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

Division of Population Health

Notice of Funding Opportunity

Application due April 15, 2024 - 11:59 p.m. ET





Behavioral Risk Factor Surveillance System (BRFSS): Impact on Population Health

Opportunity number: CDC-RFA-DP-24-0023

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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 15, 2024

Applications are due by 11:59 p.m. Eastern Time on April 15, 2024.



Step 1: Review the Opportunity

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Basic information

Centers for Disease Control and Prevention (CDC)

National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health

Improve data collection to advance health equity by collecting data among underrepresented communities.

Summary

We invite you to apply for funding under the Behavioral Risk Factor Surveillance System (BRFSS) Program. This initiative aims to increase the reporting of health outcomes. As part of broader BRFSS data collection, the program focuses on advancing health equity among underrepresented groups.

- **Objective:** Monitor health risk behaviors at smaller, sub-state geographic areas such as metropolitan statistical areas and counties
- **Methodology:** Use of a standardized telephone questionnaire under the BRFSS surveillance system
- **Data sharing and access:** The data is collected specifically for use for public health purposes by the state health department, U.S. territories, or freely associated states, and CDC
- **Eligibility:** Open competition

Funding details

Type: Cooperative agreement

Expected total program funding over the performance period: $159,000,000

Expected total program funding per budget period: $31,800,000

Expected awards: 57

Funding range per applicant per budget period: $70,000 to $600,000

Expected average award amount per budget period: $125,000 to $450,000

Have questions? See Contacts and support.

Key facts

Opportunity Name: Behavioral Risk Factor Surveillance System (BRFSS): Impact on Population Health

Opportunity Number: CDC-RFA-DP-24-0023

Federal Assistance Listing: 93.336

Key dates

Application deadline: April 15, 2024

Optional letter of intent deadline: March 1, 2024

Informational webinar: February 27, 2024

Expected award date: July 1, 2024

Expected start date: August 1, 2024

We plan to award projects for 12-month budget periods for 5-year periods of performance.

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

Funding strategy

There can only be one awarded recipient per state, territory, or freely associated state.

If multiple applications from the same state, territory, or freely associated states are received, only the highest-scoring application will be funded.

The applicant organization's primary business address must be in the state for which it is applying.



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

This is an open competition.

Eligibility is unrestricted. Your organization may be any entity type, but you must meet the requirements noted in the initial review.

These types or organizations may apply:

- State governments
- County governments
- City or township governments
- Special district governments
- Independent school districts
- Public and state-controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Public housing authorities and Indian housing authorities
- Native American tribal organizations, other than federally recognized tribal governments
- Nonprofits having a 501(c)(3) status, other than institutions of higher education
- Nonprofits without 501(c)(3) status, other than institutions of higher education
- Private institutions of higher education
- For-profit organizations other than small businesses
- Small businesses

Other required qualifying factors

See initial review for factors that will make your application non-responsive.

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 during the review of your application; however, those voluntary cost-sharing funds will be a requirement of your award, and you will need to report on them.

Program description

Background

Overview

Understanding and addressing health disparities

Local public health agencies do not get enough state-specific information from national surveillance system data. The use of state and local government surveillance systems can improve public health by helping local public health agencies:

- closely monitor health disparities
- implement targeted preventive efforts
- address emerging public health situations
- highlight health disparities in underrepresented communities

Using the Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) plays a crucial role in public health surveillance. It focuses primarily on adults over 18 who do not live in institutions.

The BRFSS is sometimes the only source of state or territory-specific risk behavior data. It is used by policymakers, researchers, academics, and the public.

Currently, the District of Columbia, all 50 U.S. states, several territories, and freely associated states take part in the BRFSS, demonstrating its wide implementation and significance.

This effort helps monitor the prevalence of health risk behaviors linked to chronic health problems, preventable injuries, and other emerging health threats.

Related work

DP20-2007

Purpose

This opportunity provides financial and technical aid to help communities monitor behavioral risk factors and chronic health conditions among adults in the United States, DC, U.S. territories, and freely associated states.

Approach

Overview

The logic model below 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 5-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 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 as follows.

Table: Program logic model

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strategy 1. Collect data and develop the plan • **Collect BRFSS data:** Collect and compile health-related data across your jurisdiction. • **Innovate the process:** Adopt modernized processes and innovative sampling strategies. • **Plan the surveillance:** Develop guidelines for implementing a surveillance plan. **Strategy 2. Build community partnerships** • **Collaborate with a community advisory group:** Promote growth and stabilize partnerships with community stakeholders to tackle health-related priorities and prospects. • **Grow strategic partnerships:** Develop and expand strategic relationships with communities under-represented in BRFSS data. **Strategy 3. Conduct outreach and education** • **Share information with underrepresented communities:** Conduct outreach activities in at least two communities. • **Host community meetings:** Hold annual meetings (in-person, virtual, or hybrid) to discuss BRFSS data strategies, access, and availability.	• Increased monitoring of health-related risk behaviors, chronic health conditions, and use of preventive services. • More timely access to BRFSS data for local areas.* • Increased knowledge and awareness of BRFSS data among under-represented communities. • Expanded communication and marketing campaigns with under-represented communities' partners or advisory groups related to accessing the data.*	• Improved use of BRFSS data to guide public health actions and policies that promote healthy lifestyles among all population groups. • Greater sharing and use of data among partners who promote health equity within under-represented communities.* • Improved sharing and use of BRFSS data among traditional advocates.	• Enhanced health-focused policies at local, state, and federal levels, with special attention towards under-represented communities. • Enhanced policies at local, state, and federal levels aim to boost health outcomes.

Strategies and activities

This section elaborates on the required strategies and activities described in the logic model and provides details on the expectations of recipients to implement the NOFO.

Strategy 1. Collect data and develop the plan

Collect BRFSS data

Collect and compile health-related data across your geographic area. BRFSS data consists of data from all 50 states, D.C., U.S. territories, and freely associated states.

Refer to BRFSS Data User Guide for information on the data collected. Your data should include:

- Risk behaviors
- Chronic conditions
- Use of preventive services
- Demographics
- Emerging issues

You will maximize the size of the sample to have a sufficient cross-tabulation for analyses by demographics. Demographics should include categories of:

- Age
- Sex
- Race
- Ethnicity
- Education
- Marital status
- Geography

Make sure the range of sample sizes is based on state population.

If the state population falls within the ranges shown in the following table, then you are encouraged to collect the targeted sample size. If the targeted sample size is not reached, follow the minimum acceptable sample size to allow for weighting and inclusion in the public-use data set.

Table: Targeted sample size by population

Population	Targeted sample size	Minimum sample size
Less than 200,000	2,000	1,500
200,001 to 900,000	4,000	2,500
More than 900,001	6,000	4,000

Innovate the process

Use modernized processes and innovative sampling strategies.

- Implement web-based surveys or other recent modern methodologies as agreed upon by CDC and state BRFSS coordinators.
- Use Random Digit Computer Assisted Telephone Interviewing (RDD CATI) to conduct interviews throughout the year based on the targeted sample size per population as shown in the table.
- Clean data from interviews prior to submission to CDC.
- Use modernized and innovative processes and newer technology to prepare and disseminate data within communities in a timely manner.

Plan the surveillance

You will develop your surveillance plan before starting data collection. CDC will provide guidelines for implementing it.

- Review the scope and operations of BRFSS found in the BRFSS Data User Guide. This describes the annual standard core, the biannual rotating core, optional modules, and any state-added questions for the BRFSS questionnaire.
- Refer to the Data Collection Protocol for information on the BRFSS data collection process, survey questionnaire protocol, and other helpful information that will guide the implementation of your surveillance plan.
- Describe how the surveillance plan will be developed, maintained, implemented, and updated using the BRFSS Data User Guide.
- Implement a sample design that accommodates sub-state geography, such as:
    - Public health districts
    - Counties, cities
    - Metro, non-metro areas

Your role in surveillance

You will be required to:

- Design your local jurisdiction's sample in collaboration with CDC
- Design your unique local jurisdiction's questionnaire within BRFSS guidelines
- Contract with your BRFSS data collector
- Monitor the quality of data collection
- Provide CDC with cleaned raw data files according to the annual data submission layout
- Submit annual information requests, sample, and self-certification forms
- Provide monthly data files including raw data, call history, and metadata for cleaning, weighting, reporting, and quality assurance purposes

The CDC plays a pivotal role in assisting BRFSS data collection and surveillance activities. Such support encompasses the establishment of guidelines and aiding in surveillance activities. Refer to CDC's role for more information on the role that CDC plays in aiding your surveillance activities.

Improve BRFSS data collection

- Collect data throughout the year with at least 6 months of representative samples.
- Complete cell phone and landline interviews according to state-level statistics about phone use.
- Maximize the sample size to allow for considerable cross-tabulation to make it possible to analyze regional demographic factors.
- Clean, monitor, and submit data collected from interviews efficiently and in a timely manner.
- Use newer technology, modernized and innovative processes to provide timely access to BRFSS data within local communities.

Data sharing and access

Consistent with 45 CFR 75.322(d), the U.S. Federal Government has the right to:

- Obtain, reproduce, publish, or otherwise use the data produced under a federal award; and
- Authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes

In your application, describe how you will:

- Plan your surveillance and collect data using the BRFSS Data User Guide.
- Use Random Digit Computer Assisted Telephone Interviewing (RDD CATI) and other recent methodologies to conduct interviews to collect data.
  - This calling methodology may fall under the Telephone Consumer Protection Act. You are responsible for complying with it.
- Accommodate sub-state geography into your data collection sample design.
- Improve data collection by cleaning, monitoring, and submitting data collected from interviews efficiently and in a timely manner.

Strategy 2. Build community partnerships

Collaborate with a community advisory group

Promote growth and stabilize partnerships with community stakeholders to tackle health-related priorities and prospects.

- Develop, grow, and maintain partnerships with community members and organizations to address local health-related priorities, challenges, and opportunities.
- Represent different population and demographic groups that are present locally.
- Share BRFSS data with partners from the advisory group and other community partners.

Grow strategic partnerships

Develop and expand strategic relationships with communities underrepresented in BRFSS data.

- Select at least 2 underrepresented communities from your jurisdiction.
- Strategically develop and expand relationships with the selected communities.
- Share BRFSS data with selected underrepresented communities.
- Refer to focus populations for more information.

In your application, describe how you will:

- Develop, grow, and maintain partnerships with community members and organizations from the advisory group.
- Approach collaboration with the selected underrepresented communities and then develop and expand those relationships.
- Respond promptly to requests for BRFSS data and other ways of sharing and disseminating the data efficiently with community advisory groups and other community partners.

Strategy 3. Conduct outreach and education

Share information with underrepresented communities

Conduct outreach activities with the selected underrepresented communities.

- Activities should educate communities on the use of BRFSS data.
- Market the program by engaging with the selected underrepresented communities.
- Develop campaigns, social media, billboards, or other marketing activities to share information about BRFSS data.

Host community meetings

Hold annual meetings to discuss BRFSS data strategies, access, and availability with community advisory groups and other community partners.

Convene this annual meeting with community advisory groups and other community partners to discuss strategies for sharing BRFSS data.

In your application, describe how you will:

- Conduct outreach activities with partners or advisory groups to consult with selected underrepresented communities on the use of BRFSS data.
- Develop public health educational programming via traditional or social media to educate communities.
- Market the program with selected underrepresented communities.
- Host community meetings annually with community advisory groups and other community partners to discuss strategies for sharing BRFSS data.
- Disseminate BRFSS data within selected underrepresented communities.

Outcomes

This section includes outcomes you are expected to report progress on and achieve within the performance period.

We will measure your progress toward the following short and intermediate outcomes from the logic model:

Short-term outcome

- More timely access to BRFSS data for local areas.
- Expanded communication and marketing campaigns with underrepresented communities' partners or advisory groups related to accessing the data.

Intermediate outcome

- Greater sharing and use of data among partners who promote health equity within underrepresented communities.

Focus populations

BRFSS relies on participation from non-institutionalized adults, 18 years and older. For example, underrepresented populations include:

- Rural and frontier communities that are consistently below U.S. poverty levels
- Those affected by health disparities, such as:
  - Uninsured or under-insured people
  - People with disabilities
  - Geographically or culturally isolated people
  - Medically unserved or under-served people
- Organizations that form partnerships with underrepresented communities, which may include:
  - HBCUs
  - Latinx-serving organizations
  - Native American Tribal Councils

In your application's project narrative, describe:

- The communities, including demographics, location, health literacy, screening rates, prevalence, and mortality.
- How BRFSS data will be used to report health disparities and promote health equity.
  - The data can be obtained from the health district level or county level for your jurisdiction.
- Your approach to establishing collaborations within underrepresented communities.
- An outline addressing health equity challenges.

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.

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.

Collecting BRFSS data in underrepresented communities allows us to:

- Understand where health disparities and inequities exist within local and state areas.
- Report on health-related risks and chronic conditions to help prevent and mitigate health-related risks and chronic conditions.
- Collect and report data to advance health equities and reduce health disparities.

- Improve health outcomes by enhancing access to preventive and treatment services to improve quality of life within these communities.

Organizational capacity

Describe, within your project narrative, your:

- Organizational structure, including key personnel
- History of experience
- Capabilities
- Collaborations

Organizational structure

You are required to include:

- A staffing plan that explains staff roles and project management structure
- Information on your key personnel. Refer to the Required key personnel table.
- An organizational chart
- Resumes and job descriptions for those who will take on key personnel roles

Staffing plan requirements

Include the following information in your staffing plan:

- **Staffing levels**
  - The number of people on staff and their labor of effort.
- **Staff skills and experience**
  - Describe how staff have the necessary skills and experience to implement the activities and achieve the outcomes. These required skills and experiences include:
    - Recent experience using Computer Assisted Telephone Interviewing (CATI) methodology to conduct interviews.
    - Recent experience managing and maintaining data collection at the population level along with cleaning and analyzing the data.
    - Recent experience administering and analyzing results of sub-national level population-based surveys examining health risk and health status.

    - Experience effectively gathering, analyzing, interpreting, and using evidence-based or evidence-informed strategies.
    - Experience in collecting, cleaning, analyzing, and disseminating population-level health status survey data.
    - Recent experience collecting population-based survey data within a state or sub-national level.
    - Experience developing, implementing, maintaining, and updating state-wide surveillance plans.
    - Experience collaborating with CDC or other national organizations to collect, analyze, and disseminate population-level health status survey data.
    - Experience collaborating with community members and partners in underrepresented communities.
    - Experience conducting outreach activities in underrepresented communities.
    - Experience educating communities and marketing public health programs.
    - Recent experience developing public health educational programs via traditional or social media to educate the public.
    - Recent experience reporting and disseminating population-level data to counties, health districts, or community partners.
- **Staff resources**
    - The resources your organization has available to implement the activities and achieve the outcomes.
- **Staff responsibilities**
    - Staff should have the skills and experience listed above on your team or organization.
    - Staff should use your in-house resources or hire a third-party contractor for data collection.
    - Staff should implement the activities and achieve the proposed outcomes.
    - Staff should collaborate strategically with underrepresented communities to advance health equity and reduce health disparities.
- **Staff roles**
    - Include each staff member implementing the activities.
    - List the required key personnel (as indicated in the following table) in your project and budget narrative.

- Describe, in the project narrative, the role these key personnel will play in achieving the work plan's outcome.
- Key personnel should be full-time employees.

Table: Required key personnel

Role	Description
Authorized organization representative (AOR)	Supervises financial aspects and supports activities
Project director (PD) or principal investigator (PI)	Provides programmatic oversight (should not be the AOR)
Coordinator	Manages cooperative agreement work and the day-to-day operations of the program(For this position, we recommend you dedicate .50 to 1.0 FTE workload.)

History of experience

Your organization should describe recent experience:

- Using Computer Assisted Telephone Interviewing (CATI) and other recent methodologies to conduct interviews.
- Collecting and analyzing data at the population level.
- Administrating and maintaining population-based health risk behaviors and chronic disease surveys at the subnational level.
- Developing, maintaining, and updating a statewide surveillance plan.
- Implementing activities statewide from the surveillance plan.
- Collaborating with CDC or other national organizations to collect, analyze, and disseminate population-level health status survey data.
- Collaborating with community members and partners in underrepresented communities.
- Including a description of monthly data collection of a population-based annual state or sub-state representative sample.

Your organization should be knowledgeable in recent methodologies and capabilities to properly implement the activities.

Capabilities

Your organization should also be equipped to:

- Collect BRFSS data by implementing the survey throughout the year.
- Build, update, and maintain a surveillance plan.
- Implement activities statewide from the surveillance plan.
- Maintain and expand collaboration with partners from advisory groups.
- Develop, maintain, and enhance collaboration with underrepresented communities' partners.

Collaborations

With other CDC programs and CDC-funded organizations

BRFSS data collection is sponsored by different programs within the CDC. CDC divisions use the data by sponsoring and supporting state and local public health prevention efforts.

You are required to develop and maintain collaborative relationships with other CDC-funded programs, projects, and funded organizations (when available within your organization) to achieve the outcomes in the logic model.

You might work with the following programs, though collaborations are not limited to this list:

National Center for Environment Health

National Center for Injury Prevention and Control

National Center for Chronic Disease Prevention and Health Promotion

- Division of Population Health
  - Alzheimer's Disease and Healthy Aging
  - Arthritis
  - Chronic Obstructive Pulmonary Disease
  - Epilepsy
- Division of Nutrition, Physical Activity, and Obesity
- Office on Smoking and Health
- Division of Cancer Prevention and Control
- National Comprehensive Cancer Control Program
- Colorectal Cancer Control Program
- Division for Heart Disease and Stroke Prevention

- Division of Oral Health
- Division of Diabetes Translation

An official MOU or MOA is not necessary.

In the project narrative, you should describe how:

- You will share BRFSS data with the CDC. Annual aggregate data must be made available for CDC and public use.
  - Details about how the data will be shared with CDC are provided by using the CDC-approved template on Data Management Plan (DMP).
  - You are required to submit a DMP.
- Your collaboration with CDC will help carry out planned activities and achieve intended outcomes.

With organizations not funded by CDC

You are required to:

- Develop, establish, and maintain partnerships with community members and organizations outside of those funded by CDC to address local health-related priorities, challenges, and opportunities. Collaborations should be reflective of the local community.
- Develop and expand relationships with selected underrepresented communities. Refer to Strategy 2 and focus populations for information on underrepresented communities and their partnership.

History of collaboration

The history of collaboration should be about your experience:

- Collaborating with CDC or other national organizations to collect, monitor, clean, analyze, and disseminate population-level health status survey data.
- Collaborating with a community advisory group.
- Selecting underrepresented communities and approaching them for collaboration.
- Reporting and disseminating BRFSS data with community partners and selected underrepresented communities.

In the project narrative, describe how you plan to:

- Build and maintain collaborations with partners from the community advisory group, and the selected underrepresented communities.
- Communicate about BRFSS data, conduct outreach activities, and educate the selected underrepresented communities on the use of BRFSS data.
- Market the program with selected underrepresented community partners.

Share and disseminate BRFSS data with your partners and selected underrepresented communities.

Memorandum of Understanding (MOU or MOA)

To ensure quality BRFSS data collection, management, analysis, and use, you are required to submit a MOU or MOA with the State Department of Health.

The MOU or MOA can be an agreement between the BRFSS coordinator, BRFSS program manager, BRFSS program director or the BRFSS principal investigator (PI) and the State Department of Health.

The MOU or MOA must describe how you will collaborate and achieve the proposed strategies and activities in this NOFO. It must include that the State Department of Health will have access to the raw data, call history, and metadata.

Your MOU or MOA should:

- Be on a letterhead signed by any one of the following:
  - State health department director
  - Commissioner of health
  - Secretary of health
  - Section head where BRFSS is housed within the department of health
  - Director of finance who has fiscal oversight of BRFSS
- Provide a description of the collaborative process to achieve the strategies and activities by describing state-specific needs; sample design, selection of optional modules and inclusion of state-added questions; data collection, data submission, data dissemination analysis, and use of BRFSS data.
- Describe the roles and responsibilities of all the team members who are part of the collaboration.

- Describe how access to social determinants of health, state-level statistics, and other public health datasets will be gained and shared within the partnership.

You will submit the MOU or MOA in your Attachments.

Data, monitoring, and evaluation

CDC strategy

Throughout the 5-year cooperative agreement, CDC will collaborate with and support you in the development of a clear monitoring and evaluation plan. This plan will:

- Include performance measures to evaluate program success and measurable impact
- Be used to monitor the implementation of strategies and evaluate progress towards outcomes

The evaluation will focus on:

- **BRFSS data access**
  - Has there been an increase in timely access and requests for dissemination in local jurisdictions and underrepresented communities?
- **Marketing and communication**
  - Have BRFSS data-related communications and marketing campaigns increased in underrepresented communities?
  - Has this contributed to better access and use?
- **Partnerships**
  - Have old and new partnerships improved communication and timely access to data in local jurisdictions?
  - Have partnerships strengthened communication and marketing campaigns in underrepresented communities?
  - Have partnerships in underrepresented communities increased access to timely data and requests for dissemination?

We expect that your evaluation plan will:

- Clearly describe your approach and procedure to monitoring and evaluation.
- Describe how it includes performance measures into planning, implementing, reporting of project activities.

- Identify the type of evaluation you will conduct.
- Describe your approach, staff responsibilities, and your timeframe for implementing the plan.
- Explain how your evaluation and performance measurement findings will be used to access outcomes, program success, and impact.
- Clearly explain how your evaluation and performance measurement findings will be used for continuous program quality improvement.

You are required to:

- Follow a standardized approach to evaluation.
- Collect and report process and outcome measures each year in the Annual Performance Report (APR).
- Develop and carry out jurisdiction-based evaluation plans, sharing findings with the CDC as needed.
- Contribute to refining the CDC's evaluation and performance measurement strategy.

The format for submission will be specified in the post-award guidance. You may develop additional measures as necessary, but it is not required.

Required performance measures

Following are the preliminary performance measures you will need to report on after award. We will likely refine the required measures for this program. If so, we will work with you and finalize them before we require you to submit any data.

Table: Performance measures

Outcomes	Performance measures
More timely access to BRFSS data for local areas.	Data processes • Number of data requests received for BRFSS data. • Percentage of requests that required additional BRFSS data processing and analysis to complete the received data requests within the last 60 days. BRFSS data access • Percentage of data requests completed for BRFSS within the last 60 days. • Quantity and percentage of new participants from underrepresented groups requesting BRFSS data within the last 60 days.

Outcomes	Performance measures
Expanded communication and marketing campaigns among underrepresented communities related to accessing the data.	Marketing • Number and percentage of marketing tools and resources created and distributed with partners, and in underrepresented communities. Communication • Number and percentage of publications by recipients and community partners citing BRFSS data, and in underrepresented communities. • Number and percentage of state reports by recipients and community partners applying BRFSS data, and in underrepresented communities.
Greater sharing and use of data among partners who promote health equity within underrepresented communities.	Partnerships • Number and percentage of newly built partnerships, and in underrepresented communities. Dissemination of data • Percentage of BRFSS data shared and disseminated within communities through partners.

Evaluation and performance measurement plan

You must provide an evaluation and performance measurement plan 6 months after the initial award. Use the measures required under the CDC strategy above. Include the following elements.

Methods

Describe the following.

- How you will:
  - collect the performance measures
  - respond to the evaluation questions
  - use evaluation findings for continuous program quality improvement
  - incorporate evaluation and performance measurement into planning, implementation, and reporting of project activities
- How findings will contribute to reducing or eliminating health disparities, if relevant.

- 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

Your data management plan (DMP) must be reviewed annually and revised if needed. If you revise it, submit the updated DMP with the Annual Performance Report (APR)/continuation application. Indicate the date of review and revision and submit the revised copy with the APR/continuation application.

For all public health data you plan to collect, describe:

- The data you plan to collect and their available data sources
- The feasibility of collecting appropriate evaluation and performance data

A data management plan (DMP) that includes:

- the data you will collect or generate
- if there are reasons why you cannot share data collected or generated under this award with CDC. These could include legal, regulatory, policy, or technical concerns.
- who can access data and how you will protect it
- data standards that ensure released data have documentation that describes collection methods, what the data represent, and data limitations
- archival and long-term data preservation plans
- how you will update the Data Management Plan (DMP) as new information is available over the life of the project. You will provide updates to the DMP in annual reports. For more information about CDC's policy on the DMP, see Data Management and Access Requirement at CDC's website.
- Other relevant data information, such as performance measures you propose.

An approved DMP template is available online at Chronic Disease Center Notice of Funding Opportunities.

For a definition of "public health data" and other key information, see AR 25: Data Management and Access on our website.

Evaluation activities

You must take on specific evaluation activities. Describe:

- The type of evaluations, such as process, outcome, or both.
- Key evaluation questions addressed by these evaluations.
- Other information such as measures and data sources.

An initial draft of your Evaluation and Performance Measurement Plan, including the DMP, should be submitted with your application. You must submit a more detailed plan within the first six months of the award. See Reporting.

Work plan

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

Align your work plan with all required elements:

- **Strategies and activities to be implemented**
  - Refer to Strategies and Activities or Logic Model
- **Process measures**
  - Refer to Evaluation and Performance Measurement
- **Period of performance outcome**
  - Refer to Outcomes or Logic Model
- **Outcome measures**
  - Refer to Evaluation and Performance Measurement
- **Responsible position or party**
  - To implement the approach, from your organizational capacity or key personnel section
- **Completion date**
  - Proposed time frame to complete the activity

As part of the project narrative, your work plan should:

- Include a detailed work plan for Year 1 and a general plan for later years.
- Align your techniques, activities, outcomes, assessments, performance measures with the NOFO logic model and narrative sections.
- Align with proposed strategies and activities, outcomes, and performance measures.
- Describe how you will approach and develop partnerships in the selected underrepresented communities as listed in Focus Populations, Logic Model and Approach.
- Address how you intend to reduce health disparities and advance health equity.
- Include your work plan's required elements for each performance outcome.
  - You can use the format shown in the following table, but this format is not required. Either way, your work plan must include the same essential elements.
  - If an activity leads to multiple outcomes, describe it under each relevant measure.

Table: Sample format for work plan

Activities to be Implemented	Progress or Process Measure(s) From Data, Monitoring, and Evaluation section	Relevant Period of Performance Outcome(s) From Outcomes section or logic model	Responsible Position or Party	Completion Date
Strategy 1:				
1.				
2.				
3.				
Strategy 2:				
1.				
2.				
3.				

Paperwork Reduction Act

Any activities involving information collection 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 and limitations

General guidance

- 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. Questions about this determination should be posed to the grants management specialist.
- Generally, you may not use funds to purchase furniture or equipment. Clearly identify and justify any such proposed spending in the budget.
- You should include all involved positions in the BRFSS program budget. This should include FTE and in-kind personnel.
- You must participate in the annual BRFSS meeting. Attendance is expected from all funded recipients. Meetings take place in Atlanta or other designated locations.
    - Budget note: Include travel expenses for 2 participants.
    - Possible attendees might include your BRFSS coordinator, program manager, or epidemiologist.

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 Anti-Lobbying Restrictions for CDC Recipients.
- Construction.
- Sub-recipient contractor travel to the Annual BRFSS Meeting and Conference.

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.

Other indirect cost policies

- 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

Data collection activities within this NOFO align with several Healthy People 2030 focus areas, including:

- Cancer
- Social Determinants of Health
- Access to Health Services
- Quality of Life and Well-Being
- Diabetes
- Older Adults
- Binge Drinking
- Smoking
- Physical Activity

This NOFO also supports the central ideas for the existing Healthy People 2020 framework to provide data that are accurate, timely, accessible, and can drive targeted actions to address regions and populations with poor health or at high risk for poor health in the future. This data will inform each new decade's goals and objectives.

Statutory authority

301(a) of the Public Health Service Act, as amended (42 U.S.C. 241(a)).



Step 2:
Get Ready to Apply

In this step

Get registered 34

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 that process today.

To register, go to SAM.gov Entity Registration and click Get Started. From the same page, you can also click on the 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 at 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. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number CDC-RFA-DP-24-0023.

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.

To get updates on changes to this NOFO, select **Subscribe** from the View Grant Opportunity page for this NOFO on 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 and support.

Join the webinar

Join us for an informational webinar on February 27, 2024, at 3 pm ET.

Microsoft Teams meeting
Join on your computer, mobile app, or room device
Click here to join the meeting
Meeting ID: 288 989 946 178
Passcode: 2THiVo

Download Teams | Join on the web

Or call in (audio only)
+1 404-718-3800, 224403364# United States, Atlanta
(888) 994-4478, 224403364# United States (Toll-free)
Phone Conference ID: 224 403 364#

You can check for updates on changes to this NOFO.



Step 3:
Prepare Your Application

In this step

Application contents and format 37

Application contents and format

Applications include 5 main elements. This section includes guidance on each. Make sure you include each of the following.

Table: Application elements

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 will provide instructions on document formats in the sections below. If you don't provide the required documents, your application is incomplete. See Initial Review to understand how this affects your application.

Required format for project abstract, narrative, and budget narrative

Font: Times New Roman

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 below.

See Merit 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 performance outcomes. Explain whether they are:

- Existing evidence-based strategies
- Other strategies, with 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

You must provide an evaluation and performance measurement plan. This plan describes how you will fulfill the requirements in Program Description, Data, Evaluation, and Performance Measurement.

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:

- Staffing plan
- Memorandum of Understanding/Agreement (MOU/MOA)
- Resumes and job descriptions
- Organization chart

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

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 prior to 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 above)
- Total indirect costs

See Funding policies and limitations for policies you must follow.

Be sure to include:

- All positions involved in the BRFSS program budget, including FTE and in-kind personnel.
- Travel expenses for 2 participants for the annual BRFSS meeting in Atlanta or another designated location.

Attachments

You will upload attachments in Grants.gov using the Other Attachments Form. When adding the attachments to the form, you can upload PDF, Word, or Excel formats.

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.

File name: Table of Contents

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.

File name: Indirect Cost Agreement

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.

File name: Resumes and job descriptions

Staffing plan

Provide a staffing plan that clearly describes your staff roles and project management structure.

File name: Staffing Plan

Organizational 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.

File name: Organizational Chart

Memorandum of Understanding or Agreement (MOU or MOA)

Give a description, including all agreed-upon roles and responsibilities, to confirm the collaborative process for determining questionnaire content for state-specific needs; sample design; selection of optional modules and inclusion of state-added questions; data collection, management, data submission, data dissemination analysis, and use of BRFSS data.

File name: MOU

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, or 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 before award.

File name: Report on Overlap

Standard forms

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

Table: Standard 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 and Award

In this step

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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 competition. We won't consider an application that:

- Is from an organization that doesn't meet eligibility criteria. See requirements in Eligibility.
- Doesn't include an MOU/MOA on a letterhead signed by the state health department director, the commissioner of health, or the secretary of health, the section head where BRFSS is housed within the department of health, or the director of finance who has fiscal oversight of BRFSS. See Memorandum of Understanding (MOU or MOA).
- Has budget surpassing the ceiling of the award scope. This includes all direct and indirect costs. The ceiling for the award is $600,000.

Also, if you don't follow page limit or formatting requirements, we may remove pages from your application to solve for any unfairness. See application checklist.

Merit review

A panel reviews all applications that pass the initial review. The members use the criteria as follows.

Table: Criteria and total points

Criterion	Total number of points = 100
1. Background and approach	40 points
2. Organizational capacity	35 points
3. Evaluation and performance measurement	25 points

Criteria

Background and approach (Maximum points: 40)

Ensure that responses are consistent with the Program Description requirement sections shown in the following table.

Table: Background and approach criteria

Evaluate the extent to which the applicant describes how:	Consistent with:
BRFSS data will be collected and improved while planning surveillance using the BRFSS operation guidelines **(3 points)**	Program logic model, Strategy 1. Collect data and develop the plan
BRFSS data will be collected using Random Digit Computer Assisted Telephone Interviewing (RDD CATI) and other recent methodologies to conduct interviews while accommodating sub-state geography into the sample design **(4 points)**	Program logic model, Strategy 1. Collect data and develop the plan
Data collection will be improved by cleaning and submitting data effectively in a timely manner **(4 points)**	Program logic model, Strategy 1. Collect data and develop the plan
A statewide surveillance plan will be maintained, updated, and implemented **(6 points)**	Program logic model, Strategy 1. Collect data and develop the plan
Collaboration with community members and organizations from an advisory group will be approached, developed, and maintained along with collaboration with the selected underrepresented communities **(5 points)**	Program logic model, Strategy 2. Build community partnerships
BRFSS data will be shared with partners from the advisory group and selected underrepresented communities **(5 points)**	Program logic model, Strategy 2. Build community partnerships
Outreach will be conducted to educate the selected underrepresented communities on the use of BRFSS data **(5 points)**	Program logic model, Strategy 3. Conduct outreach and education
Marketing the program will be approached with the selected underrepresented communities **(5 points)**	Program logic model, Strategy 3. Conduct outreach and education
Work plan is aligned with proposed strategies and activities, outcomes, and performance measures **(3 points)**	Work plan

Organizational capacity (Maximum points: 35)

Ensure that responses are consistent with the Program Description section for Organizational Capacity generally, including any subsection or required attachment shown in the following table.

Table: Organizational capacity criteria

Evaluate the extent to which the applicant describes how:	Consistent with:
Recent experience using Computer Assisted Telephone Interviewing (CATI) and other methodologies to collect population-based health data within a state **(3 points)**	Organizational capacity
Recent experience collecting, monitoring, cleaning, submitting, analyzing, and reporting population-level health status survey data **(3 points)**	Organizational capacity
Experience collaborating with CDC or other national organizations to collect, analyze, and disseminate population-level health status survey data **(4 points)**	Organizational capacity
Experience collaborating with community advisory groups and partners in underrepresented communities to enhance data usage **(5 points)**	Organizational capacity
Experience conducting outreach activities, educating communities, and marketing public health programs **(5 points)**	Organizational capacity
Recent experience reporting and disseminating population level data via community partners in underrepresented communities **(5 points)**	Organizational capacity
In the MOU/MOA, a detailed description is provided of the collaborative process to achieve the proposed strategies and activities by describing state-specific needs; sample design, selection of optional modules and inclusion of state-added questions; how data collection, management, data submission, data dissemination analysis, and use of BRFSS data. **(3 points)**	Memorandum of Understanding (MOU/MOA)
In the MOU/MOA, roles and responsibilities of all team members are provided **(3 points)**	Memorandum of Understanding (MOU/MOA)
A staffing plan that is sufficient to achieve the project outcomes. The plan clearly defines staff roles and project management structure. Provides an organizational chart with CVs or resumes and the project description **(4 points)**	Organizational capacity

Evaluation and performance measurement (Maximum points: 25)

Ensure that responses are consistent with the Program Description's Data, Evaluation, and Performance Measurement section generally, including any subsection shown in the following table.

Table: Evaluation and performance measurement criteria

Evaluate the extent to which the applicant describes how:	Consistent with:
Monitoring and evaluation will be approached. Clearly describes their procedures **(5 points)**	Evaluation and Performance Measurement Plan
Evaluation and performance measurement will be incorporated into the planning, implementation, and reporting of project activities **(6 points)**	Evaluation and Performance Measurement Plan
The evaluation plan includes the type of evaluations, such as process, outcome, or both, and the key evaluation questions, data sources, and measures. Includes how evaluation and performance measurement findings will be used for continuous program quality improvement **(8 points)**	Evaluation and Performance Measurement Plan
The plan will be implemented. The findings will be used to assess outcomes, program success, and impact **(6 points)**	Evaluation and Performance Measurement Plan

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 deciding 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

We will fund applications in order by score and rank determined by the review panel.

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- The results of the risk review.

We may:

- Choose to fund no applications under this NOFO.

Based on availability of funds, you may be funded in whole or part or at a lower amount than requested.

Our ability to make awards depends on available appropriations.

Award notices

If you are successful, we will email 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 and deadlines 50

Application submission and 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

Optional letter of intent

March 1, 2024

Application

April 15, 2024, at 11:59 pm 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. See Get registered.

For instructions on how to submit in Grants.gov, see the Quick Start Guide for Applicants. Make sure your application passes the Grants.gov validation checks. Do not encrypt, zip, or password-protect any files.

See Contacts and 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.

Optional letter of intent

We ask that you let us know if you plan to apply for this opportunity. We do this to plan for the number of reviewers we will need to evaluate applications. You do not have to submit a letter of intent to apply.

Please email the notice to BRFSSnofo@cdc.gov.

In your email, include:

- The funding opportunity number and title
- Your organization's name and address
- A contact name, phone number, and email address

See the deadline for notices of intent.

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 OGS at uaj0@cdc.gov and to the Office of Inspector General at grantdisclosures@oig.hhs.gov.

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.	5 pages or less
Attachments (7 total)	Insert each in a single Other Attachments form.	
☐ 1. Table of contents		None
☐ 2. Indirect costs agreement		None
☐ 3. Resumes and job descriptions		None
☐ 4. Staffing plan		None
☐ 5. Organizational chart		None
☐ 6. MOU/MOA		None
☐ 7. Report on Overlap		None
Standard Forms (3 total)	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		No
☐ Budget Information for Non-Construction Programs (SF-424A)		No
☐ Disclosure of Lobbying Activities (SF-LLL), if applicable		No

Step 6:
Learn What Happens After Award

In this step

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Post-award requirements and administration

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

Administrative and 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.
- 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 HHS Office for Civil Rights website.
- The following CDC's Additional Requirements (AR) apply to this NOFO's awards: 37.

Reporting

If you are successful, you will have to submit financial and performance reports that include the following.

Table: Financial and performance reports

Report	Description	When
Recipient Evaluation and Performance Measurement Plan	• Builds on the plan in the application. • Includes measures and targets. • Shows how data are collected and used (Data Management Plan).	6 months into the award
Annual Performance Report	• Serves as yearly continuation application. • Includes performance measures, successes, challenges. • Updates work plan • 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.
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 like the Annual Performance Report.	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
Quarterly Sample Submission	• Q1: January to March: December 15th of previous year • Q2: April to June: March 15th • Q3: June to September: May 15th	Yes

Report	Description	When
	• Q4: October to December: September 15th	

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

CDC award monitoring

Monitoring activities include:

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

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

- 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.

We can take corrective action if your performance is poor. This means:

- You must fulfill the following obligations:
  - Submit monthly BRFSS data.
  - Submit quarterly sample request.
  - Participate in the All-State Monthly Webinar, and other meetings organized by the CDC.

CDC's role

We will provide various forms of technical assistance.

Technical assistance can range from data collector's technical conference calls, in-person and remote (webinar) training and presentations, conferences, annual questionnaire meetings, and on-site and reverse site visits.

CDC will also provide additional technical assistance that is more than basic technical assistance:

- Validate the submitted local jurisdiction's sample design
- Provide cognitive testing and validation of questions
- Obtain OMB approval for use of the annual BRFSS questionnaire
- Facilitate agreement of Core and optional modules for the standardized BRFSS Questionnaire
- Facilitate agreement of standardized practices for data collection
- Provide BRFSS data collection protocol
- Provide initial editing and cleaning tool
- Provide annual data submission layout to include information on data submission of raw data, call history, and metadata for cleaning, weighting, reporting, and quality assurance purposes

This will allow us to:

- **Enhance systems:** By providing resources, training, technical assistance, and consultation, monitoring and surveillance systems can be developed, maintained, and enhanced.
- **Facilitate data use:** We will offer resources, training, technical assistance, and consultation to support data collection and its effective use.
- **Promote information sharing:** Electronic mechanisms will be maintained for sharing information, planning programs, and reporting progress.
- **Offer resource links:** Websites will be maintained that contain links to databases such as the State Activities Tracking and Evaluation System and BRFSS, which are crucial resources for chronic disease prevention and health promotion activities.
- **Expand science base:** We aim to act as a convener and resource for the continued expansion of the science base of chronic disease prevention and health promotion programs.

- **Provide licenses:** Up to 2 statistical licenses for SAS and SUDAAN per recipient will be provided upon request.

These forms of support are planned to facilitate data collection and analysis efforts, and for the shared goals of chronic disease prevention and health promotion.

Non-discrimination and 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 and support

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Agency contacts

Program

E. Dwayne Banks, M.Ed, LPC, CPCS
Team Lead, State and Program Coordination Team
Population Health Surveillance Branch
Division of Population Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Hwy, N.E. Mailstop S107-6
Atlanta, Georgia 30341

BRFSSnofo@cdc.gov
Division of Population Health

Grants management

Uliecia Bolton
Grants Management Specialist
Chamblee Building 102, Room 1304
MS S102-1
Atlanta GA 30341
Uaj0@cdc.gov

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?
- Grants.gov Accessibility Information
- Code of Federal Regulations (CFR)
- United States Code (U.S.C.)