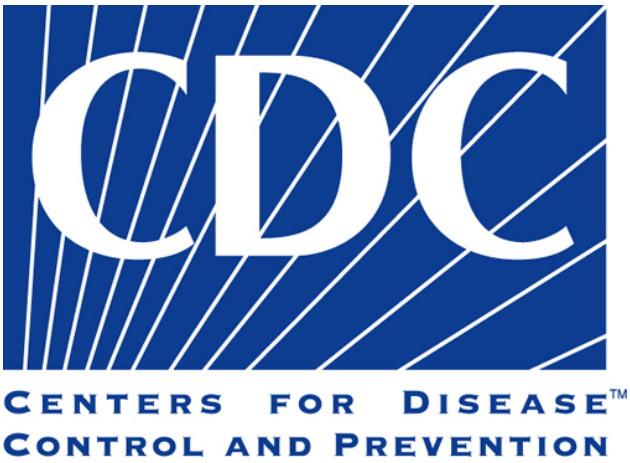


Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

State Promotion of Strategies to Advance Oral Health

CDC-RFA-DP-24-0048

05/28/2024

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP-24-0048. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

State Promotion of Strategies to Advance Oral Health

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For purposes of this NOFO, research is defined as set forth in 45 CFR 75.2 and, for further clarity, as set forth in 42 CFR 52.2 (see eCFR :: 45 CFR 75.2 -- Definitions and *https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf*. In addition, for purposes of research involving human subjects and available exceptions for public health activities, please see 45 CFR 46.102(l) (*https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46/subpart-A/section-46.102#p-46.102(l)*).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP-24-0048

E. Assistance Listings Number:

93.366

F. Dates:

1. Due Date for Letter of Intent (LOI):
04/12/2024

2. Due Date for Applications:
05/28/2024
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
Date: Friday, April 5, 2024

Time: 1:30 pm - 2:30 pm (EST)

Conference Call Number: +1 646 828 7666 US

Passcode: 40059189

Webinar link:
https://cdc.zoomgov.com/j/1607302339?pwd=MS8zSkkrRU5seTV1NUVKWnJTV3MyQT09

Webinar ID: 160 730 2339

Passcode: Py5%sME3

Email address: StateOHE0048@cdc.gov

G. Executive Summary:

1. Summary Paragraph
This three-year cooperative agreement addresses oral health disparities by supporting state-wide interventions and practices to address oral disease in populations of focus. Interventions include community water fluoridation, delivery of evidence-based preventive services to school-aged children, and infection prevention and control activities. This Notice of Funding Opportunity (NOFO) prioritizes using secondary data analysis to inform the future integration of medical and dental services for individuals with diabetes who have risk factors for negative health outcomes. Diabetes affects over 28.7 million people and is the seventh leading cause of death in the United States, and dental visits are an important part of diabetes self-care management. Yet, about 60% of US adults with diabetes had a medical visit in the past year but no dental visit. Information is needed to understand medical services used by persons with diabetes and the opportunities missed for persons with diabetes to have both medical and dental visits within the past year.

Expected outcomes from this NOFO include increasing: 1) access to optimally fluoridated water and receipt of Evidence-based Preventive Dental Services, 2) adherence to Infection Prevention and Control recommendations, 3) access to data to build evidence for public health practice, and 4) access to care and untreated decay, and 5) foundational information supporting integrated medical and dental services for adults with Type 2 diabetes.

a. Funding Instrument Type:

CA (Cooperative Agreement)

b. Approximate Number of Awards
15

c. Total Period of Performance Funding:
$17,136,000

d. Average One Year Award Amount:
$380,800

e. Total Period of Performance Length:
3 year(s)

f. Estimated Award Date:
July 31, 2024

g. Cost Sharing and / or Matching Requirements:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Examples include complementary private foundation funding, other U.S. government funding sources, including programs supported by the Department of Health and Human Services, and other agencies such as the Department of Education, Centers for Medicare & Medicaid Services, the Health Resources and Services Administration, the Department of Agriculture, and other funding sources. Applicants must coordinate with multiple sectors, such as public health, education, infection control programs, drinking water associations, health care delivery, community health centers, (e.g., FQHCs), faith-based organizations, correctional facilities, and other community-level resources.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
Cavities (also known as tooth decay or caries) are a common chronic disease that can cause pain or suffering and diminish one's quality of life. Cavities can affect essential aspects of daily living, eating, and speaking. In 2008, 92.4 million school and work hours were lost among school children and adults due to urgent dental care needs, with children losing over 34 million hours of school.

This new NOFO seeks to address the burden of oral disease, such as untreated cavities, among populations of focus with evidence-based interventions and practices.

Community water fluoridation (CWF) and evidence-based preventive dental services (EBPDS) delivered in schools, dental and medical offices, and other settings can prevent cavities, save money, and improve quality of life across the lifespan. Data show that 57 percent of adolescents in the United States ages 12–19 years have experienced cavities and 17 percent need treatment

on at least one decayed tooth. Among adolescents stratified by race/ethnicity (R/E), the prevalence of untreated cavities for non-Hispanic Blacks and Mexican Americans is about 30% higher than for non-Hispanic White adolescents.

CDC's 2019 Oral Health Surveillance Report highlights that sealant prevalence among adolescents aged 12–19 years increased from 38% during 1999–2004 to 48% during 2011–2016. Increases were observed across all socio-demographic characteristics, such as R/E and income. Drinking fluoridated water keeps teeth strong and reduces cavities by up to 25% in children and adults. Increasing access to optimally fluoridated water is the most efficient and cost-effective way to deliver this oral health benefit to everyone in a community. Among adults who self-report they have diabetes, sixty percent have some form of periodontitis which can lead to tooth loss. Treating periodontal disease significantly improves blood sugar level (glycemic control) among adults with diabetes compared to no treatment or routine care.

This funding opportunity will incorporate lessons learned from NOFO CDC-RFA-DP18-1810 and four prior program announcements. Recipients funded by prior programs progressed towards program goals, but the COVID-19 pandemic slowed efforts, especially school sealant initiatives. This funding also prioritizes strategies for infection prevention and control (IPC), secondary data analysis to inform the future integration of medical and dental services for individuals with diabetes, and evaluation. Although improvements have been made with preventive measures, recipients continue to face challenges post-COVID-19. This funding will further enhance recipient efforts to advance oral health across their states.

b. Statutory Authorities

The State Promotion of Strategies to Advance Oral Health is authorized under the Public Health Service Act, 42 U.S.C. §§ Sections 317M(d) and 301(a) of the Public Health Service Act, 42 U.S.C. 247b-14(d) and 241(a).

c. Healthy People 2030

NOFO strategies address the following Healthy People 2030 topics:

- Oral Conditions — General
- Adolescents
- Health Care Access and Quality
- Health Policy
- Nutrition and Healthy Eating
- Older Adults
- Preventive Care
- Public Health Infrastructure

d. Other National Public Health Priorities and Strategies

This program supports strategies to increase and improve the quality of oral health outcomes, community-clinical linkages, and preventive services, which align with the following national plans, frameworks, and reports:

- The Guide to Community Preventive Services
- Health and Human Services - Equity Action Plan
- Health and Human Services - Strategic Plan FY 2022-2026

- Health Resources and Services Administration - Strategic Plan FY 2024
- Centers for Medicare and Medicaid Services - Framework for Health Equity 2022-2032
- National Institute of Health - Oral Health in America: Advances and Challenges

e. Relevant Work

This NOFO follows past programmatic efforts to build oral health program capacity to promote and implement oral health prevention programs as outlined in CDC-RFA-DP18-1810. In addition, this NOFO supports the promotion and adherence to CDC infection prevention and control guidelines to improve the quality of care in settings where oral health care is provided.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-24-0048 Logic Model: **State Promotion of Strategies to Advance Oral Health**

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Community Water Fluoridation Provide financial and technical support for quality control and management of fluoridated water systems, especially in water systems serving 10,000 or fewer people Collect, provide, and analyze water system fluoridation data, to identify disparities in access to optimally fluoridated water, especially for water systems serving 10,000 or fewer people	Improved access to water fluoridation equipment, especially in communities with water systems serving 10,000 or fewer people **Increased receipt of fluoridation data, from systems state-wide, especially among water systems serving 10,000 or fewer people** Increased analysis and use of fluoridation data to identify disparities and prioritize populations for CWF expansion	Reduced disparities in access to optimally fluoridated water **Increased access to water from optimally fluoridated water systems state-wide, especially among water systems serving 10,000 or fewer people**	Decreased untreated decay, especially in communities with water systems serving 10,000 or fewer people and among populations who disproportionately lack access to optimally fluoridated water systems
Data Analysis to Support Medical	Improved capacity of state oral health	**Increased dissemination of**	Increased access to integrated medical

Dental Integration and EBPDS Analyze, interpret, and disseminate secondary data about relationships between the oral health of adults with Type 2 diabetes, and their overall health, as well as their use and access to medical and dental care Build and expand partnerships that will use the data analyses to raise awareness about evidence-based strategies to integrate medical and dental services that adults with Type 2 diabetes need Analyze, interpret, and disseminate secondary oral health data about EBPDS to identify disparities in use and access among populations of focus Build and expand partnerships that will use the data analyses to increase equitable access to EBPDS	programs to monitor and describe relationships between the oral health of adults with Type 2 diabetes, and their overall health, as well as their use and access to medical and dental care Improved EBPDS delivery and surveillance systems that monitor use and access trends and characteristics of community-clinical linkages for adults with Type 2 diabetes	**analyzed secondary data about relationships between the oral health of adults with Type 2 diabetes, their overall health, as well as their use of and access to medical and dental care** Increased use of secondary data to promote evidence-based strategies to integrate medical and dental services that adults with Type 2 diabetes need Increased use of secondary data to inform equitable access to EBPDS	and dental services among adults with Type 2 diabetes. Reduced disparities in receipt of EBPDS across sociodemographic characteristics Decreased untreated decay in populations of focus

Evidence-Based Preventive Dental Services (EBPDS) Use secondary data analyses and program implementation data to expand access to EBPDS in populations of focus Build or use existing partnerships to increase EBPDS participation in populations and communities that disproportionately experience barriers to oral health care or elevated risk for cavities	Increased opportunities to identify EBPDS needs and establish EBPDS programs Increased opportunities for decision makers, parents, educators, and school administrators to receive information about the benefit of adopting EBPDS	**Increased availability of and access to local/small area and state program data, EBPDS programs, and information about Medicaid/CHIP-enrolled children receiving EBPDS within a state**	
Infection Prevention and Control Promote dental IPC resources by establishing new (or using existing) partnerships with state HAI programs and organizations with oral health IPC expertise Implement activities that promote use of dental IPC resources	**Increased awareness and use of dental IPC recommendations and resources state-wide, especially among EBPDS school programs, and other dental programs or facilities serving communities with oral health disparities**	Increased capacity of programs that serve populations experiencing large health disparities to adhere to CDC IPC guidelines	Increased adherence to IPC Standard Precautions and other infection prevention recommendations across traditional and non-traditional settings

i. Purpose

This non–research NOFO will help DOH-funded recipients to prioritize populations of focus defined as groups experiencing persistent health disparities and inequities. Recipients will increase access to evidence-based preventive dental services; increase access to optimal

community water fluoridation; improve oral health and chronic disease surveillance using secondary data sources to describe oral health trends; and increase awareness of infection prevention and control guidelines in traditional (private practice) and non-traditional settings (clinics, mobile units, school sealant programs).

ii. Outcomes

All applicants must address the outcomes (in bold) in the logic model for each core topical area and the associated strategies: Community Water Fluoridation, Data Analysis to Support Medical-Dental Integration and EBPDS, and Infection Prevention and Control. The required, bolded logic model outcomes are:

COMMUNITY WATER FLUORIDATION (CWF):

- Increased receipt of fluoridation data from systems state-wide, especially among water systems serving 10,000 or fewer people
- Increased access to water from optimally fluoridated water systems state-wide, especially among water systems serving 10,000 or fewer people

DATA ANALYSIS TO SUPPORT MEDICAL DENTAL INTEGRATION AND EVIDENCE-BASED PREVENTIVE DENTAL SERVICES (EBPDS)

- Increased dissemination of information about 1) relationships between oral health and overall health among adults with diabetes, and 2) use and access to medical and dental care among adults with diabetes.

EVIDENCE-BASED PREVENTIVE DENTAL SERVICES (EBPDS):

- Increased availability of and access to local/small area and state program data, EBPDS programs and information about Medicaid/CHIP-enrolled children receiving EBPDS within a state.

INFECTION PREVENTION AND CONTROL (IPC):

- Increased awareness and use of dental IPC recommendations and resources state-wide, especially among EBPDS school programs, and other dental programs or facilities serving communities with oral health disparities.

iii. Strategies and Activities

Applicants must propose specific, measurable, attainable, relevant, and time-based (SMART) objectives or strategies. Applicants are encouraged to focus SMART strategies on being inclusive and equitable (SMARTIE) and relevant to applicant's and DOH's populations of focus (see Populations of Focus section below). For an example of SMARTIE strategies, see this link.

Applicants are required to address all the below strategies and activities to reach NOFO outcomes. Applicants must describe their approach to implementing the strategies and activities.

COMMUNITY WATER FLUORIDATION (CWF)

Recipients will provide support to enhance quality control and management of fluoridated water systems throughout the state. Recipients will also collect CWF data from public systems across

the state and use analyses to identify, report and disseminate data to address disparities in access to optimally fluoridated water.

Provide financial and technical support for quality control and management of fluoridated water systems throughout the state, especially in water systems serving 10,000 or fewer people

Recipients will:

- Increase access to water fluoridation equipment.
    - Fund or leverage funds through mini-grants to provide new or replacement fluoridation equipment in community water systems. (Community applicants for equipment funds must provide a specific justification that includes plans for maintenance, training on use of equipment, and number of persons being served by the new or repaired equipment.)
    - Educate water systems administration on how to secure funding and equipment.
    - Prioritize water systems serving 10,000 or fewer people.

Collect, provide, and analyze water system fluoridation data, to identify disparities in access to optimally fluoridated water within a state

Recipients will:

- Increase data available to address water fluoridation maintenance and expansion state-wide.
- Track and analyze local and state CWF data.
- Assess the implications of supply shortages for continued operations and possible expansion state-wide.
- Collect, analyze, and report on the proportion of the state population served by community water systems who receive optimally fluoridated water: % of population on community water systems receiving optimally fluoridated water; % of population on small community water systems receiving optimally fluoridated water; and % of water systems reporting fluoridation data to WFRS.
- Summarize and disseminate water fluoridation data.
- Ensure that all public water system information in the CDC Water Fluoridation Reporting System (WFRS) is current and accurate, and that all discrepancy reports provided by CDC on WFRS are addressed according to established timeline.

DATA ANALYSIS TO SUPPORT MEDICAL DENTAL INTEGRATION AND EBPDS

Recipients will 1)analyze secondary state-wide and community-level data to improve their capacity to describe relationships between the oral health of adults with diabetes (e.g., tooth loss), and their overall health (e.g., risk factors for diabetes-related complications), as well as factors that can influence access to and use of medical and dental care among people with diabetes, 2) build and expand partnerships that will use the data analyses to raise awareness about evidence-based strategies to integrate medical and dental services that adults with diabetes need, and 3) identify disparities in use of and access to EBPDS.

Specifically, recipients will analyze state-wide EBPDS data to 1) identify priority schools/communities based on the percentage of Medicaid/CHIP-enrolled children receiving EBPDS at the local and community-levels, 2) monitor EBPDS delivery in the priority communities/schools, and 3) assess oral health outcomes (e.g., untreated decay) their risk factors, and community-clinical linkage gaps among populations with limited access to EBPDS.

Analyze, interpret, and disseminate secondary data about relationships between the oral health of adults with Type 2 diabetes, their overall health, as well as their use and access to medical and dental care

Recipients will:

- Develop/maintain an oral health surveillance system that includes the following elements: surveillance plan, surveillance indicators and data sources, community level (associated with small area estimates [e.g., county-level]) factors such as social determinants of health (SDOH) affecting oral health, timely data dissemination to monitor burden of oral disease overall and among populations of focus and other populations with a large burden of health disparities (e.g., populations that have limited access to oral care), and inform program and policy decisions at the state and community level.
- Submit surveillance plan to CDC in the first-year annual performance report. The surveillance plan must include the following components: goals and objectives, logic model, and identification of indicators and their data sources to assess state and community level need. Plan must include information about integrating diabetes indicators into their surveillance plan and systems.
- Analyze, interpret, and disseminate data from surveillance indicators to public health partners, officials, and other interested parties.
    - Secondary data sources include but are not limited to Centers for Medicare & Medicaid Services (CMS), existing Basic Screening Survey (BSS) data, the Behavioral Risk Factor Surveillance System (BRFSS), the Pregnancy Risk Assessment Monitoring System (PRAMS), the National Survey of Children's Health (NSCH), and cancer registries.
    - Surveillance indicators may include, but are not limited to, those recommended by the Council of State and Territorial Epidemiologists (CSTE) for state oral health systems and those included in the CMS Child Health Care Quality Measures set. Indicators may also include additional social determinants of health (see glossary section for definition) or comorbidities.

Build and expand partnerships that will use the data analyses to raise awareness about evidence-based strategies to integrate medical and dental services that adults with Type 2 diabetes need, and inform oral health equity programs and policies

Recipients will:

- Develop and publicly disseminate at least one data related product per year (e.g., report, fact sheet, data brief, infographics, web-based content, presentations at state-wide or national meetings, or peer-reviewed publications). The products must summarize an analysis of secondary oral health data. In the case a data analysis is not

complete by the end of Year 1, the dissemination goal will be met if the surveillance plan is 1) publicly available and 2) presents secondary data to justify state-specific oral health surveillance and program gaps.
    - Data products must
        - assess relationships between the oral health of adults with Type 2 diabetes, their overall health, as well as their use and access to medical and dental care.
        - include recommendations for public health practice related to how patient-provider interaction, workforce development and operations, health information exchange, or payment mechanisms could be improved to provide care to adults with Type 2 diabetes.
        - be prepared in collaboration with another public health program or partner.
        - be posted on a state oral health website and/or partner website.

- In Years 2 to meet the requirement of producing at least one data related product per year, recipients must:
    - Create and deliver one or more presentations from the analysis of secondary data that describe the oral health of adults with Type 2 with diabetes, their overall health, as well as their use and access to medical and dental care.
    - Create and disseminate two or more data briefs that summarize analyses of secondary data.
        - To increase awareness among the public and providers about the connection between overall health and oral health, in Year 2,
            - Data Brief #1 must assess diabetes status and select health characteristics by sociodemographic characteristics (e.g., income, race and ethnicity).
            - Data Brief #2 must quantify the number of people in a state who had a medical visit but no dental visit, dental visit but no medical visit, and no medical visit and no dental visit.

- In Year 3, to meet the requirement of producing at least one data related product per year, recipients must:
    - Create and deliver one or more presentations from the analysis of secondary data that describe the oral health of adults with Type 2 diabetes, their overall health, as well as their use and access to medical and dental care.
    - Create and disseminate two or more data briefs that summarize analyses of secondary data.
        - To increase awareness among partners and the oral health community, one of the two data briefs in Year 3 must assess associations between diabetes status and community-clinical linkages.

Analyze secondary data about EBPDS (e.g., Medicaid claims and other data, if complementary) to identify 1) disparities in use and access (i.e., delivery in clinical and community programs) and 2) populations of focus

Recipients will:

- Prioritize geographic communities and populations within communities for EBPDS programs and collaborate with partners to implement the programs.
- Work with other state agencies and programs (e.g., state Medicaid office, Department of Education, school-based health center medical programs) to identify and monitor number of schools and number of children in the populations of focus served by EBPDS programs.
- Document data agreements (e.g., Memorandum of Agreements [MOAs], Data Use Agreements [DUAs]) other equivalent documents with other partners e.g., state-Medicaid office, community health centers) that have community-level data about the receipt of EBPDS.
- Work with partners to use the analysis of community-level Medicaid EBPDS measures and other data (e.g., existing BSS data, Health Center Program data, social determinants of health, Dental Health Professional Shortage Areas) to address EBPDS related community-clinical linkage gaps among populations of focus.
- In Year 2 and Year 3, create and deliver one or more presentations focusing on the use of local/community-level data to inform EBPDS program planning and evaluation.

EVIDENCE-BASED PREVENTIVE DENTAL SERVICES (EBPDS):

Recipients will identify schools and non-school settings (e.g., FQHCs) with the highest need for EBPDS to increase use and access to preventive services by establishing and maintaining relationships with entities that can assist with reaching populations of focus. In addition, the recipients will collect and use secondary data to inform efforts for and improve equitable access to EBPDS delivery programs in populations of focus and other populations with a large burden of health disparities (e.g., communities that are disproportionately experiencing barriers to oral health care or elevated risk for cavities). This approach aims to enhance state-wide program delivery across populations of focus and communities disproportionately experiencing barriers to oral health care or having an elevated risk of caries.

Use secondary data analyses and program implementation data to expand access to EBPDS in populations of focus

Recipients will:

- Conduct community-level data analyses that include disparities by race/ethnicity and location of high-need schools.
- Prioritize schools for EBPDS delivery programs based on relative community need, and resources and implement or support implementation of EBPDS in priority schools.
- Evaluate impact of school EBPDS delivery programs on increasing access to EBPDS and reducing oral health disparities, such as untreated cavities among students attending prioritized schools.
- Use oral health surveillance and evaluation data to monitor the progress in increasing access to EBPDS in priority schools. This includes assessing changes in service use

rates, oral health outcomes (e.g., decrease in untreated cavities), and the implementation of evidence-based interventions.

Build or use existing partnerships to increase EBPDS participation in populations and communities that disproportionately experience barriers to oral health care or elevated risk for cavities.

Recipients will:

- Identify and develop partnerships with public and private organizations at the state and community-level whose missions align with promoting oral health equity and who may assist with reaching populations of focus.
    - Share data with and develop collaborative efforts with community health centers, school-based health centers or school-linked staff, including community health workers, school nurses, and other traditional and non-traditional providers, to expand access to evidence-based dental services and improve oral health outcomes in populations of focus.
    - Share data with and collaborate with partners inside and outside the state health department, such as statewide and local coalitions, and other state agencies (e.g., obesity prevention and management of school programs, Department of Education).
    - Engage with Medicaid and Children Health Insurance Program (CHIP) dental administrators, as well as private dental insurers, and community health care centers to facilitate a dental home referral process for children without one. This collaborative effort can significantly enhance access to comprehensive dental care and improve the oral health outcomes of children in need.
    - Create opportunities for enhancing partnerships such as: communication campaigns and summits to promote oral health, commitments to promote oral health, collaboration on policy change, and in-kind or other support for oral health activities.

- Provide evidence of formalized partnerships that foster collaboration, resource sharing, and coordinated efforts in addressing community-level or public health priorities that may support oral health promotion in populations of focus. Examples include (MOU)/(MOA), signed letter of commitment, or equivalent documentation (e.g., data-sharing agreement, collaborative research agreement, inter-agency agreement, draft MOU/MOA).
- Develop an EBPDS implementation plan for the state with key partners to enhance access to EBPDS in schools. The plan must include strategies to increase participation of high-need schools and students, especially racial and ethnic minority students who may experience health disparities.
- Include in the implementation plan medical-dental integration activities to expand the reach of EBPDS strategies in settings outside of schools (e.g., medical clinics, community settings serving the relevant populations of focus).
- Collect, analyze, and report school sealant programs' cost of resources, quality assurance (sealant retention rate) and program impact using CDC's SEALS system or other CDC sponsored application when EBPDS activities are conducted. In the 3-year

project period, recipients must submit data using CDC's SEALS system or other CDC sponsored application for one complete school year.

INFECTION PREVENTION AND CONTROL (IPC):

Recipients will support and promote IPC in dental settings throughout the state by establishing IPC partnerships, completing IPC training courses, and promoting the use of IPC trainings, guidelines and other infection prevention resources. Recipients must specifically promote the use of these trainings and resources among oral health programs serving EBPDS school programs, and other dental programs or facilities serving communities with oral health disparities. Recipients will expand their state-wide capacity for IPC in dental settings by establishing partnerships with organizations with this expertise and a shared mission to promote IPC, especially with state healthcare associated infection (HAI) programs. To improve their ability to provide technical assistance, recipients must also complete IPC training courses.

Promote dental IPC resources by establishing new (or using existing) partnerships with state HAI programs and organizations with oral health IPC expertise.

Recipients will:

- Foster and sustain partnerships with infection control organizations, dental health personnel and organizations, state dental boards, and others whose mission aligns with promoting infection prevention and control in dental settings. In addition, where appropriate, leverage this expertise to expand distribution and use of IPC resources.
- Establish or create a MOU/MOA, signed letter of commitment, or equivalent documentation with state health departments' HAI program to demonstrate collaboration of state infection control activities across medical settings with a dental component.

Implement activities that promote use of dental IPC resources.

Recipients will:

- Require funded recipient staff and recommend that state HAI personnel complete CDC training courses for infection prevention control in dental settings, including but not limited to, CDC's Foundations: Building the Safest Dental Visit training.
- Provide financial support for one funded recipient program staff member to attend the Organization for Safety, Asepsis and Prevention (OSAP) Dental Infection Control Boot Camp annually.
- Promote CDC and non-CDC IPC training courses and resources to oral health programs in community and public health settings (school sealant programs, FQHCs, community health centers, correction facilities, etc.). Funded recipients must promote the following CDC resources: CDC's Summary of Infection Prevention Practices in Dental Settings, Dental Check and Foundations: Building the Safest Dental Visit.

1. Collaborations

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

To ensure program success and to achieve NOFO outcomes, recipients must identify and leverage opportunities with other programs that enhance their work state-wide addressing health equity, school health, environmental health, chronic diseases, or underlying risk factors within the relevant programs and organizations. Opportunities include cost sharing to support a shared position (for example, chronic disease epidemiologist, health communication specialist, program evaluator, or policy analyst) to collaborate on activities across work units within the recipient organization. Other options include, but are not limited to, joint planning and leadership activities, joint funding of aligned program strategies, establishing or maintaining coalition alliances, joint health education efforts, communication activities, data acquisition, analysis and communication, and combined development and implementation of policy, systems, and environmental approaches, community interventions and other cost-sharing activities that align program strategies and performance measures. Recipients will be required to provide information on collaborations with CDC projects and CDC-funded organizations, including leveraged approaches to meeting NOFO outcomes and in their Annual Performance Report (APR) (e.g., collaborations with programs funded by CDC Healthy Schools). Examples of CDC projects and CDC-funded organizations can be found in the below links.

- Population Health
    - Good Health and Wellness in Indian Country
    - Adolescent and School Health
    - Healthy Schools
    - Supporting Communities to Address Social Determinants of Health
- Disability and Health Program: Improving the Health of People with Mobility Limitation and Intellectual Disabilities through State-based Public Health Programs
- Racial and Ethnic Approaches to Community Health
- Community Health Workers for COVID Response and Resilient Communities
- Healthcare-associated Infections and Antimicrobial Resistance Program
- National Institute For Occupational Safety And Health
- Safe Water Program
- Prevention and Control of Chronic Disease and Associated Risk Factors in the U.S. Affiliated Pacific Islands, U.S. Virgin Islands, and Puerto Rico
- Nutrition, Physical Activity, and Obesity
- Additional National Center for Chronic Disease Prevention and Health Promotion divisions and Offices
- Recipient(s) of Partner Promotion of Strategies to Advance Oral Health Equity (CDC-RFA-DP-24-0049

Applicants must submit at least one and up to three MOU/MOA/equivalent documentation with a CDC project or CDC-funded organization, clearly outlining which NOFO goal(s), strategies and activities are enabled by the collaboration(s). The MOA(s)/MOU(s)/letter of commitment(s)/equivalent document(s) must describe the scope of work and contributions from each key partner for work to be conducted. Applicants unable to submit finalized MOU(s)/MOA(s)/letter of commitment/equivalent documentation with their applications must submit a draft MOU/MOA, letter of commitment, or equivalent document from the CDC project

or CDC-funded organization and include the required information above, with a concise summary with a justification for being unable to submit finalized attachments and timeline for finalization. The MOU(s)/MOA(s)/letter(s) of commitment/other equivalent documentation may include language indicating they are contingent on successful awarding of this NOFO. Applicants must name these files "MOU/MOA/letter_of_commitment/name_of other_equivalent_documentation_ApplicantPartnerName_RFA_0048_Name of Applicant" and upload them as PDF files to Grants.gov.

b. With organizations not funded by CDC:

Recipients are required to establish, enhance, or maintain collaborative relationships with external organizations that have a critical role in achieving the NOFO outcomes. Collaborations with a variety of public and private partners from multiple sectors are required to maximize resources, reach, and impact. Partners and agencies identified must serve or be able to serve the population(s) of focus. Examples of potential partners include:

- State offices of health equity or health disparities
- Education partners (e.g., Department of Education; School Board Associations; parent, teacher and student organizations; school nurses; school health coordinators)
- Water departments or associations
- Persons or groups representing population(s) of focus (e.g., Women, Infant, and Children (WIC) programs; area agencies on aging)
- State administrators managing Medicaid/CHIP/Medicare programs and other relevant federally funded programs
- Health Resources and Services Administration (HRSA) or other applicable federally funded programs, including programs receiving Title III, V, or VII funding
- Health care provider and insurer organizations (e.g., dental, medical, behavioral health)
- Health care clinics (e.g., Federally Qualified Health Centers, community safety-net clinics, school-based health centers, Indian Health Service clinics)
- Primary care associations, primary care offices, rural health offices, regional extension centers
- American Indian or Alaska Native tribal governments or tribally designated organizations
- Representative opinion leaders, including decision-makers
- Minority-serving institutions
- Faith-based organizations
- Non-governmental organizations
- Non-profit organizations
- Foundations focused on health equity, oral health
- Other organizations that can provide data related to populations of focus, health disparities, NOFO key performance measures and strategies

Applicants must submit, at a minimum, two and up to five letters of support for key collaborations with organizations not funded by CDC. Applicants are encouraged to submit at least one letter of support demonstrating planned collaborations with an organization from the above list. Letters of support from partners must document specific contributions of the partner, including but not limited to a description of the precise nature of past and proposed collaborations, products, services, and other resources that will be provided by the partner

through the proposed collaboration and any expected and mutually beneficial outcomes (e.g., Area Agency on Aging and recipient co-creating a deliverable on oral health and diabetes in older adults). Letters of support must clearly outline the NOFO goal(s), strategies, and activities that are enabled by the collaboration(s). Applicants must name these files "Letterofsupport_ApplicantPartnerName_RFA_0048_Name of Applicant" and upload them as PDF files to Grants.gov.

2. Population(s) of Focus

While oral diseases affect all segments of society, certain populations experience a disproportionate burden or risk, or lack adequate access to prevention and treatment services. Some people or communities may not have equitable access to resources and opportunities due to unfair policies, practices, and conditions, or other factors. These factors include, but are not limited to, race and ethnicity, sexual orientation, gender identity, age, physical abilities, geographic location, educational background, economic status, and the intersectionality of these and other factors. DOH-funded recipients must seek to achieve oral health equity by using relevant data to identify populations disproportionately affected by oral diseases and selecting culturally appropriate interventions for implementation.

Populations who could benefit from this funding are people from some racial and ethnic groups, people with lower incomes, persons with disabilities, people who do not speak English or have limited English proficiency, people with limited literacy, American Indian and Alaska Native communities, people who live in rural areas and other under-resourced communities, people who identify as LGBTQIA+, and other groups with a large burden of health disparities.

Each applicant must propose at least one population(s) of focus using relevant state and community-level data to identify communities with significant oral health disparities and select culturally appropriate interventions for implementation. Applicants must consider the data sources/systems or tools below and may propose additional data sources to determine priority data sources and indicators used to select their population(s) of focus. Recipients must identify and begin tracking changes in oral health disparities during the NOFO cycle. Examples of potential data sources include, but are not limited to:

- Oral Health Data
  - Indian Health Services Dental Portal Data Briefs by Age Group
  - Water Fluoridation Reporting System
  - Basic Screening Surveys/State Oral Health Surveys
- Additional CDC Data Resources
  - Social Vulnerability Index
  - PLACES: Local Data for Better Health
  - Disability and Health Data System (DHDS) | CDC
  - Behavioral Risk Factor Surveillance System (BRFSS) Prevalence & Trends Data
  - Youth Risk Behavior Surveillance System (YRBSS) Data Portal

    - Pregnancy Risk Assessment Monitoring System
    - Chronic Disease Interactive Data Applications and Chronic Disease Indicators

- AHRQ Social Determinants of Health Database
- Centers for Medicare & Medicaid Services (CMS) Data Resources
    - State Medicaid Programs
    - Annual Early and Periodic Screening, Diagnostic, and Treatment Reporting
    - Child and Adult Health Care Quality Measures

- DQA State Oral Healthcare Quality Dashboard
- Health Resources & Services Administration (HRSA) Data Resources
    - Health Center Program Uniform Data System (UDS) Data Overview
    - Health Professional Shortage Area (HPSA) Find

- National Survey of Children's Health
- US Census Bureau Data

In addition to using relevant data to identify populations of focus, applicants must also address these populations in the relevant NOFO strategies:

- Community Water Fluoridation: Residents in communities with water systems serving 10,000 or fewer people.
- Evidence-Based Preventive Dental Services
    - School Sealant Program: Public elementary or middle schools located in urban areas in which at least 50% of students qualify for federal or state free or reduced meal programs. Schools in rural or frontier communities may also be prioritized based on applicant data rationale. Applicants must know, or have a plan to identify, gaps in school sealant programs in their respective jurisdictions.
    - Fluoride Varnish: Communities with lower incomes and those with high rates of cavities among children. Applicants must know, or have a plan to identify, gaps in fluoride varnish programs in their respective jurisdictions.
    - Eligible students: Children who are the focus of EBPDS programs in an eligible school. Eligible students should be between six and nine years old, typically between first and third grade. However, data from middle schools are acceptable (typically grades six through nine). These ages/grades were chosen based on the Centers for Medicare & Medicaid Services Oral Health Sealant for Children measure (Centers for Medicare & Medicaid Services Measure Inventory Tool ID: 830).

- Infection Prevention and Control: Evidence-Based Preventive Dental Services school programs and other dental programs or facilities serving communities with oral health disparities.
- Data Analysis to Support Medical-Dental Integration: Adults with Type 2 diabetes, especially those with limited access to services that are acceptable and affordable.

All applicants must describe how the strategies they implement will address oral health disparities in their populations of focus. Applicants are encouraged to use CDC's Preferred

Terms for Select Population Groups & Communities and NCCDPHP's Equitably Addressing Social Determinants of Health and Chronic Diseases. Disparities by race and ethnicity, geography, mobility limitations and/or intellectual/developmental disability, primary language, health literacy, income, gender identity, and other relevant dimensions must be considered.

Examples of national oral health disparities may be found in Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999–2004 to 2011–2016.

- For children aged 2 to 5 years, about 33% of Mexican American and 28% of non-Hispanic Black children have had cavities in their primary teeth, compared with 18% of non-Hispanic White children. For children aged 12 to 19, nearly 70% of Mexican American children have had cavities in their permanent teeth, compared with 54% of non-Hispanic White children.
- Children aged 6 to 19 years from households with lower incomes are about 15% less likely to get sealants and twice as likely to have untreated cavities compared with children from households with higher incomes.
- For adults aged 20 to 64, nearly twice as many non-Hispanic Black or Mexican American adults have untreated cavities as non-Hispanic White adults.
- Older adults with lower incomes or those with less than a high school education are more than 3 times as likely to have lost all of their teeth as older adults with higher incomes or more than a high school education.

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.

a. Health Disparities

The goal of health equity is for everyone to have 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.

Broadly defined, social determinants of health are non-medical factors that influence health outcomes. They are 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. See content below and in other sections (e.g., Approach, Collaborations, Populations of Focus) for information on how this specific NOFO affects social determinants of health.

A health disparity is a preventable difference 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 disparities are inextricably linked to a complex blend of social determinants that influence which populations are most disproportionately affected by these diseases and conditions.

This NOFO seeks to address health disparities by identifying strategies that reduce the burden of disease and promote access to preventive dental care.

iv. Funding Strategy
N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will collaborate with recipients to assess if they are implementing strategies and activities as expected, and if they are achieving outcomes. Evaluation and performance measurement will support program improvement and document accomplishments.

A Data Management Plan (DMP) is required for each activity that involves the collection or generation of public health data ("Public health data" means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions and implementation. Public health data includes those from research and non-research activities) If you are uncertain whether a DMP is applicable to your application, see https://www.cdc.gov/chronicdisease/pdf/nofo/extramural-guidance-DMP-508.pdf for clarification.

The optional Data Management Plan template can be found on this page: https://www.cdc.gov/chronicdisease/programs-impact/nofo/index.htm

Data Management Plans must include the following, at a minimum:

- A description of the data to be collected or generated in the proposed project.
- The standards to be used for the collected or generated data.
- Mechanisms for, or limitations to, providing access to the data, including a description for the provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights.
- Statement of the use of data standards that ensure all documentation that describes the method of collection, what the data represent.
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified.
- Other additional requirements based on the program.

CDC will help recipients finalize evaluation plans within 6 months post-award and determine Data Management Plan (DMP) requirements.

During the 3-year period of performance, CDC will work with recipients to answer the following evaluation questions based on the program logic model and activities:

Process Evaluation

1. What factors were associated with effectively addressing oral health disparities and social determinants of oral health?

Outcome Evaluation

1. To what extent have recipient activities increased access to optimally fluoridated water, especially among populations of focus?
2. To what extent have recipient activities increased the number of eligible schools offering EBPDS across a state?
3. To what extent have recipients increased use of infection prevention and control recommendations and resources?
4. To what extent have recipients increased promotion of infection prevention and control recommendations and resources?
5. To what extent have recipients increased dissemination of secondary oral health data that describes relationships between the oral health of adults with Type 2 diabetes, their overall health, as well as their use of and access to medical and dental care?
6. To what extent have recipients increased dissemination of secondary oral health data that quantifies missed opportunities for medical-dental integration?

CDC's evaluation approach will include:

1. Required recipient reporting of performance measures
2. Required recipient reporting with Project Performance Monitoring Reports (PPMR)
3. National partner led monitoring and evaluation efforts
4. Recipient led evaluations

If resources allow, CDC may conduct additional monitoring and evaluation activities. Recipients, national partner(s), and CDC will only collect data that will be analyzed and used. Evaluation findings will contribute to the evidence base, program improvement, and future CDC funding opportunities. Collected data must be related to this NOFO. Where appropriate, Paperwork Reduction Act of 1995 (PRA) and Institutional Review Board processes must be followed.

CDC will:

- Collect, analyze, and synthesize required performance measure data.
- Provide monitoring and evaluation technical assistance (webinars, office hours, meetings, written materials, etc.).
- Provide guidance on calculating and reporting performance measures.
- Use monitoring and evaluation results to make recommendations about program improvement, sustainability, and outcomes.

CDC may present evaluation results to relevant internal and external audiences.

Recipients are required to:

- Maintain process, policies, procedures, a workforce, and data systems to monitor program activities and report performance measures.
- Conduct monitoring and evaluation activities related to strategies in the logic model and report data to CDC annually.
- Participate in monitoring and evaluation activities related to the strategies and outcomes outlined in the logic model. CDC or a national partner may lead activities that include interviews, surveys, and other forms of data collection.

- Report performance measures annually. CDC will provide guidance on each performance measure before the first reporting period. Recipients are required to report performance measures through CDC's Award Management Platform (AMP) and other CDC systems.
- Report successes and challenges annually using Annual Performance Reports (APR).

Project Outcomes and Required Performance Measures

The table below shows the logic model's strategies and outcomes and their related performance measures. Recipients will be required to track and report the performance measures. Given the three-year performance period, CDC does not expect recipients to achieve the long-term outcomes.

Outcome	Performance Measure
Increased receipt of fluoridation data from systems state-wide, especially among water systems serving 10,000 or fewer people	**Measure 1:** Proportion of water systems reporting fluoridation data to WFRS annually **Measure 2:** Proportion of small water systems reporting fluoridation data to WFRS annually
Increased access to water from optimally fluoridated water systems, especially among water systems state-wide serving 10,000 or fewer people	**Measure 3**: Proportion of population served by optimally fluoridated community water systems **Measure 4:** Proportion of population served by fluoridated community water systems **Measure 5:** Number of mini-grants awarded to community water systems
Increased dissemination of analyzed secondary data about relationships between the oral health of adults with Type 2 diabetes, overall health, as well as their use of and access to medical and dental care	**Measure 6:** Number of publicly disseminated products that summarize analyses of secondary/surveillance data about relationships between the oral health of adults with Type 2 diabetes, overall health, as well as their use of and access to medical and dental care
Increased availability of and access to EBPDS programs within a state	**Measure 7:** Proportion of eligible students* in schools served who received sealants **Measure 8:** Proportion of eligible students* in schools served who received fluoride varnish *The term eligible student is defined as all students eligible for the EBPDS program in an eligible school Target: Increase proportion of students **Measure 9:** Number of eligible schools** with EBPDS programs within each recipient jurisdiction

Outcome	Performance Measure
	**The term eligible schools is defined as schools with 50% or more of students eligible for the free or reduced meals program (FARMs). Target: A minimum of a 5% increase in the number of eligible schools with dental sealant programs within each jurisdiction
Increased use and awareness of dental IPC recommendations and resources statewide among programs that serve populations of focus and other populations with a large burden of health disparities.	**Measure 10:** Number of funded recipient staff completing IPC training annually **Measure 11**: Number of programs operating in dental programs or facilities serving communities with oral health disparities that receive IPC resources or training promotion activities **Measure 12**: Number of sealant program staff serving EBPDS priority schools who have completed Foundations training annually

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement, including, as applicable to the award, how findings will contribute to reducing or eliminating health disparities and inequities.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).
- How evaluation findings will be disseminated to communities and populations of interest in a manner that is suitable to their needs.
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, the applicant should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

In addition, recipients will be required to submit:

- Annual evaluation progress updates
- A final evaluation report

The evaluation plan must:

- Describe activities that will monitor and evaluate to what extent workplan activities address oral health disparities, social determinants of oral health, and oral health equity issues.
- Include a state-specific logic model based on the NOFO logic model.
- List up to two evaluation questions for each topic area in the NOFO.
- Describe the design of recipient-led monitoring and evaluation activities (e.g., data sources, evaluation methods, analysis plans, annual dissemination plans).
- Describe access to performance measure data.
- Describe the recipient's evaluation workforce capacity and identify any partners needed to complete evaluation activities. In addition to working with internal or external professional evaluators, partnerships may assist with monitoring and evaluation activities.
- List amount of total funding allocated to evaluation and performance measurement. CDC strongly recommends allocating at least 10% of the total award to evaluation and performance measurement activities, with attention to development and implementation costs.

The following resources provide information about program evaluation planning and implementation.

- CDC Evaluation Framework: https://www.cdc.gov/evaluation/framework/index.htm
- Evaluation Basics: https://www.cdc.gov/dhdsp/evaluation_resources/guides/evaluation-guide-series.htm
- Evaluation tip sheets: https://www.cdc.gov/dhdsp/evaluation_resources/tips-training.htm
- National Center for Chronic Disease Prevention and Health Promotion's Developing an Effective Evaluation Plan workbook: https://www.cdc.gov/obesity/downloads/CDC-Evaluation-Workbook-508.pdf

Evaluation Plan Reporting Requirements

Recipients must:

- Summarize evaluation findings for each evaluation question annually and report the summary to CDC.

Report cumulative evaluation findings for the 3-year project period in a Final Performance.

c. Organizational Capacity of Recipients to Implement the Approach

All applicants must submit a staffing plan and project management structure that describes the expertise, experience, percent of time allocated, and capacity of their organization to carry out the required activities of the NOFO and meet project outcomes.

Applicants must describe their:

1. Expertise, experience, and capacity of their organization and each proposed subject matter expert or partner organization to carry out the required activities of the NOFO and meet project outcomes state-wide and at a community-level. Applicants must describe roles, responsibilities, and provide an organizational chart, CVs/resumes, position descriptions, and a project management structure that will be sufficient to meet the goals of the proposed project. Attachments can be submitted using PDF, Word, or Excel file formats. For example, applicants must name attachments Organizationl_Chart_RFA_0048_Name of Applicant. Applicants must name files "Resumes" or "Organizational Chart" and upload them at www.grants.gov.
2. Program management and staff, including their knowledge, skills, and abilities to ensure program success. Core staff include Dental Director or Program Manager, Epidemiologist and statistical support, Communication Specialist, EBPDS Coordinator, Community Water Fluoridation coordinator, and Program Evaluator. Additionally, applicants must describe staff experience in partnership engagement/management, program management, planning and conducting program evaluation, evaluation studies and design, developing data collection instruments, collecting data, conducting quantitative and qualitative analysis, and creating dissemination products.
3. Internal capacity to conduct program evaluation utilizing program staff or external evaluation consultants.
4. Capacity and experience to plan and implement a program evaluation for the purpose of documenting outcomes and facilitating program improvement.
5. Ability and capacity to establish and maintain strong and diverse working relationships with partners and other interested parties, such as coalitions, Department of Education, Medicaid program, policymakers, health center programs, academic institutions, dental associations, and community-based organizations.
6. Experience implementing state-wide programs in partnership with populations of focus and other populations with a large burden of health disparities and partnering with their communities to plan and implement programs. Applicants must describe an example of at least one improved health outcome of past key partnerships, including policy and systems changes that led to an improved oral health outcome.
7. Ability to provide support for, or implement programs that provide, EBPDS to underserved or populations of focus and other populations with a large burden of health disparities (such as school sealant and fluoride varnish programs).
8. Ability to document working relationships with state regulatory water programs (e.g., drinking water programs) and municipality-based programs (e.g., water providers).

9. Past and planned impact of working with oral health partners and other interested parties at the state and local level.
10. Experience planning and implementing state-wide oral health strategies and activities, and to monitor performance and report outcomes.
11. Capacity to hire or contract personnel with applicable public health skills to implement oral health programs.
12. Ability to conduct activities or services related to communications (public relations, media relations, social media), surveillance, epidemiology, and use of health data, health care system interventions, fiscal and resource management, professional development, strategic planning, and coalition and partnership development.
13. Experience performing issue framing, policy analysis, policy formation, systems change, message tailoring, and publicly accessible products.
14. Ability to effectively identify, gather, analyze, interpret, and use oral health data.
15. Ability to develop and maintain relationships with entities experienced with other oral health needs of state population, stratified by race and ethnicity and other demographics relevant to the NOFO. (e.g., experience using state Medicaid or state Department of Education datasets to assess EBPDS programs).

d. Work Plan

Applicants must provide a detailed work plan for the first year of the project and a concise, high-level work plan summary for subsequent years. The work plan assists the Project Officer with monitoring recipient activities and reflects activities supported by the annual budget award. The work plan must display how the strategies, activities, timelines, and staffing/collaborations work together. Applicants are encouraged to use SMARTIE strategies and activities described in the Strategies and Activities section. The work plan must align with the evaluation plan and must at a minimum include:

- Activities and timelines to support achievement of NOFO outcomes. These activities must align with the NOFO logic model and have the appropriate performance measures for accomplishing the task. Each element of the plan must contain the following components: overall period of performance outcome and outcome measure, strategies and activities, and process measures.
- Staff contacts and administrative roles and functions to support implementation of the award.
- Administration and assessment processes to ensure successful implementation and quality assurance.

See sample work plan below:

Period of Performance Outcome: (from the outcome section and/or logic model)		Outcome Measure: (from the evaluation/performance measurement section)	
SMARTIE Strategies and Activities	Process Measure	Responsible Position/Party	Completion Date

	(from the evaluation and performance measurement section)		
1.			
2.			
3.			
4.			
5.			
6.			

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

Monitoring will include:

- Communicating and reporting through the Awards Management Platform (AMP)

Monitoring may include:

- Site or reverse site visits where CDC, partners, and recipients can solve problems and identify and improve collaborations.
- Participating in conference calls with CDC and national partner(s) to discuss activities and program improvement.
- Participating in peer learning opportunities related to monitoring and evaluation.

f. CDC Program Support to Recipients

I. Technical Assistance: Provide programmatic, evaluative, epidemiologic, and technical assistance for recipients and their partners and other interested parties through one-on-one technical consultation, national partner training, workshops, web conferences, Sealant Efficiency Assessment for Locals and States (SEALS) and Water Fluoridation Reporting System (WFRS) training, and other forms of guidance. CDC will also facilitate technical assistance between national partners and recipients as needed.

II. Information Sharing Among Recipients: The Division of Oral Health will share information, best practices, lessons learned, and evaluation results with recipients through the program listserv, the Award Management Platform (AMP), conferences, guidance, material development, webinars, digital media, participation in appropriate meetings and committees, conference calls, and working groups, including “communities of practice, (i.e., group of peers who work together to share information.)”

III. Additional Support: CDC will develop technical assistance resources for recipients through the cooperative agreement with national organizations.

B. Award Information

1. Funding Instrument Type:
CA (Cooperative Agreement)
CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:
U58

3. Fiscal Year:
2024

4. Approximate Total Fiscal Year Funding:
$5,712,000

5. Total Period of Performance Funding:
$17,136,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$17,136,000

6. Total Period of Performance Length:
3 year(s)

year(s)

7. Expected Number of Awards:
15

8. Approximate Average Award:

$380,800
Per Budget Period

9. Award Ceiling:
$525,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$250,000
Per Budget Period

11. Estimated Award Date:
July 31, 2024

12. Budget Period Length:
12 month(s)

Throughout the period of performance, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (period of performance) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance
Direct Assistance (DA) is not available through this NOFO.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

11 (Native American tribal organizations (other than Federally recognized tribal governments))

12 (Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education)

13 (Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education)

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

99 (Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility")

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

State controlled institutions of higher education

American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

N/A

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No
Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Examples include complementary private foundation funding, other U.S. government funding sources, including programs supported by the Department of Health and Human Services, and other agencies such as the Department of Education, Centers for Medicare & Medicaid Services, the Health Resources and Services Administration, the Department of Agriculture, and other funding sources. Applicants must coordinate with multiple sectors, such as public health, education, infection control programs, drinking water associations, health care delivery, community health centers, (e.g., FQHCs), faith-based organizations, correctional facilities, and other community-level resources.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number associated with your organization's physical location prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned through SAM.gov registration. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location of the organization receiving the federal funds.

b. System for Award Management (SAM):

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

require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at SAM.gov and the SAM.gov Knowledge Base.

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and create an Electronic Business Point of Contact (EBiz POC). You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	7-10 Business Days but may take longer and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an account in Grants.gov, then add a profile by adding the organization's new UEI number. 2. The EBiz POC can designate user roles, including Authorized Organization Representative (AOR). 3. AOR is authorized to submit applications on behalf of the organization in their workspace.	Allow at least one business day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

2. Request Application Package

Applicants may access the application package at www.grants.gov. Additional information about applying for CDC grants and cooperative agreements can be found here: https://www.cdc.gov/grants/applying/pre-award.html

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 04/12/2024

04/12/2024

b. Application Deadline

Due Date for Applications 05/28/2024

05/28/2024

11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

Due Date for Information Conference Call

Date: Friday, April 5, 2024

Time: 1:30 pm - 2:30 pm (EST)

Conference Call Number: +1 646 828 7666 US

Passcode: 40059189

Webinar link:
https://cdc.zoomgov.com/j/1607302339?pwd=MS8zSkkrRU5seTV1NUVKWnJTV3MyQT09

Webinar ID: 160 730 2339

Passcode: Py5%sME3

Email address: StateOHE0048@cdc.gov

5. Pre-Award Assessments

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source.

Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

An LOI is encouraged but not required. The purpose of the LOI is to allow CDC program staff to estimate the number of applications and plan for the review of submitted applications.

The LOI must include the following:

- Descriptive title of proposed project
- Name, address, telephone number, and email address of the Principal Investigator, Project Director, or both
- Name, address, telephone number, and email address of the primary contact for writing and submitting this application
- Number and title of this NOFO

The LOI must be received via email to:

Alexandra Marshall

CDC, National Center for Chronic Disease Prevention and Health Promotion

Email address: StateOHE0048@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF, Word, or Excel file format under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or

confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the period of performance, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the period of performance. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Population(s) of Focus and Health Disparities

Applicants must describe the specific population(s) of focus in their jurisdiction and explain how to achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Population(s) of Focus and Health Disparities requirements as described in the CDC Project Description, including (as applicable to this award) how to address health disparities in the design and implementation of the proposed program activities.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see https://www.cdc.gov/os/integrity/reducepublicburden/index.htm.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

Please note, where applicable, recipients will be responsible for compiling the Information Collection Request (ICR) to seek OMB approval of an information collection they would like to initiate.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation or reaccreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver essential public health services and ensure foundational capabilities are in place, such as activities that ensure a capable and qualified workforce, strengthen information systems and organizational competencies, build attention to equity, and advance the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. These goals may include supporting vital records offices participating in the Vital Records and Health Statistics Accreditation Program, certifying vital records offices to meet industry standards. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; provide financial assistance to support accreditation related fees and/or support staff time to coordinate accreditation activities; or support vital records improvement efforts, as approved by CDC.

Applicants must name this file "Budget Narrative" and can upload it as a PDF, Word, or Excel file format at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

Applicants are also required to include the following costs:

- Travel costs to send two staff members to recipient meetings in Atlanta, GA, in Fall 2024 and Fall 2026.
- In Fall 2024, the CDC Division of Oral Health will host a two-and-a-half-day recipient kick-off meeting for the State Promotion of Strategies to Advance Oral Health Equity on October 29-31, 2024. Please include this in the budget.
- Travel for two staff members to attend the National Oral Health Conference annually.
- Travel for one staff member to attend OSAP Boot Camp annually.

- Applicants must allocate up to 50% of the budget for salary, benefits, and fringe costs and at least 50% for program implementation. No exceptions will be made regarding the percentage allocation

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Employee Whistleblower Rights and Protections

Employee Whistleblower Rights and Protections: All recipients of an award under this NOFO will be subject to a term and condition that applies the requirements set out in 41 U.S.C. § 4712, “Enhancement of contractor protection from reprisal for disclosure of certain information” and 48 Code of Federal Regulations (CFR) section 3.9 to the award, which includes a requirement that recipients and subrecipients inform employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. § 4712. For more information see: https://oig.hhs.gov/fraud/whistleblower/.

15. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC’s Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient’s submitting author must specify the date the

final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

16. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on anti-lobbying restrictions for CDC recipients.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

Recipient may use funds for sealant and fluoride varnish materials. The use of funds for other dental materials requires approval.

17. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additional-requirements/ar-25.html.

18. Intergovernmental Review

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

19. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. Application attachments can be submitted using PDF, Word, or Excel file formats. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

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

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

application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or review the Applicants section on www.grants.gov.

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

NOFO reviewers will follow CDC's merit review process by evaluating eligible and responsive applications in accordance with the criteria below. Reviewers may be external to the federal government (non-federal personnel), federal personnel, or a mix of federal and non-federal personnel.

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements

i. Approach **Maximum Points:** 43

Strategies and Activities (13 points total) - The extent to which the applicant:

- Describes strategies and activities consistent with the CDC Project Description and logic model, including description of state-wide reach where appropriate. Includes SMARTIE strategies and activities that address the needs of populations of focus and other populations with a large burden of health disparities. Describes how chosen strategies and activities will improve health status for the population(s) of focus and reduce gaps in oral health disparities. **(5 points)**
- Describes plans for collecting, analyzing, utilizing, and disseminating data consistent with the CDC Project Description and logic model. **(4 points)**
- Describes how oral health data will be used to inform implementation efforts. **(4 points)**

Collaborations (10 points total) - The extent to which the applicant:

- Describes efforts to facilitate collaborations with projects, programs, and partners funded and not funded by CDC for the purposes of maximizing resources, decreasing oral health disparities, increasing public health impact, and ensuring sustainability of efforts. **(5 points)**
- Presents MOUs/MOAs/letter of commitment/letters of support/other equivalent documents stating the organization's role in helping the applicant to achieve the NOFO activities and outcomes. Where possible, applicants must outline which NOFO goals, strategies, and activities are enabled by the proposed collaborations, including any expected and mutually beneficial outcomes of the collaboration and enhancements to state-wide reach. **(5 points)**

Population(s) of Focus and Health Disparities (10 points total) - The extent to which the applicant:

- Describes an approach to determine population(s) of focus, including how the approach identifies a population(s) that experiences a high burden of persistent health disparities and inequities using relevant state-wide and community-level data. **(5 points)**

- Identifies specific population(s) of focus for the NOFO strategies and shows how the needs of the population(s) will be included in planning and implementing NOFO activities. **(5 points)**

Work Plan (10 Points total) **-** The extent to which the applicant:

- Presents a work plan that both aligns with the strategies, activities, outcomes, and performance measures detailed in the approach and is consistent with the content. **(3 points)**
- Describes strategies and activities that are SMARTIE, ambitious and appropriate to achieving the outcomes of the project, and evidence-based (to the degree applicable). **(4 points)**
- Balances feasible targets and significant reach. **(3 points)**

ii. Evaluation and Performance Measurement **Maximum Points:** 25

- Describes how the program will allocate resources for evaluation, including a designated person with skills and experience in evaluation to manage evaluation activities and how program partners will be engaged in the evaluation and performance measurement planning process **(5 points)**
- Describes the ability to perform activities in the Evaluation and Performance Measurement Strategy section of this NOFO and collect data on outcome performance measures specified by CDC in the project description and presented by the applicant in their approach. **(5 points)**
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into the planning, implementation, and reporting of project activities. **(5 points)**
- Describes evaluation work to be undertaken in sufficient detail to identify the key evaluation questions, data sources, and analysis method, and describes how performance measurement and evaluation findings, collection, reporting, and use demonstrate the outcomes of the NOFO and enable continuous program quality improvement. **(5 points)**
- Describes efforts to evaluate partnerships, program interventions, and oral health program implementation across a state using the CDC Evaluation Framework. **(5 points)**

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 32

- Demonstrates a staffing plan with the necessary public health skills and relevant experience and capacity (management, administrative, and technical) to implement state-wide programs (such as sealant and fluoride varnish and community water fluoridation programs) and achieve the project outcomes. If relevant, the plan describes how staff will be hired or shared with another program. If staff is shared, the plan indicates the percentage of time-shared staff will work for each program and explain how the Program will maintain accountable results for shared employees. Applicants include an organizational chart, project management structure, and CVs for key positions supporting this NOFO. **(6 points)**
- Describes previous experience with implementing and evaluating oral health programs across a state with evidence-based strategies that have shown a positive impact on an oral health outcome, with at least one example of a key outcome resulting from a partnership.

Describes ability to establish and maintain strong and diverse working relationships with partners and other interested parties such as coalitions, community-based organizations, Departments of Education, Medicaid programs, policymakers, health center programs, academic institutions, drinking water agencies, and health professional organizations. **(6 points)**

- Describes experience with identifying policy and systems changes that improve a health behavior and decrease a health disparity and executes strategies to affect these changes. **(5 points)**
- Describes experience and capacity to implement the evaluation plan. **(5 points)**
- Describes capacity and experience in identifying baseline data, collecting oral health surveillance data, and tracking outcomes. **(5 points)**
- Describes ability to analyze, interpret, and disseminate data to promote public health recommendations. **(5 points)**

Budget **Maximum Points:** 0

- Is the proposed use of funds in the budget an efficient and effective way to implement strategies and activities, and attain the project period outcomes?
- Does the submitted budget align with staffing and proposed project and work plan?
- Is there an itemized budget narrative? Does the applicant budgeted travel costs to send two staff members to CDC meetings in Atlanta, GA in the fall of 2024 and the fall of 2026?
- Does the applicant budget travel costs for recipient staff to attend the two-and-a-half-day recipient kick-off meeting for the State Promotion of Strategies to Advance Oral Health on October 29-31, 2024?
- Does the applicant budget travel costs for two staff members to attend the National Oral Health Conference annually?
- Does the applicant budget travel costs for one staff member to attend OSAP Boot Camp annually.
- Does the applicant allocate up to 50% of the total budget for program staffing and at least 50% of the total budget for program implementation?

c. Phase III Review

Reviewed applications will be funded in order of score and rank as determined by the review panel. In the event of a tie, program will award the entity that scored highest in the applicant's Organizational Capacity to Implement the Approach section.

In order to ensure maximum U.S. coverage, no more than one application per state will be funded. If multiple applicants from the same geographic area or jurisdiction apply under this NOFO, only the highest scoring applicant from that state will be selected for funding.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide

eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207. CDC's review of risk may impact reward eligibility.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Additionally, we may ask for additional information prior to the award based on the results of the CDC's risk review.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Successful applicants can anticipate receiving a Notice of Award by July 31, 2024, with a start date of September 1, 2024.

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to annual SAM Registration and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

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

No Additional Information

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at https://www.cdc.gov/grants/additional-requirements/index.html.

The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

- AR-7: Executive Order 12372
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2030
- AR-12: Lobbying Restrictions (June 2012)
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21 Small, Minority, and Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Data Management and Access
- AR-26 National Historic Preservation Act of 1966
- AR-29: Compliance EO13513, “Federal Leadership on Reducing Text Messaging while Driving,” October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-32: Enacted General Provision
- AR-33: Plain Writing Action of 2010
- AR-34: Language Access for Person with Limited English Proficiency

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.

3. Reporting

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

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

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

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	Within 6 months after the first day of the period of performance	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application	Yes
Surveillance Plan	No later than 120 days before end of first year budget period with Annual Performance Report	Yes (may serve as annual deliverable in Year 1)
Evaluation Plan	To be finalized within 6 months post-award	Yes
One or more presentations focusing on the use of local/community-level data to inform oral health program planning and evaluation.	In Year 2 and Year 3, 30 days after the end of the period of performance	Yes

One or more presentations that describe the oral health of adults with Type 2 diabetes, overall health, as well as their use and access to medical and dental care.	In Year 2 and Year 3, 30 days after the end of the period of performance	Yes
Two or more oral health data briefs that summarize analyses of secondary data. In Year 2, Data Brief #1 must assess diabetes status and select health characteristics by select sociodemographic characteristics (e.g., income, race and ethnicity). Data Brief #2 must quantify the number of people in a state who had a medical visit but no dental visit, dental visit and no medical visit, and no medical visit and no dental visit. In Year 3, one data brief must assess associations between diabetes status and community-clinical linkages.	In Year 2 and Year 3, 30 days after the end of the period of performance	Yes
Performance Project Monitoring Report (PPMR) including data on performance measures	Annually in the Award Management Platform (AMP), deadline is 30 days after the end of the budget period	Yes
Annual Evaluation Progress Updates	Annually, deadline is 30 days after the end of the budget period	Yes
Final Evaluation Report	45 days after end of period of performance	Yes
Sealant Efficiency Assessment for Locals and State health departments (SEALS)	During the 3-year project period, submit data for 1 complete school year	Yes

Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Annual Report: November 30	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)
With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching specific populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publicly available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify

the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

If Expanded Authority does not apply, the carryover must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and
- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

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

c. Performance Measure Reporting (optional)

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

Performance Project Monitoring Report (PPMR) data on performance measures must be reported annually in Award Management Platform (AMP). The deadline is 30 days after the end of the budget period.

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

No Additional Information

e. Final Performance and Financial Report (required)

The Final Performance Report is due 120 days after the end of the period of performance. The Final FFR is due 120 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the period of performance, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)

- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

No Additional Information

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $30,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting

period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the

case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Marcia

Last Name:
Parker
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
4770 Buford Highway, NE MS F-80
Atlanta, Georgia 30341

Telephone:
(770) 488-6054

Email:
StateOHE0048@cdc.gov

Grants Staff Contact

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

First Name:
Robbie

Last Name:
Majors
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
DISTRICT AT CHAMBLEE

2900 BLDG Rm 3000
MS TCU3
Atlanta GA 30341
United States

Telephone:
(404) 498-3302
Email:
rdm7@cdc.gov
For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

H. Other Information

Following is a list of acceptable application attachments that can be submitted using PDF, Word, or Excel file formats as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Bona Fide Agent status documentation, if applicable
- Indirect Cost Rate, if applicable
- Organization Charts
- MOAs/MOUs/Letters of Commitment/Letters of Support/other equivalent documents
- Non-profit organization IRS status forms, if applicable
- Project Management Structure
- Resumes / CVs
- Position descriptions
- Staffing Plan
- Evaluation Plan (not required)
- Data Management Plan (not required)

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see https://www.cdc.gov/grants/additional-requirements/index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

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 lifecycle that enables data and funding tracking and transparency

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

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

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

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.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the “life” of the award).

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

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

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

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

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).

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

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

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

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

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

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

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

Health Disparities: 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.

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.

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

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or

other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

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

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

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

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

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

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

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

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program 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.

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).

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

Social Determinants of Health: 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. https://www.cdc.gov/about/sdoh/index.html

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

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

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

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

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 www.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.

NOFO-specific Glossary and Acronyms

- **BRFSS** – Behavioral Risk Factor Surveillance System
- **BSS** – Basic Screening Survey
- **CHIP** – Children's Health Insurance Program
- **CMS** – Centers for Medicare & Medicaid Services
- **CSTE** – Council of State and Territorial Epidemiologists
- **CWF** – Community Water Fluoridation
- **DOH** – Division of Oral Health
- **EBPDS** – Evidence-Based Preventive Dental Services
- **FQHC** – Federally Qualified Health Center
- **HAI** – Healthcare Associated Infection
- **HRSA** – Health Resources and Services Administration
- **IPC** – Infection Prevention and Control
- **MCH** – Maternal and Child Health
- **MOA** – Memorandum of Agreement
- **MOU** – Memorandum of Understanding
- **SBHC** – School-based Health Centers
- **SEALS** – Sealant Efficiency Assessment for Locals and State health departments
- **SMART**– Specific, Measurable, Achievable, Relevant, and Time-bound
- **SMARTIE** – Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive, and Equitable
- **WFRS** – Water Fluoridation Reporting System

Multi-Sector Partnerships – Those that meaningfully include partners and allies from across multiple industries and groups (e.g., government, non-profit, private, and public organizations, community groups, and individual community members with lived experience), across geographic sectors (e.g., community/locality, county, multi-county level, state, multi-state) with varying sociodemographic characteristics (e.g., race, ethnicity, age, education, income), perspectives, and approaches to addressing social determinants of health among disproportionately impacted population groups in a community, tribe, or catchment area.

Policy, Systems, and Environmental Approaches – Making systematic changes – through improved laws, rules, and regulations (policy), functional organizational components (systems), and economic, social, or physical environment – to encourage, make available, and enable healthy choices.

Secondary Data Sources – Existing data sources that can be or have been analyzed to assess trends and disparities in health outcomes, risk factors, and access and use of health care services (e.g., BRFSS, PRAMS, already-existing BSS data).