5 Increased efforts to align selected strategies with the needs of populations disproportionally impacted by high rates of SV to promote health equity and reduce inequities in SDOH*	• Decrease in rates of SV, particularly in communities disproportionately burdened with high rates of SV • Decrease in rates of SV perpetration and victimization at the state or territory level • Reduce inequities in SDOH that impact disparities in SV rates

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
communities toward SV prevention **Strategy 3: Implement SV prevention approaches** • Activity 3.1: Identify, implement, and adapt SV prevention approaches that promote health equity and reduce disparities in specific SDOH **Strategy 4: Use data to inform action** • Activity 4.1: Gather and synthesize publicly available state and community level data to inform SV prevention • Activity 4.2: Utilize program evaluation and other available data to select and improve SV prevention strategies • Activity 4.3: Develop and implement an evaluation plan	• 3.1 Increased community and societal level implementation of SV prevention strategies* • 3.2 Increased implementation of prevention strategies among communities and populations with disproportionately high rates of SV* • 3.3 Increased implementation of prevention strategies that seek to prevent SV by addressing social and structural determinants of health* • 4.1 Increased access to data that describes inequities within populations and communities with disproportionately high rates of SV* • 4.2 Increased monitoring and evaluation activities and sharing of data related to SV prevention*	• 3.6 Increase in protective factors and decrease in risk factors associated with SV* • 4.3 Increased use of data for decision making to reduce inequities impacting populations and communities with disproportionately high rates of SV* • 4.4 Increased state and community level monitoring of trends in SV outcomes and SDOH*	

*** Indicates outcomes you are required to report on.**

Strategies & activities

This section describes the strategies and activities in detail. We designed them to increase the sustainability of the program beyond the performance period and selected them for their potential to advance health equity.

We expect you to use — and ensure your sub-recipients use — the public health approach to implement violence prevention programs, practices, or policies.

Required strategies and activities

You must implement **all** strategies and activities in the following sections. At the time of application, you must submit **one** work plan. Include:

- Your plan to implement each of your strategies and activities in year 1
- A high-level overview for implementing activities in the subsequent 3 years of funding

We provide more details on the work plan requirements in the work plan section.

Strategy 1: Build infrastructure for SV prevention

Application requirements

In the approach section of your project narrative, you must clearly describe how you will:

- Build internal capacity through staffing, partnerships, and training to run and monitor prevention programming
- Conduct a primary prevention capacity assessment — or use an existing one — with a focus on addressing health equity to prevent SV

Activity 1.1: Build internal program capacity to facilitate and monitor the implementation of prevention programs, practices, and/or policies

Post-award requirements

You must continually build your internal capacity to facilitate and monitor SV prevention efforts at the community and societal levels and to achieve the strategies and activities of this NOFO. Work with your RPE-funded State or Territory Health Department, Tribal SA Coalition (if applicable), and other local, state, and national SV partners to achieve this. Examples of capacity-building activities with your partners include:

- Increasing education, support, and training provided to internal staff related to health equity, data to action, and primary prevention of SV
- Hiring, contracting, or partnering with evaluators to expand capacity for tracking SV indicators and monitoring and evaluation of implementation efforts
- Organizing and participating in a learning collaborative with your RPE-funded State or Territory Health Department and tribal SA Coalitions (if applicable)
- Attending or presenting at conferences related to SV prevention and health equity

Additionally, to help build capacity, we expect you to participate in the following training and technical assistance activities:

- Regularly scheduled project officer calls
- Evaluation office hours and trainings
- Routine site visits and reverse site visits
- E-learning collaboratives
- Webinars facilitated by CDC-funded national technical assistance providers
- RPE leadership/regional trainings
- Trainings on SV prevention

Activity 1.2: Conduct, or leverage, an existing primary prevention capacity assessment with a focus on health equity

Post-award requirements for recipients without an existing primary prevention capacity assessment

If you don't have an existing primary prevention capacity assessment that assesses the capacity of your organization, you must conduct a primary prevention capacity assessment to determine your organization's current ability to enhance and expand primary prevention and health equity work. The assessment should reflect:

- Current staff expertise and available resources
- Available data resources used to identify population(s) and communities of focus
- Current partnerships and how these partnerships are or are not meeting the current and future primary prevention and health equity work needs
- Current technical assistance provision and how well it incorporates health equity

Post-award, we will provide further guidance for conducting a primary prevention capacity assessment.

Post-award requirements for recipients

You must incorporate your assessment findings into all NOFO activities. You must also use the primary prevention capacity assessment in a few ways. For example, you could use the assessment to:

- Identify where gaps exist in capacity to provide primary prevention and address health equity in the implementation of SV prevention strategies
- Develop recommendations to fill gaps in your capacity that will help improve primary prevention and advance health equity
- Share the findings and recommendations with internal programs or leadership through a presentation or report
- Use the findings, recommendations, and relevant data sources to inform discussions about health equity within organizations and with partners
- Use the findings, recommendations, and relevant data sources to inform decision making related to:
  - Program priorities
  - Allocating resources and staffing

- Training and professional development needs
- Strengthening partnerships
- Enhancing evaluation
- Integrating health equity into programming

Summary of primary prevention capacity assessment

You must submit a summary of a completed or enhanced primary prevention assessment with the 2nd Annual Performance Report (APR). Post-award, we will provide further guidance for completing and submitting this summary.

Strategy 2: Collaborate with SHD to enhance State Action Plan (SAP)

Application requirements

In the Approach section of your Project Narrative, describe how you will:

- Collaborate with RPE-funded SHDs, Tribal SA Coalitions (if applicable), and representatives from underserved communities in your state or territory to develop or enhance a SAP to support state and community level implementation and sustainability of SV prevention
- Engage with key partners working to prevent SV

Activity 2.1: Collaborate with the SHD to enhance an existing State or Territory Action Plan to support state and community-level implementation of SV prevention

This involves working with the partners mentioned previously.

Post-award requirements

Within the first six months of being awarded, you must work with your RPE-funded State or Territory Health Department to enhance the existing SAP to strategically and intentionally plan, prioritize, and establish a portfolio of SV prevention approaches based on the best available evidence.

We understand work on this plan may have begun before the start of the performance period for this grant. However, **only one SAP per state or territory is necessary. The SHD and SA Coalition should not work on separate plans.** Post-award, we will provide further guidance for completing and submitting your SAP.

Activity 2.2: Leverage and meaningfully engage multi-sector partners, resources, and representatives from underserved communities toward SV prevention

Post-award requirements

You must engage in a systematic process to identify potential public and private partnerships that can help with program implementation and evaluation. Also ensure that your sub-recipients, when applicable, engage systematically in identifying partnerships.

Once you identify potential partners, establish informal and formal partnerships through contracts, consultations, or memorandums of understanding. Your partners can assist by:

- Collaborating on program selection and implementation
- Providing guidance on program evaluation and data use
- Providing population specific support
- Providing technical assistance in building program implementation and evaluation capacity of sub-recipients

We expect you to serve as a leader in the field of SV prevention at both national and state levels. You will do this by sharing resources, lessons learned, participating in relevant conferences and meetings, and collaborating with key partners. Examples of how you can meaningfully engage with SV partners include:

- Providing technical assistance
- Engaging with partners in action planning to align SV work across the state or territory
- Collaborating with RPE-funded SHDs and Tribal SA Coalitions
- Sharing and making data available to SHDs and Tribal SA Coalitions

Strategy 3: Implement SV prevention approaches

Application requirements

In the approach section of your project narrative, you must clearly describe:

- The focus areas selected (in the next section) and how you used data to inform this decision
- Plans for implementing at least one program, practice, or policy in two of the three focus areas that aligns with your state-level action plan (SAP)
- How you will identify, implement, and adapt SV prevention strategies that advance health equity through reduced disparities in specific SDOH, with a focus on implementation at the community and societal levels
- How the proposed programs, practices, or policies will address inequities in social and structural determinants of health to advance health equity and prevent SV before it starts
- How you will make your programs accessible and available to participants regardless of age, race/ethnicity, sexual orientation, gender identity, sex, ability, or socioeconomic status

Activity 3.1: Identify, implement, and adapt SV prevention approaches that advance health equity and reduce disparities in specific SDOH, with a focus on implementation at the community and societal levels

Application requirements

As part of your application, you must propose a plan to implement programs, policies, and practices in at least two of the three following focus areas (see the table for examples and link to CDC's Sexual Violence Prevention Resources for Action).

Table: Focus Areas

Focus Areas	Description	Examples of approaches with existing evidence
Focus Area 1: Strengthen Economic Supports	Employment, stable housing, financial stability, and food security are important protective factors for women's risk of SV victimization. Policies and programs that work to improve financial stability can also reduce the risk factors associated with SV victimization.	• Strengthen Household Financial Security • Family-Friendly Workplace Policies
Focus Area 2: Create Protective Environments	To achieve population level reductions in SV rates, SV prevention should include community and societal level strategies that change community characteristics, so they are safe, healthy, and protective. Community and societal level prevention strategies go beyond changing individual attitudes, beliefs, and behaviors, and focus on modifying community structures, social norms, environment, and policies.	• Improve School Climate and Safety • Improve Organizational Environments • Reduce Exposure to Community-level Risks
Focus Area 3: Promote Social Norms that Protect Against Violence	Approaches that focus on changing the social norms (group-level beliefs and expectations of members behavior) related to the acceptance of violence and restrictive gender norms of priority groups have the potential to reduce rates of SV perpetration and victimization.	• Bystander Approaches • Men and Boys as Allies in Prevention

Post-award requirements

Begin implementation of at least one program, practice, or policy in year one of the NOFO. We don't require you to implement efforts in all focus areas at once.

You must also choose one of the following 2 options:

Option 1: Select program, practice, or policy efforts from the listed focus areas

Option 2: Continue (or propose) a program, practice, or policy area that is not included as an example in the resources in the next section, but meets at least one of the two following criteria:

- Fits within one of the focus areas of this NOFO and has documented evidence of effectiveness
- Includes one or more of the following criteria:
  - Is grounded in theory of primary prevention of SV
  - Has evidence of helping prevent SV or lower the risk of SV through a less rigorous evaluation for the population of focus
  - Has been successfully implemented before you submit your application
  - Addresses risk and protective factors for SV
  - Demonstrates a link between the theory of the program or policy effort and specific outcomes addressing SV
  - Is feasible to implement and evaluate

Post-award, we encourage you to work with your assigned project officer to review any proposed programs or policy areas that are not included in the previous examples or in the resources.

When you submit your 1st APR, make sure to include:

- Details on the planned implementation of these prevention efforts
- Any updates you make to your programs, policies, and practices

Post-award, we will provide further guidance on submitting APRs.

Resources on programs, practices, and policies

Some elements of the approaches in these focus areas include activities at the individual or relationship level. However, we encourage you to focus most of your implementation efforts at the community and societal levels. These resources may be helpful.

- We based the specific focus areas for the SV prevention strategies and approaches of interest on guidance from CDC's VetoViolence Violence Prevention in Practice tool.)
- You can learn more about informing policy with CDC's POLARIS resources and CDC prohibitions against lobbying in Additional Requirement – 12: Lobbying Restrictions
- You can find more details on selecting, implementing and evaluating strategies, approaches, and programs based

on the best available evidence in the Sexual Violence Prevention Resources for Action

- We encourage you to use CDC's Connecting the Dots framework and other relevant research to understand the causes and connections between different forms of violence.

Adaptations to programs, practices, and policies

Plan ahead for changes to your program, practices, and policies when possible. Adaptations may include additions, deletions, or modifications to content or delivery methods, and changes to sequence. These changes have the potential to affect the fidelity of your program. We expect you to use the Essential Elements Framework to assess whether those adaptations may affect a strategy's effectiveness and whether the adaptations being you consider align with the underlying theory and intent of the strategy.

See Select, Adapt, Evaluate | VetoViolence for more information about how to adapt programs while retaining their essential elements. You may determine that you need one or more adaptations to:

- Increase implementation feasibility given limited time and resources
- Improve the community's ability to understand and engage with the program content
- Increase the relevance of the program given cultural characteristics of the population and delivery setting

Tracking and evaluating adaptations

You must indicate and track any planned adaptations in your implementation and evaluation plan for each impacted program or policy. You must also track any additional adaptations made during implementation, such as field adaptations, and document the rationale to support the need for these changes.

Consider the impact on evaluation when adapting your implementation approach. Adaptations that change the essential elements of a program or policy may require a more rigorous evaluation. We will provide guidance and tools for tracking and planning adaptations after award.

Strategy 4: Use data to inform action

Application requirements

In the Approach Section of your project narrative, you must clearly describe:

- How you will collaborate with the RPE-funded State or Territory Health Department to gather and synthesize key data
- Your plans to identify priority populations and communities, including relevant data sources you will use
- How you will use data to select complementary programs and policies that influence the conditions that contribute to health inequities and impact SDOH associated with SV risk
- How you will use data to address inequities based on race, ethnicity, gender identity, sex, sexual orientation,

geography, socioeconomic status, disability status, primary language, and health literacy in your selected population and communities of focus

- How you will use data to address issues of health equity facing your selected population and communities of focus

Activity 4.1: Collaborate with SHDs to gather and synthesize publicly available state and community level data to inform SV prevention and track disparities in specific SDOH and rates of SV in populations selected for intervention

Post-award requirements

We expect you to collaborate with your RPE-funded State or Territory Health Departments to identify, track, and report on state level or community level SV indicators of this NOFO.

We define indicators as measures or other factors with empirical or theoretical links to SV. These should include SV outcomes, risk and protective factors, SDOH, or conditions that can serve as proxies for SV and are periodically available to track over time.

Selected indicators must link back to the outcome evaluation component of the RPE evaluation plan. See evaluation and performance measurement for more information about specific measurement requirements.

We expect you to:

- Collaborate with the RPE-funded State or Territory Health Department to select SV indicators to track and include them in the RPE evaluation plan. We encourage you to select indicators from publicly accessible state level and local level data sources that can measure:
  - SV outcomes, such as SV perpetration or victimization
  - Risk and protective factors related to SV, such as proxies for gender norms
  - SDOH, such as income inequality and policies
- Collaborate with the state or territory RPE recipients to select indicators that may help identify how social and structural determinants of health inequities link with disproportionate risk of violence within your state and intended communities.
- Collaborate with the RPE-funded State or Territory Health Department to develop a data dissemination plan for the monitoring and tracking of selected indicators. Include actions you will take to use and disseminate this information to partners and communities.
- Some examples of data dissemination activities include:
  - Developing a data dashboard or community-level report that highlights populations with the highest burden of SV to identify priority areas and intervention needs
  - Sharing data with partners and other organizations doing SV prevention work
  - Using data to inform prevention activities, such as education and social marketing campaigns

- Tracking and reporting the selected SV indicators each year using CDC's DVP Partners Portal

- We recommend that you support your evaluation activities by:
  - Using CDC guidance
  - Collaborating with your assigned evaluation officer and CDC-funded technical assistance providers
  - Using existing guidance about selecting indicators from the VetoViolence Violence Indicators Guide & Database

Activity 4.2: Use program evaluation and other available data to select and improve SV prevention strategies for populations and communities with disproportionately high SV rates

Post-award requirements

To address root causes of violence, we expect you to use publicly available and relevant data to consider how SDOH have contributed to SV-related risk and protective factors in your state or communities. Sources might include YRBSS, County Health Rankings, or BRFSS.

We also expect you to address the identified SDOH and risk and protective factors by selecting and implementing appropriate program or policy efforts that include disproportionately impacted populations and communities.

Post-award, we expect you to:

- Develop a plan for how you will use evaluation findings and data for continuous program improvement and include this information in your RPE evaluation plan
- Engage and promote continuous program improvement practice among sub-recipients, if applicable
- Share lessons learned with any sub-recipients, other partners within the state or territory, and other RPE-funded recipients

Activity 4.3: Develop and implement an evaluation plan in collaboration with RPE-funded State Health Departments & tribal SA Coalitions

Post-award requirements

You must develop and implement an RPE evaluation plan that includes process and outcome evaluation. An evaluation plan should not only look at population-level improvements in health, but also the effects of your prevention efforts on addressing health disparities and inequities.

See evaluation and performance measurement for specific evaluation plan expectations.

We expect you to:

- Submit a logic model with your evaluation plan
- Develop and submit an evaluation plan, due at the end of the first fiscal year of this NOFO
- Implement the evaluation plan and report annually on measures and indicators
- Use CDC's DVP Partners Portal to report progress on program evaluation activities, any findings to date, and

any updates you made to the evaluation plan as part of annual reporting

- Support sub-recipients to track implementation measures and outcomes, if applicable
- Ensure that sub-recipients' implementation and evaluation activities align with and contribute to SAP and evaluation plan efforts, if applicable

We encourage you to include your state's RPE-funded SHDs and Tribal SA Coalitions in the development of this evaluation plan. This will help you coordinate SV evaluation efforts across the state or territory.

We also recommend that you support your evaluation by:

- Using guidance provided by CDC
- Collaborating with your assigned evaluation officer and CDC-funded technical assistance providers
- Using existing guidance about evaluation from the VetoViolence EvaluACTION tool

Post-award, we will provide specific guidance for finalizing your logic model and RPE evaluation plan. We will provide feedback on your application materials to facilitate completion of these deliverables.

Outcomes

You will determine how effective your implemented approaches and activities are by using measurable outcomes.

Outcomes are results that the program intends to achieve and usually indicate the intended direction of change. This section includes outcomes we expect you to report progress on and achieve within the period of performance.

We expect you to achieve the asterisked outcomes in the logic model. You must meet:

- Short-term outcomes within the first two years
- Intermediate outcomes within three to four years

Post-award requirements

We expect you to implement your planned activities using a public health approach that aligns with the short-term, intermediate, and long-term outcomes in the NOFO logic model.

You must submit a state level logic model with your first APR along with your evaluation plan. You do not need to submit it with your application. We will provide specific guidance after award.

You should:

- Use the NOFO logic model outcomes as a guide to align your activities
- Add details to these outcomes and additional outcomes specific to your activities and state or community context
- Include connections and relationships among SHDs, SA Coalitions, and Tribal Coalitions as well as risk and protective factors
- Illustrate links across implemented activities, short-term outcomes, intermediate outcomes, and long-term outcomes to paint a cohesive understanding of your program

Example risk factors:

- Violent programming
- Harmful norms around masculinity and femininity
- Cultural norms that support aggression toward others
- Diminished economic opportunities or high unemployment rates
- Poor neighborhood support and cohesion
- High number of places selling alcohol (high alcohol outlet density)

Example protective factors:

- Community support
- Connections and commitment to school
- Connections to family

With technical guidance and support from us, you will identify, measure, and monitor indicators that align with the outcomes related to the activities and strategies in your logic model.

We only expect you to achieve the short-term and intermediate outcomes during the period of performance. However, we will also work with you to identify and develop strategies for measuring outcomes that track long term impact on SV and health equity.

We require that you report your progress and accomplishments using the DVP Partners Portal. The evaluation and performance measurement section describes the methods for evaluation and performance monitoring.

Focus populations

To lower SV perpetration and victimization rates significantly, it's important to address social and structural determinants of health that influence SV. In collaboration with CDC and key partners, you should work to reduce disparities and inequities to advance health equity among populations and communities disproportionately affected by SV. This includes:

- Racial/ethnic minorities
- People with disabilities
- Non-English-speaking populations
- Tribal populations
- Rural communities
- People in other geographically underserved areas
- People otherwise adversely affected by persistent poverty or inequality
- Sexual and gender minorities
- People with limited health literacy

In this NOFO, we don't define specific priority populations or communities of focus. However, we expect you to use data to identify priority populations, communities, and environments that experience inequities and are at risk for SV due to disproportionate lack of access to conditions for health and safety, such as Social and Structural Determinants of Health.

Application requirements

In your application:

- Identify your focus population
- Provide a detailed description of how you intend to identify priority populations and communities, including how you will use data to prioritize and select priority populations and communities
- Describe relevant data sources that you will use for this process; we encourage you to collaborate with your SHD to identify available data sources
- Describe the elevated risk in selected populations or communities of focus and track other data describing them, such as socioeconomic status, health literacy, geography, and other relevant indicators
- Demonstrate the populations or communities of focus at the highest risk for SV, describe the sources of data cited in your application narrative

Sources for this data can include:

- National Intimate Partner and Sexual Violence Survey (NISVS)
- Youth Risk Behavior Surveillance System (YRBSS)
- County Health Rankings and road maps
- Law enforcement data
- Interactive state, county, and city level data dashboards
- Socioeconomic indicators like poverty rates, population change, unemployment rates, and education levels

Include a description of how you:

- Will address inequities based on factors like race, ethnicity, gender identity, sex, sexual orientation, geography, socioeconomic status, disability status, primary language, and health literacy
- Plan to address issues of health equity facing your selected population and communities of focus

Post-award requirements

You must describe populations and communities disproportionately burdened by SV, and populations at the highest risk for SV using available resources. These resources may include:

- A map of the community data, such as census tract, zip code, and neighborhoods, relevant to your selected population
- Demographic composition of the selected areas or communities of focus
- The percent of population in the area with income at or below 100% of the federal poverty level
- SV prevalence, risk, and protective factor data for selected populations demonstrating disproportionate risk for SV

Health disparities

The goal of health equity is for everyone to have a fair and just opportunity to attain their highest level of health. Health disparities are often caused by social determinants that

influence which populations are most disproportionately affected by health conditions.

A health disparity is a difference in health burdens between groups of people with differing social determinants of health.

Social determinants of health are conditions in the environments where people are born, live, learn, work, play, worship, and age. These determinants affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Application requirements

You must describe in your application how your proposed activities and strategies will address inequities in social and structural determinants of health to advance health equity.

Post-award requirements

You should work to reduce SV perpetration and victimization risk factors across the entire population of focus. Place special emphasis on eliminating the health inequities that contribute to higher rates of violence victimization and perpetration. You are expected to use data to identify populations at risk for SV due to inequitable access to the conditions needed for health and safety. By eliminating inequities in SDOH, you can reduce risk factors or increase protective factors for SV victimization and perpetration.

Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health is an additional resource to help communities address social determinants of health.

Equal opportunities

This NOFO, including funding and eligibility, is not limited based on, and does not discriminate on the basis of race, color, national origin, disability, age, sex (including gender identity, sexual orientation, and pregnancy) or other constitutionally protected statuses.

Organizational capacity

Application requirements

In your application, you must describe your vision and approach for effectively implementing all of this NOFO's requirements. You must provide details about your capacity to implement the NOFO activities within the following areas:

- **General capacity:** You must demonstrate an adequate and appropriate capacity to lead RPE efforts and support the requirements of this grant. You must describe your:
  - Expertise in SV prevention, health equity, and partnership development
  - Capacity in program planning, program evaluation, performance monitoring, budget management, financial reporting, personnel management
  - Ability to develop, award, and manage required procurement efforts
  - Capacity to initiate the activities required under this grant
  - Capacity to successfully implement and evaluate programming at the community and societal levels

- **Organizational capacity:** You must also show your organizational infrastructure and capacity by attaching:
  - An organizational chart, including charts for significant partners and contractors
  - A staffing plan describing key staff who will have a critical role in the RPE program and information about the role of contractors, consultants, and partners who will implement the strategies and activities
  - Resumes for staff who will have a substantial role in the leadership of this project
- **Capacity for partnership and collaboration:** You must describe your:
  - Experience developing and maintaining multi-sectoral partnerships, including approaches for engagement
  - Experience implementing SV prevention strategies and activities in collaboration with multi-sectoral partners
  - Plan to develop partnerships as part of the NOFO activities if they don't exist
  - Plan for collaborating with RPE-funded State or Territory Health Departments
- **Training and technical assistance capacity:** You must describe your:
  - Experience in supporting — or current capacity to support — RPE-funded State or Territory Health Departments and other partners in implementing community and societal level approaches to advance the prevention of SV
  - Current or intended capacity to provide training and technical assistance
- **Sustainability and leverage:** You must describe your plans to leverage funds and resources to sustain and expand SV primary prevention work during the NOFO period of performance and beyond.
- **Evaluation capacity:** You must describe your capacity to develop and implement an evaluation plan in collaboration with the RPE-funded State or Territory Health Department, SA Coalitions (if applicable), Tribes and Tribal SA Coalitions (if applicable). The plan needs to include an evaluation of sub-recipient activities, such as access to data and staff or contractors with experience in evaluation methodology. Your staff's experience must include:
  - Measuring, tracking, and evaluating the implementation of specific efforts
  - Implementation of activities related to the SAP
  - Improvements in organizational and community capacity
  - Trends and rates related to SV and its associated risk and protective factors

For a more detailed list of competencies, see the American Evaluation Association's website for competencies and standards.

For more guidance on evaluating violence prevention programs, visit the CDC VetoViolence EvaluACTION website.

Collaborations

Application requirements

In your application, you must describe:

- How you will meaningfully collaborate with other CDC programs, CDC-funded organizations, and other organizations not funded by CDC
- How your organization has already established, or will establish, strategic multi-sectoral partnerships at the state level with organizations and partners not funded by CDC, that demonstrate commitment, including to working with your selected focus populations
- How you will sustain strong and consistent partnerships necessary for the success of the NOFO, as well as any key state level groups that would likely partner in developing the SAP

Post-award requirements

Collaboration with other CDC programs and CDC-funded organizations

You must collaborate with RPE-funded State and Territory Health Departments.

We encourage you to:

- Engage in meaningful collaboration among RPE-funded sub-recipients and SHDs to maximize reach and impact of the NOFO strategies. You should build strong partnerships with other SA Coalitions and Tribal SA Coalitions
- Collaborate with CDC-funded technical assistance providers for capacity-building technical assistance and training
- Collaborate with partners in your state who are recipients of:
  - Advancing Violence Epidemiology in Real Time (AVERT) / Firearm Injury Surveillance Through Emergency Rooms (FASTER)
  - Core State Injury Prevention Program (Core SIPP) (CE21-2101)
  - DELTA AHEAD (CE23-2301) State Domestic Violence Coalition
  - Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action
  - Injury Control Research Centers (ICRCs)
  - National Centers of Excellence in Youth Violence Prevention (YVPC)
  - National Violent Death Reporting System (NVDRS)
  - Preventing Violence Affecting Young Lives (PREVAYL)
  - Rape Prevention and Education (CDC-RFA-CE-24-0027)

A list of CDC-funded violence programs is available at on CDC Violence Prevention Funded Programs and Initiatives website.

Collaboration with organizations not funded by CDC

You should engage in partnerships with multi-sector agencies and organizations to advance SV prevention and evaluation efforts that will maximize reach and impact of the NOFO strategies. We encourage you to sustain partnerships and collaborate with non-CDC funded entities such as:

- RPE sub-recipients
- State/Territory SA Coalitions
- Tribal SA Coalitions, Tribes or Tribal organizations
- Community, state, and national partners, including:
  - Organizations in the business community
  - Universities and academic institutions
  - Emergency management
  - Hospitals
  - Media
  - Non-government organizations
  - Nonprofit agencies
  - Other federal, state, or local government agencies
  - The public health community
  - Rape crisis centers
  - Local health departments
  - Faith-based organizations
  - The military
  - Culturally specific organizations
  - National organizations that focus on the selected population, community, or health disparities

Sharing program results with partners

You can foster and sustain SV primary prevention at the national level by sharing program results, including lessons learned, challenges, successes, evaluation findings, and tools developed.

You should share through multiple mechanisms, such as CDC and technical assistance provider-sponsored webinars, listservs, conference calls, recipient meetings, trainings, and regional and national conferences.

Data, monitoring, & evaluation

CDC strategy

Our approach for evaluating and measuring the performance of this NOFO is to assess the process and outcomes of the RPE program through the SA Coalition's evaluation, which includes evaluation of sub-recipient activities.

You are also expected to participate in CDC's initiative-level evaluation of this NOFO. The purpose of the initiative-level evaluation is to observe and document the progress, achievements, and lessons learned of recipients as they work toward NOFO activities and outcomes through implementing and evaluating community and societal level SV primary prevention approaches. Through the duration of the grant, you are required to participate in the CDC-requested data collection activities. Initiative level data collection activities may include but are not limited to focus groups, surveys, and interviews.

Evaluation and performance measurement plan

Application requirements

You must only provide a summary of your approach to the evaluation. Indicate how you plan to address requirements for your evaluation and performance measurement. Creating the summary of the evaluation approach will help you prepare for developing an evaluation plan.

At a minimum, the summary of the evaluation plan must include:

- Brief discussion of the efforts being evaluated and populations of focus
- Description of the process and outcome evaluation to be conducted
- Key components of the evaluation and questions the evaluations will address

Post-award requirements

Evaluation Plan

You will be expected to develop an evaluation plan to assess your required strategies and activities and progress toward NOFO outcomes.

The final evaluation plan is due with your first APR. Post-award, we will provide guidance and technical assistance to help you refine, finalize, and implement your evaluation plan.

As part of the evaluation plan, you will need to provide:

- A logic model that shows the overall efforts of the NOFO
- Selected strategies and approaches for the state or territory and sub-recipient (if applicable)
- Expected short-term, intermediate, and long-term outcomes
- Plans for evaluating the implementation (process) and outcomes for all NOFO activities for the SAP
- Plans for evaluating the implementation (process) and outcomes for the selected prevention focus areas approaches implemented by you and your sub-recipients (if applicable)
- The approach and methods for continuous program improvement

The plan will include SV indicators identified to track NOFO activities. You should support sub-recipients (if applicable) in developing their local-level evaluation plans. These local-level evaluation plans should inform state level evaluation but will **not** be collected annually by CDC.

Evaluation questions

Your evaluation plan will need to propose methods to answer the following evaluation questions:

- To what extent has the SA Coalition accomplished the short-term and intermediate outcomes in the NOFO logic model?
- Which factors are critical for implementing selected prevention strategies and approaches?
- To what extent has the SA Coalition leveraged multi-sector partnerships and resources toward SV prevention?
- To what extent has the SA Coalition addressed SDOH and health equity and how they are related to sexual violence prevention into their planning, implementation, and evaluation?
- To what extent has the SA Coalition increased use of data-driven decision-making, as well as state or territory and community-level monitoring of trends, related SV prevention, and SDOH?

Tracking progress

We expect that your evaluation plan will include a description of how you will track the progress of:

- Implementation of selected prevention strategies and approaches by you and your sub-recipients (if applicable) outcomes identified in the NOFO logic model
- Public and private partnerships

Required performance measures

Post-award, you will be expected to report on the following performance measures:

- Achievement of NOFO activities outlined in your annual work plan related to prevention activities and sub-recipient activities (if applicable)
- Progress on resource realignment efforts, coordination, and collaboration with SHDs, partners, and other sub-recipients (if applicable)
- State or territory and local level indicators that measure short term and intermediate outcomes of community and societal level primary prevention approaches

If these required performance measures change, we will ensure that you get updated guidance.

Identifying indicators and data sources

We expect you to focus (as much as possible) on publicly available state or territory and local level data to develop the evaluation plan and track indicators related to SV outcomes. This could include data from school administrations or law enforcement. You should collaborate with the SHD to identify and select indicators and data sources. Post-award, we will work with you to identify indicators and potential data sources you can use to track key outcomes.

We expect you to report annually on the selected SV indicators, your evaluation findings, and progress on your NOFO activities. This includes evaluation and efforts to enhance capacity to track and report on SV indicators.

Data collection

We do not expect you to conduct statewide primary data collection for the purpose of the evaluation. However, your evaluation activities may include collecting additional qualitative and quantitative data related to specific efforts.

Program improvement expectations

Post-award, we will expect you to incorporate continuous quality improvement in:

- Implementing prevention activities and strategies
- Establishing feedback loops among recipients, sub-recipients (if applicable), and other state or territory partners

We will require that you develop an approach and method for data-driven program improvement. Your approach will use existing program data, such as process evaluation information, and collect new information as needed. The program improvement component should describe:

- The process and plan for how you will use evaluation findings or knowledge gathered for continuous program improvement (such as adjusting activities and implementation for the NOFO or selected prevention strategies and approaches)
- Improving the planning, implementation, and reporting of project activities. The process you will use to engage and promote continuous program improvement among sub-recipients, if applicable
- Your methods for continuous program improvement, such as rapid cycle and Plan-Do-Study-Act
- How you will share lessons learned with partners and other recipients
- How you will produce, translate, disseminate, and communicate data about your prevention approach to a range of audiences — scientists, health care and public health professionals, and members of the public
- Your plan to identify performance measures that address evaluation questions
- How program evaluation findings will contribute to reducing or eliminating health disparities
- How key program partners will participate in the evaluation and performance measurement process
- How you will share evaluation findings with communities and populations of interest in a way that meets their needs

Data management plan (DMP)

Post-award, we will require you to submit a DMP annually as part of your evaluation plan in your APRs. CDC will provide a DMP template.

In your DMP, describe:

- The data you plan to collect and your available data sources
- The feasibility of collecting appropriate evaluation and performance data
- Your DMP also needs to include:
  - The data you will collect or generate

- Any reasons you can't share data collected or generated under this award with CDC such as legal, regulatory, policy, or technical concerns
- Who can access data and how you will protect them
- Standards that ensure released data have documentation that describes your collection methods, what the data represent, and data limitations
- Archival and long-term data preservation plans
- How you will update the DMP as new information is available over the life of the project
- Other relevant information, such as performance measures you propose

For a definition of "public health data" and other key information, see AR 25: Data Management and Access on our website. For more information about CDC's policy on the DMP, see Data Management and Access Requirement.

Work plan

You must provide a work plan for your project. It will connect outcomes from your period of performance, strategies and activities, and measures. It will also provide more detail on how you will measure outcomes and processes.

Application requirements

Work plan overview

In your application, you will submit one work plan that includes specific details for the first year of the project. It will also include a **high-level** overview that estimates the work you can complete during the subsequent three years of the project. Each year when you submit your APR and continuation applications, you will have an opportunity to update your proposed work plan.

The work plan should also describe any anticipated challenges to successfully completing NOFO activities and how you plan to address those challenges. Focus on challenges related to the development of the SAP, state level evaluation plan, and implementation of selected prevention approaches.

Required work plan strategies and activities

The work plan goals and objectives align with the strategies and activities outlined in the logic model. You must include the following goals and objectives in your work plan.

Table: Goals and objectives

Goal	Objective
Goal 1: Build infrastructure for sexual violence prevention	• **Objective 1A:** Build internal program capacity to facilitate and monitor the implementation of prevention programs, practices, and/or policies • **Objective 1B:** Conduct, or leverage, an existing primary prevention capacity assessment with a focus on health equity
Goal 2: Collaborate with the SHD to enhance State Action Plan (SAP)	• **Objective 2A:** Collaborate with the SHD to enhance an existing State or Territory Action Plan to support state and community-level implementation of SV prevention • **Objective 2B:** Leverage and meaningfully engage multi-sector partners, resources, and representatives from underserved communities toward SV prevention
Goal 3: Implement SV prevention approaches	• **Objective 3A:** Identify, implement, and adapt SV prevention approaches that advance health equity and reduce disparities in specific SDOH, with a focus on implementation at the community and societal levels
Goal 4: Use data to inform action	• **Objective 4A:** Collaborate with SHDs to gather and synthesize publicly available state and community level data to inform SV prevention and track disparities in specific SDOH and rates of SV in populations selected for intervention • **Objective 4B:** Use program evaluation and other available data to select and improve SV prevention strategies for populations and communities with disproportionately high SV rates • **Objective 4C:** Develop and implement an evaluation plan in collaboration with RPE-funded State Health Departments & tribal SA Coalitions

Work plan format

We've provided a sample work plan format in the next section.

While you may submit your work plan in a different format, you must include the essential elements illustrated in the sample. You also need to clarify how the work plan components correspond to the:

- Narrative sections of the NOFO
- Logic model strategies, activities, outcomes, and evaluation and performance measures

Post-award, we will provide further details and standard tools for an enhanced work plan to monitor your activities as part of Evaluation and Performance Measurement.

Note that a milestone is not the same as an activity. A milestone is accomplished through several activities and clearly shows movement towards the objectives and goals. Further details on milestones will be provided post-award.

Table: Sample work plan format

Objective #: (Correponds to logic model activity) _____

Milestone description Provide a concise statement of the milestone	**Key activities** Provide a brief description of activities that will be conducted to complete the milestone	**Start date** Anticipated milestone start date	**End date** Anticipated milestone end date

Table: Summary of evaluation application and post-award deliverables

Required deliverables	Due date
Work plan	At time of application
Evaluation approach summary	At time of application
Annual performance report (APR)	No later than 120 days prior to the end of the budget period
Data management plan (DMP)	With 1st APR
Evaluation plan and logic model	With 1st APR
Capacity assessment summary	With 2nd APR

Paperwork Reduction Act

Any activities involving information collections from 10 or more individuals or organizations may require you to follow the Paperwork Reduction Act (PRA). This requires review and approval by the White House Office of Management and Budget. For further information about CDC's requirements under PRA, see CDC Paperwork Reduction Act Compliance. Collections include items like surveys and questionnaires.

Funding policies & limitations

Allowable costs

- Your budget is arranged in eight categories: salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual.
- You may use funds only for reasonable program purposes consistent with the award, its terms and conditions, and federal laws and regulations that apply to the award. If you have questions about this determination, ask your assigned grants management specialist and your assigned project officer.
- Generally, you may not use funds to purchase furniture or equipment. Clearly identify and justify any such proposed spending in the budget.
- You may use funds to ensure state, Tribal, local, and Territory employees funded by CDC grant or cooperative agreement awards are adequately trained and prepared to effectively participate in jurisdictional emergency response activities.

Anti-lobbying

You may use RPE funds for policy-related activities such as:

- Analyzing data to identify trends and opportunities
- Analyzing and understanding policy options
- Collaborating with partners to educate about policy issues

- Providing evidence and education to key partners and policymakers
- Educating the public about existing policies
- Evaluating the impact of policies

For example, you may choose to work with partners to conduct a health impact assessment on a certain policy or benefit and then disseminate the results of that assessment to relevant partners. Please see Anti-Lobbying Restrictions for CDC Grantees to learn more about the use of CDC funds for lobbying.

Unallowable costs

You may not use funds for:

- Research
- Clinical care except as allowed by law
- Pre-award costs unless CDC gives you prior written approval
- Other than for normal and recognized executive-legislative relationships:
  - Publicity or propaganda purposes, including preparing, distributing, or using any material designed to support or defeat the enactment of legislation before any legislative body.
  - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
  - See Guidance on Lobbying for CDC Recipients.
- Reimbursement of pre-award costs generally is not allowed unless the CDC provides written approval to the recipient.
- You must adhere to Congressional legislation (Section 393B of the Public Health Service Act [42 U.S.C. 280b-1b). The legislation stipulates the following:
  - You may not use more than five percent of the amount received for each fiscal year for administrative expenses. This five percent limitation is in lieu of, and replaces, the indirect cost rate. You can still submit and use an IDC rate if after calculations the total IDC is no more than five percent of total received in the fiscal year.
  - You may not use more than two percent of the amount received for each fiscal year for surveillance studies or prevalence studies.
  - You must use amounts provided to you to supplement, and not supplant Preventive Health and Health Services Block grant, other federal, state, and local public funds expended to provide the activities described previously.
  - You may not use funds to provide direct counseling, treatment, or advocacy services to victims or perpetrators of sexual violence, except for hotlines.

- You may not use funds for media or awareness campaigns that exclusively promote awareness of where to receive victim services.

Indirect costs

Indirect costs are those for a common or joint purpose across more than one project and that cannot be easily separated by project. Learn more at 45 CFR 75.414, Indirect Costs and CDC Budget Preparation Guidelines.

To charge indirect costs you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency.

Justification: Provide a summary of the rate. Enclose a copy of the current approved rate agreement in the Attachments.

Method 2 – De minimis rate. Per 45 CFR 75.414(f), if you have never received a negotiated indirect cost rate, you may elect to charge a de minimis rate. If you are awaiting approval of an indirect cost proposal, you may also use the de minimis rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 10% of modified total direct costs (MTDC). See 45 CFR 75.2 for the definition of MTDC. You can use this rate indefinitely.

See Other Indirect Cost Policies in the next section for indirect costs limitations specific to this NOFO.

Other indirect cost policies

- Under this program, you may charge indirect costs. However, because of statutory limits, the total of direct and indirect administrative costs cannot exceed 5% of the amount awarded.
- As described in 45 CFR 75.403(d), you must consistently charge items as either indirect or direct costs and may not double charge.
- Indirect costs may include the cost of collecting, managing, sharing, and preserving data.

National public health priorities and strategies

Healthy People 2030

- Reduce intimate partner violence — IVP-D04 (Developmental)
- Reduce contact sexual violence — IVP-D05 (Developmental)
- Reduce adolescent sexual violence by anyone — IVP-17
- Reduce sexual or physical adolescent dating violence — IVP-18
- Reduce the number of young adults who report 3 or more adverse childhood experiences — IVPD03

Other national public health priorities and strategies

- HHS Equity Action Plan
- National Plan to End Gender-Based Violence
- WHO RESPECT Women: Preventing Violence Against Women
- National Center for Injury Prevention and Control's Research Priorities

Statutory authority

Violence Against Women Act Reauthorization Act of 2022, Section 393A of the Public Health Service Act [42 U.S.C. 280b-1b] and (d)(4)).



Step 2:
Get Ready to Apply

In this step

Get registered 40

Get registered

While you can review the requirements and get started on developing your application before your registrations are complete, you must be registered in both SAM.gov and Grants.gov to apply.

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier. SAM.gov registration can take several weeks. Begin the process today.

To register:

- Go to SAM.gov Entity Registration
- Select Get Started

From the same page, you can also select Entity Registration Checklist for the information you will need to register.

Grants.gov

You must also have an active account with Grants.gov. You can see step-by step instructions in the Grants.gov Quick Start Guide for Applicants.

Need help? See Contacts and Support.

Find the application package

The application package has all the forms you need to apply. Go to Grants Search at Grants.gov and search for opportunity number CDC-RFA-CE-24-0068.

Once you're on the webpage, you can subscribe to get updates on changes to this NOFO.

If you can't use Grants.gov to download application materials or have other technical difficulties, including issues with application submission, contact grants.gov for assistance. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov.

Help applying

For help on the application process and tips for preparing your application, see How to Apply on our website. For other questions, see Contacts & Support.

Join the webinar

Join us for an informational webinar on February 29, 2024, at 2:00 p.m. ET.

Link: https://cdc.zoomgov.com/j/1611176946?pwd=b1BvWnZuN3AxZlJKYUJmQjQ1cWN2Zz09



Step 3:
Prepare Your Application

In this step

Application contents & format 42

Application contents & format

Applications include five main elements. This section includes guidance on each. Make sure you include each one listed in the table.

Element	Submission Form
Project abstract	Use the Project Abstract Summary form
Project narrative	Use the Project Narrative Attachment form
Budget narrative justification	Use the Budget Narrative Attachment form
Attachments	Insert each in the Other Attachments form
Standard forms	Upload using each required form

We provide instructions on document formats in the following sections. If you don't provide required documents, your application is incomplete. See initial review to understand how this would affect your application.

Required format for project abstract, project narrative, and budget narrative

Font: Calibri

Format: PDF

Size: 12-point font
Footnotes and text in graphics may be 10-point

Spacing: Single-spaced
Margins: 1-inch

Include page numbers

Project abstract

Page Limit: 1

File name: Project Abstract Summary

Provide a self-contained summary of your proposed project, including the purpose and outcomes. Do not include any proprietary or confidential information. We use this information when we receive public information requests about funded projects.

Project narrative

Page Limit: 20

File name: Project Narrative

Your project narrative must use the exact headings, subheadings, and order that we outline in this section. See

technical review criteria to understand how reviewers will evaluate your Project Narrative.

Background

Describe the problem you plan to address. Be specific to your population and geographic area.

See program description, background.

Approach

Strategies and activities

Describe how you will implement the proposed strategies and activities to achieve the period of performance outcomes. Explain whether they are:

- Existing evidence-based strategies
- Other strategies, with a reference to where you describe how you will evaluate them in your evaluation and performance measurement plan

See program description, strategies and activities.

Outcomes

Using the logic model in program description, approach, identify the outcomes you expect to achieve or make progress on by the end of the period of performance.

Evaluation and performance measurement plan

Post-award, you must provide an evaluation and performance measurement plan. This plan describes how you will fulfill the requirements in evaluation and performance measurement.

In your application, you will also attach a summary of your evaluation approach. See attachments.

Work plan

Include a work plan using the requirements in program description, work plan.

Focus populations and health disparities

Describe the specific population or populations you plan to address under this award. Explain how you will include them and meet their needs in your project.

Describe how your work will benefit public health as well as the populations and alleviate health disparities.

See program description, focus populations.

Organizational capacity

Describe how you will address the organizational capacity requirements in program description, organizational capacity.

You must provide attachments that support this section including:

- Resumes and job descriptions
- Organization chart
- Staffing plan

Collaborations

Describe how you will collaborate with programs and organizations, either internal or external to CDC. Explain how you will address the collaboration requirements in program description, collaborations.

Budget narrative

We expect you to include funding for:

- At least one SA Coalition RPE staff member to attend one meeting each year with the CDC
- Conducting program evaluation and performance monitoring
- Potential costs for reasonable disability accommodations or services for attendees of CDC-funded programs or meetings related to the NOFO requirements

Page limit: None

File name: Budget Narrative

The budget narrative supports the information you provide in Standard Form 424-A. See standard forms.

As you develop your budget, consider If the costs are reasonable and consistent with your project's purpose and activities. CDC will review and must approve costs pre-award.

The budget narrative must explain and justify the costs in your budget. Provide the basis you used to calculate costs. It must follow this format:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total direct costs (total of all items)
- Total indirect costs

See funding policies & limitations for policies you must follow.

Attachments

You will upload attachments in Grants.gov using the Other Attachments Form. You can submit attachments in PDF, Word, or Excel formats.

Save your attachments using the following naming convention:

- State or organization's name/Acronym_CE-24-0068_name of attachment_ year

- Example: SA Coalition Name_CE-24-0068_Workplan_2024

In the following sections, we include the name for each of your attachments.

Table of contents

Provide a detailed table of contents for your entire submission that includes all the documents in the application and headings in the "Project Narrative" section. There is no page limit.

Name of attachment: Table of Contents

Evaluation approach

Page limit: 5 pages

At a minimum, the summary of your evaluation plan must include:

- A brief discussion of the efforts and also include population of focus
- Evaluation questions that will be addressed by your evaluation plan
- A description of the process and outcome evaluation to be conducted
- Key components of the evaluation

Name of attachment: Evaluation Summary

Indirect cost agreement

If you include indirect costs in your budget using an approved rate, include a copy of your current agreement approved by your cognizant agency for indirect costs. If you use the de minimis rate, you do not need to submit this attachment.

Name of attachment: Indirect Cost Agreement

Proof of nonprofit status

If your organization is a nonprofit, you need to attach proof. We will accept any of the following:

- A copy of a current tax exemption certificate from the IRS
- A letter from your state's tax department, attorney general, or another state official saying that your group is a nonprofit and that none of your net earnings go to private shareholders or others
- A certified copy of your certificate of incorporation that shows your group is a nonprofit
- Any of the preceding for a parent organization along with a statement signed by an official of the parent group that your organization is a nonprofit affiliate

Name of attachment: Nonprofit status

Resumes and job descriptions

For key personnel, attach resumes for positions that are filled. If a position isn't filled, attach the job description with qualifications and plans to hire.

Name of attachment: Resumes and Job Descriptions

Staffing plan

Attach a staffing plan describing key staff who will have a critical role in the RPE program and information about the role of contractors, consultants, and partners who will implement the strategies and activities.

Name of attachment: Staffing Plan

Organization chart

Provide an organization chart that describes your structure. Include any relevant information to help understand how parts of your structure apply to your proposed project.

Name of attachment: Organization Chart

Duplication of efforts

You must provide this attachment only if you have submitted a similar request for a grant, cooperative agreement, or contract to another funding source in the same fiscal year and it may result in any of the following types of overlap:

Programmatic

- They are substantially the same project
- A specific objective and the project design for accomplishing it are the same or closely related

Budgetary

- You request duplicate or equivalent budget items that already are provided by another source or requested in the other submission

Commitment

- Given all current and potential funding sources, an individual's time commitment exceeds 100 percent, which is not allowed

We will discuss the overlap with you and resolve the issue pre-award.

Name of attachment: Report on Overlap

Optional attachments

- Bona Fide Agent status documentation, if applicable

Standard forms

You will need to complete some standard forms. Upload the standard forms listed in the following table at Grants.gov. You can find them in the NOFO application package or review them and their instructions at Grants.gov forms.

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application
Budget Information for Non-Construction Programs (SF-424A)	With application
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award



Step 4:
Learn About Review & Award

In this step

Application review 48

Award notices 52

Application review

Initial review

We review each application to make sure it meets responsiveness requirements. These are the basic requirements you must meet to move forward in the process. We won't consider an application that:

- Is from an organization that doesn't meet eligibility criteria (see requirements in Eligibility)
- Is submitted after the deadline
- Proposes research activities (see 45 CFR 75.2 for the definition of research)

Technical review

Here are the criteria we will use to assess your application and conduct a technical review for all eligible applicants.

Criteria

1. Background and Approach
2. Evaluation and Performance Measurement
3. Organizational Capacity

Background and approach

Table: Strategy 1: Build infrastructure for SV prevention

Applicant describes:	Yes/No
How they will build internal program capacity to facilitate and monitor implementation of prevention programs/practices/policies.	
How they will conduct or leverage an existing primary prevention capacity assessment with a focus on health equity.	

Table: Strategy 2: Collaborate with the State/Territorial RPE recipient to enhance State Action Plan (SAP)

Applicant describes:	Yes/No
How they will collaborate with State/Territory Health Departments Tribal SA Coalitions, and representatives from underserved communities in their state or territory to enhance a state/territory action plan to support state- and community-level implementation and sustainability of SV prevention.	
How they will leverage and meaningfully engage multi sector partners, resources, and representatives from underserved communities towards SV prevention.	

Table: Strategy 3: Implement SV prevention approaches

Applicant describes:	Yes/No
How they will identify, implement, and adapt SV prevention approaches that advance health equity through reduced disparities in specific SDOH, with a focus on implementation at the community- and societal-levels	
How proposed program/practice/policy efforts will address inequities in social and structural determinants of health to advance health equity and prevent SV before it starts (primary prevention)	

Table: Strategy 4: Use data to inform action

Applicant describes:	Yes/No
How they will collaborate with the state/territorial RPE recipient to gather and synthesize publicly available data that will be used to identify specific SDOH and risk/protective factors where inequities are leading to disproportionately high rates of SV within populations and communities in their state/territory	
How they intend to identify priority populations and communities and provide relevant data sources that will be used for this process	
How they will use data to select complementary programs and policies to influence the conditions contributing to health inequities and impact SDOH that can decrease risk for and increase protection against SV	

Table: Work plan

Applicant:	Yes/No
Provides a detailed work plan for the first year of award which: • Describes how the applicant will address all strategies and activities to achieve NOFO outcomes • Provides start and end dates for each milestone • Provides process and outcome measures for each activity • Provide a high-level overview for years 2-4 of funding	

Table: Collaboration

Applicant describes:	Yes/No
How they intend to work and build strong partnerships with RPE-funded State and Territorial Health Departments, Tribal SA Coalitions and CDC-funded technical assistance providers.	

Table: Evaluation and performance measurement

Applicant:	Yes/No
Provides an Evaluation Summary describing their approach to the state/territory-level evaluation indicating how they plan to address requirements for their evaluation and performance measurement including: • A brief discussion of the efforts and population(s) of focus • A description of the process and outcome evaluation to be conducted • Key components of the evaluation and evaluation questions to be addressed by the evaluation • How the applicant will collect data and use evaluation findings for continuous quality improvement	

Table: Organizational capacity to implement the approach

Applicant:	Yes/No
Describes their capacity to manage programs and resources ensuring the administrative, financial, and staff support necessary to sustain activities. This includes describing an adequate staffing plan, providing CVs/resumes for proposed personnel, an organizational chart, and a project management structure that clearly defines staff roles and reporting structure as it applies to this funding opportunity.	
Describes their capacity to develop and implement an evaluation plan in collaboration with state and territorial health department, SA coalitions (if applicable), Tribes and Tribal SA coalitions (if applicable) that includes evaluation of sub-recipient activities.	

Table: Budget

Applicant:	Yes/No
Describes how the budget supports the work plan and evaluation plan.	
Provides an accurate and reasonable budget consistent with their stated planned strategies and activities.	

Risk review

Before making an award, we review the risk that you will not prudently manage federal funds. As part of that review, we need to make sure you've handled any past federal awards well and demonstrated sound business practices. We use SAM.gov Responsibility / Qualification to check this history for all awards likely to be over $250K. We also check Exclusions.

You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

We may ask for additional information prior to award based on the results of the risk review.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see 45 CFR 75.205.

Selection process

When making funding decisions, we consider:

- Completion of application and submission requirements
- Technical review results
- Risk review results

Our ability to make awards depends on available appropriations.

Award notices

If you are successful, we will send a Notice of Award (NoA) to your authorized official.

We will email you or write you a letter if your application is disqualified or unsuccessful.

The NoA is the only official award document. The NoA tells you about the amount of the award, important dates, and the terms and conditions you need to follow. Until you receive the NoA, you don't have permission to start work.

Once you draw down funds, you have accepted all terms and conditions of the award.

If you want to know more about NoA contents, go to Understanding Your Notice of Award at CDC's website.



Step 5: Submit Your Application

In this step

Application submission & deadlines 54

Application checklist 55

Application submission & deadlines

See find the application package to make sure you have everything you need.

You must obtain a UEI number associated with your organization's physical location. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location of the organization receiving the federal funds.

Make sure you are current with SAM.gov and UEI requirements before applying for the award. See get registered. You will have to maintain your registration throughout the life of any award.

Deadlines

Application

Due on April 16, 2024, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.

The grants management officer may extend an application due date based on emergency situations such as documented natural disasters or a verifiable widespread disruption of electric or mail service.

Submission methods

Grants.gov

You must submit your application through Grants.gov.

For instructions on how to submit in Grants.gov, see the Quick Start Guide for Applicants. Make sure that your application passes the Grants.gov validation checks or we may not get it. Do not encrypt, zip, or password protect any files. **See Contacts & Support if you need help.**

Other submissions

Intergovernmental review

This NOFO is not subject to executive order 12372, Intergovernmental Review of Federal Programs. No action is needed.

Mandatory disclosure

You must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. See Mandatory Disclosures, 45 CFR 75.113.

Send written disclosures to our OGS grants management contact:

Tajsha LaShore, okx5@cdc.gov, 404-498-5696

Application checklist

Make sure that you have everything you need to apply.

Component	How to upload	Page limit
☐ Project Abstract	Use the Project Abstract Summary Form	1 page
☐ Project Narrative	Use the Project Narrative Attachment form	20 pages
☐ Budget Narrative	Use the Budget Narrative Attachment form	None
Attachments (9 total)	Insert each in a single Other Attachments form.	
☐ Table of Contents		None
☐ Evaluation Summary		5 pages
☐ Indirect Costs Agreement		None
☐ Proof of Nonprofit Status		None
☐ Resumes and Job Descriptions		None
☐ Staffing Plans		None
☐ Organization Chart		None
☐ Duplication of Efforts		None
☐ Optional Attachments		None
Standard forms (3 total)	Upload using each required form	
☐ Application for Federal Assistance (SF-424)		None
☐ Budget Information for Non-Construction Programs (SF-424A)		None

Component	How to upload	Page limit
☐ Disclosure of Lobbying Activities (SF-LLL) (if applicable)		None

Step 6:
Learn What Happens After Award

In this step

Post-award requirements & administration 58

Post-award requirements & administration

We adopt by reference all materials included in the links within this NOFO.

Administrative & national policy requirements

There are important rules you need to read and know if you get an award. You must follow:

- All terms and conditions in the Notice of Award. The NoA includes the requirements of this NOFO.
- The rules listed 45 CFR part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
- The HHS Grants Policy Statement (GPS). This document has policies relevant to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including the cited authority in this award, the funding authority used for this award, and those provisions in the HHS Administrative and National Policy Requirements.
- All applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the HHS Office for Civil Rights website.
- The following CDC's Additional Requirements (AR) apply to this NOFO's awards: 1, 2, 3, 9, 10, 11, 12, 13, 14, 16, 17, 21, 22, 24, 25, 26, 28, 29, 30, 31, 32, 33 37.

Reporting

If you are successful, you will have to submit financial, programmatic, and performance reports. These include the reports listed in this table.

Report	Description	When
Evaluation & performance measurement plan	• Builds on the plan in the application • Includes measures and targets • Shows how data are collected and used (Data Management Plan)	No later than 120 days before end of budget period
Summary of primary prevention capacity assessment	• Summary of a completed or enhanced primary prevention capacity assessment with a focus on health equity including findings and recommendations	Due with 2nd APR
State action plan	• Used to guide the implementation and evaluation of state-level and community-level SV prevention strategies • Includes tracking and use of statewide data • Describes how the coalition and partners will prioritize primary prevention at all layers of the SEM • Describes how coordination with partners will be increased and/or maintained	6 months post-award
Annual performance report (APR)	• Serves as yearly continuation application • Includes performance measures, successes, challenges • Updates work plan • Describes how CDC could help overcome challenges • Includes budget for the next 12-month budget period	No later than 120 days before the end of each budget period

Report	Description	When
Federal financial report	• Includes funds authorized and disbursed during the budget period • Indicates exact balance of unobligated funds and other financial information	90 days after the end of each budget period
Final performance report	• Includes information similar to the APR	120 days after the end of the period of performance
Final financial report	• Includes information in Federal Financial Report	120 days after the end of the period of performance

To learn more about these reporting requirements, see Reporting on the CDC website.

CDC award monitoring

Grant monitoring activities include:

- Routine and ongoing communication between CDC and recipients
- Site visits
- Reverse site visits
- Recipient reporting, including work plans, programmatic reporting, performance reporting, and financial reporting

We expect to include the following in post-award monitoring:

- Recipient emailing their monthly programmatic and fiscal updates to their assigned project officer prior to their regularly scheduled conference calls
- Tracking recipient progress in achieving the outcomes
- Ensuring the adequacy of your systems to hold information and generate data reports
- Creating an environment that fosters integrity in performance and results

We may also include the following activities:

- Ensuring that work plans are feasible based on the budget
- Ensuring that work plans are consistent with award intent
- Ensuring that you are performing at a level to achieve outcomes on time
- Working with you to adjust your work plan based on outcome achievement, evaluation results, and changing budgets
- Monitoring programmatic and financial performance measures to ensure satisfactory performance levels
- Other activities that assist CDC staff to identify, notify, and manage risk, including high-risk recipients

Nondiscrimination & assurance

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the Laws and Regulations Enforced by the HHS Office for Civil Rights.



Contacts & Support

In this step

Agency contacts 63
Grants.gov 63
SAM.gov 63
Reference websites 63

Agency contacts

Program

LaTonya Tripp-Dinkins
uas8@cdc.gov
770-488-0548

Grants management

Tajsha LaShore
okx5@cdc.gov
404-498-5696

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email support@grants.gov. Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the Federal Service Desk.

Reference websites

- U.S. Department of Health and Human Services (HHS)
- Grants Dictionary of Terms
- CDC Grants: How to Apply
- CDC Grants: Already have a CDC grant?
- CDC Grant Federal Regulations and Policies
- Grants.gov Accessibility Information
- Code of Federal Regulations (CFR)
- United States Code (U.S.C.)
- Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health
- Competencies & Standards (eval.org)
- EvaluACTION | VetoViolence
- The Social-Ecological Model: A Framework for Prevention
- Social Determinants of Health at CDC
- Violence Prevention in Practice - VetoViolence - CDC
- Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence
- CDC Violence Prevention
- American Evaluation Association's website

Appendix

Glossary

To understand grants management terms, see the CDC Grants Dictionary of Terms.

Activities: The actual events or actions that take place as a part of the program.

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

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

Assistance listings number: A unique number assigned to each program and NOFO throughout its life cycle that enables data and funding tracking and transparency.

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

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

Capacity assessment: A Primary Prevention Capacity Assessment of state and territorial health departments' readiness to plan and implement equity-focused strategies.

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

Community engagement: The process of working collaboratively with and through groups of people to improve the health of the community and its members. Community engagement often involves partnerships and coalitions that help mobilize resources and influence systems, improve relationships among partners, and serve as catalysts for changing policies, programs, and practices.

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

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

Cost sharing or matching: Refers to program costs not borne by the Federal Government but by the recipients. It

may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Data Management Plan (DMP): A written description of the plan for the collection, protection, sharing, and long-term preservation of public health data. DMP Extramural Guidance (CDC).

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

Division of Violence Prevention Partner's Portal: A resource for the Violence Prevention Practice & Translation Branch and others involved in their programmatic initiatives. This application supports program monitoring and reporting.

Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment (from Executive Order 13985).

Equipment: Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000.

Equity-focused evaluation: An evaluation that seeks to understand what works, for whom, and under what conditions, as well as to reveal whether health inequities have decreased, increased, or remained the same. A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease; Section 1: Addressing Health Equity in Evaluation Efforts (cdc.gov).

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

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other

assistance and payments, be available to the public on a single website at www.USAspending.gov.

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

Focus area: A strategy from the Resources for Action Technical Package that the RPE Program focuses on.

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

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

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

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

Goal: A broad statement about the long-term expectation of what should happen as a result of your program (the desired result). Serves as the foundation for developing your program objectives. Developing Program Goals and Measurable Objectives (CDC).

Health disparities: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged.

Health equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic,

social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Health inequities: Particular types of health disparities that stem from unfair and unjust systems, policies, and practices and limit access to the opportunities and resources needed to live the healthiest life possible.

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

Inclusion: The act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. An inclusive and welcoming climate embraces differences and offers respect in words and actions for all people.

Indicators: Measurable information used to determine if a program is implementing their program as expected and achieving their outcomes. Indicators - Program Evaluation (CDC).

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

Key Activities: The major activities required to achieve the milestone. Multiple activities may be required to accomplish each milestone.

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

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

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

Long-term outcomes: The desired program results. State Heart Disease and Stroke Prevention Program Evaluation Guide: Developing and Using a Logic Model Evaluation Guide (CDC).

Maintenance of effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified

level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

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

Milestones: Accomplishments that demonstrate progress toward achieving each objective. They are high-level but specific enough to show your achievement (or progress) towards the objectives and associated outcomes. Milestones should be reflective of clear signs that you are completing the objectives and associated outcomes.

Monitoring: A process used to track implementation progress through periodic data collection. Program Evaluation Home (CDC).

National Intimate Partner Violence and Sexual Violence Survey (NISVS): NISVS is an ongoing, nationally representative survey that gathers timely and reliable national and state-level data on SV, stalking, and IPV victimization from adult women and men in the United States. NISVS Overview | Violence Prevention| Injury Center| (CDC).

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

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

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

Objectives: S.M.A.R.T statement that describes the "who," "what," "to what extent" and "when" progress is made toward achieving stated goals and how they will be achieved. Each objective can be process- or outcomes-oriented. These statements describe the results to be achieved, and the manner in which they will be achieved. You usually need multiple objectives to address a single goal. Developing Program Goals and Measurable Objectives (CDC).

Objective review: A process that involves the thorough and consistent examination of applications based on an unbiased

evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

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

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

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

Period of performance outcome: An outcome that will occur by the end of the period of performance.

Plain Writing Act of 2010: Plain Writing Act of 2010, Public Law 111-274 requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

Policy effort: Policy-related activities such as analyzing data to identify trends and opportunities; analyzing and understanding policy options; collaborating with partners to educate about policy issues; providing evidence and education to key partners and policymakers; educating the public about existing policies; and evaluating the impact of policies. For example, a SA or Tribal Coalition may choose to work with partners to conduct a health impact assessment on a certain policy or benefit and then disseminate the results of that assessment including to large businesses and/or other partners.

Practice-based evidence: An approach to integrating research and practice by engaging practitioners in the collection of data and in analyses of that data which can inform subsequent research inquiry and practice.

Prevention strategy: A specific program, policy, or practice implemented under the RPE program.

Primary prevention: Approaches that take place before intimate partner violence has occurred to prevent initial perpetration or victimization.

Process evaluation: A type of evaluation used to track implementation of recipient strategies and activities.

Process measures: Go beyond monitoring activities and outputs. They are focused on measuring the quality of

implementation or efforts rather than monitoring activities or outputs.

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

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

Protective factor: Characteristic that decreases the likelihood of a person becoming a victim or perpetrator of violence because it provides a buffer against risk.

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

Public health approach: The public health approach is a four-step process that is rooted in the scientific method. It can be applied to violence and other health problems that affect populations. Step 1: Define the Problem, Step 2: Identify Risk and Protective Factors, Step 3: Develop and Test Prevention Strategies and Step 4: Assure Widespread Adoption. For additional information on The Public Health Approach to Violence Prevention go to: The Public Health Approach to Violence Prevention (cdc.gov).

Recipient: A successful applicant whose application was approved and funded.

Resources for Action (formerly known as Technical Packages): Compilation of a core set of strategies to achieve and sustain substantial reductions in a specific risk factor or outcome. Resources for Action help communities and states prioritize prevention activities based on the best available evidence. Resources for Action are included as one of six key components for effective public health program implementation. Frieden, T. R. (2014). Six components necessary for effective public health program implementation. American Journal of Public Health, 104(1), 17-22.

Reverse site visit: Events that involve each recipient coming together in one location typically on CDC campus to provide an opportunity for recipients to connect with each other, CDC project and evaluation officers, and national partners.

Risk factor: Characteristic that increases the likelihood of a person becoming a victim or perpetrator of violence.

Sexual violence (SV): Sexual activity when consent is not obtained or freely given.

Sexual Violence Resources for Action (Formally known as STOP SV Technical Package): A document to help states and communities to take advantage of the best available evidence and to prioritize efforts to prevent sexual violence.

Short-term outcomes: The immediate effects of the program or intervention activities. State Heart Disease and

Stroke Prevention Program Evaluation Guide: Developing and Using a Logic Model Evaluation Guide (CDC).

Social determinants of health (SDOH): The non-medical factors that influence health outcomes. The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. Social Determinants of Health (CDC).

Social Ecological Model (SEM): The goal is to stop violence before it begins. Prevention requires understanding the factors that influence violence. CDC uses a four-level social ecological model to better understand violence and the effect of potential prevention strategies. This model considers the complex interplay between individual, relationship, and community factors. It allows us to understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. The overlapping rings in the model illustrate how factors at one level influence factors at another level. By acting across multiple levels at the same time, prevention efforts are more likely to be sustained than any single intervention. Prevention strategies at the individual level are usually designed to promote attitudes, beliefs, skills, and behaviors that ultimately prevent violence. Prevention strategies at the relationship level focus on parenting, family, mentoring, or peers to reduce conflict, foster problem-solving skills, promote healthy relationships, and address factors related to the social circle, peers, partners, family members and other adult allies who influence an individual behavior and experience. Prevention strategies at the community level are designed to impact characteristics of the settings (e.g., school, workplace, and neighborhood) in which social relationships occur, or social and physical environment factors such as reducing social isolation, improving economic and housing opportunities, and improving climate within school and workplace settings. The Social-Ecological Model: A Framework for Prevention |Violence Prevention | Injury Center (CDC).

State Action Plan (SAP): A State Action Plan is used to guide the implementation and evaluation of state-level and local-level SV prevention strategies. The action plan is to be developed or enhanced with identified state-level partners. The following are components that should be included in the State Action Plan: 1) tracking and use of statewide data, 2) ways in which the coalition and partners will prioritize primary prevention at all layers of the Social Ecological Model (SEM), and 3) the ways in which coordination with partners will be increased and/or maintained.

State and Territorial Sexual Assault Coalition: A program determined by the Center for Injury Prevention and Control of the Centers for Disease Control and Prevention under the Public Health Service Act (42 U.S.C. 280b et seq.). 34 USC 12291: Definitions and grant provisions (house.gov).

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage,

though resting for its authority on judicial decisions, or the practice of nations.

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

Sub-recipients Per CFR 200: A non-federal entity that receives a sub-award from a pass-through entity to carry out part of a federal program but does not include an individual that is a beneficiary of such program. A sub-recipient may also be a recipient of other Federal awards directly from a federal awarding agency.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

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

Theory of change: Used to provide a rationale for the expected links between program resources, activities, and outcomes. It explains how and why activities are expected to lead to outcomes in the particular order depicted. State Heart Disease and Stroke Prevention Program Evaluation Guide: Developing and Using a Logic Model Evaluation Guide (CDC).

Training and Technical Assistance (TTA): The process of providing specific support to an organization with a development need or problem, which is typically delivered over an extended period of time.

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

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