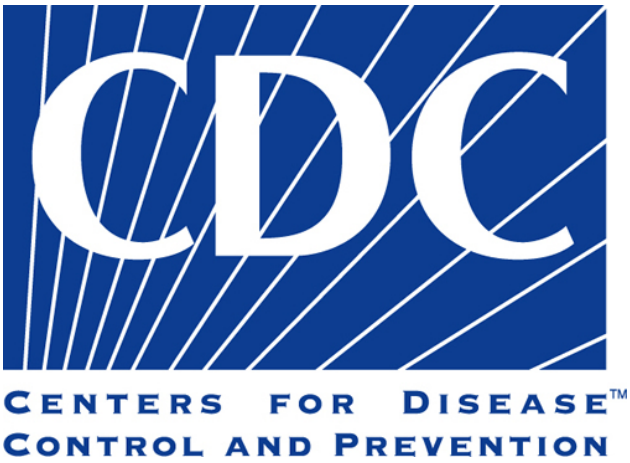


Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Advancing Arthritis Public Health Priorities through National Organizations

CDC-RFA-DP21-2106

04/05/2021

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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-DP21-2106. 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:

Advancing Arthritis Public Health Priorities through National Organizations

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

New - Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP21-2106

E. Assistance Listings Number:

93.945

F. Dates:

1. Due Date for Letter of Intent (LOI):

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

2. Due Date for Applications:
04/05/2021
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
February 2, 2021

A 60-minute informational call will be held on 2/2/2021 from 2:00 pm to 3:00 pm US Eastern Standard Time. To access call Dial: (888) 371-8141; Passcode: 8606471#.

In addition, an email address has been established to receive and respond to NOFO questions: ArthritisDP21-2106@cdc.gov. NOFO questions and answers will be made available at https://www.cdc.gov/arthritis/funded/nofo/cdc-rfa-dp21-2106.html.

G. Executive Summary:

1. Summary Paragraph
Arthritis is a general term for more than 100 conditions affecting joints or tissues around the joint, including osteoarthritis, rheumatoid arthritis, gout and fibromyalgia. The goal of this NOFO is to advance arthritis public health priorities to improve the quality of life for all adults with arthritis. This NOFO will support:

- Dissemination and delivery of arthritis-appropriate evidence-based interventions (AAEBIs);
- Availability of tailored arthritis-specific consumer health information;
- Collaborative public health action to address osteoarthritis and other forms of arthritis;
- Provision of technical assistance to state partners; and
- Development of an evidence-informed healthcare provider approach to conduct function, pain and physical activity assessments, patient counseling on the benefits of physical activity, and referrals to arthritis appropriate physical activity and self-management programs.

Expected outcomes:

- Increase in AAEBI participation.
- Expanded access to arthritis resources and information.
- Increase in *Osteoarthritis:2020 Update* priorities addressed.
- Increase in effective strategies implemented by states to address arthritis.
- Increase in function, pain and physical activity screening by healthcare providers.
- Increase in physical activity counseling by healthcare providers.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
7

d. Total Period of Performance Funding:

$ 10,185,595

e. Average One Year Award Amount:
$ 350,000
Component 1: 5-7 awards of $150-$500K each

Component 2: 1 award of $300-$500K

f. Total Period of Performance Length:
5

g. Estimated Award Date:
September 15, 2021

h. Cost Sharing and / or Matching Requirements:
No
While cost sharing is not required, the Component 2 applicant is encouraged to contribute, from non-Federal sources, a monetary or in-kind amount equal to 10 percent of the requested amount to carry out the activities supported by the cooperative agreement.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
Arthritis is a general term for more than 100 conditions that affect the joints or tissues around the joint, including osteoarthritis, rheumatoid arthritis, gout and fibromyalgia. Arthritis is an often overlooked, leading contributor to chronic disease burden and a top cause of morbidity, work limitations, and reduced quality of life. More than 54 million US adults have arthritis, half of whom are working aged; and 78 million are projected to have it by 2040. Arthritis is significant, not only because it limits physical function and quality of life, but because it commonly co-occurs with other chronic conditions that are leading causes of death, such as heart disease, diabetes, and obesity, and can interfere with management of these conditions through its effects on limiting physical activity. Arthritis-attributable activity limitations are higher among American Indian/Alaska Natives (51.6%)**,** blacks (48.6%) and Hispanics (44.3%), as compared to whites (40.1%).

People with arthritis face barriers to physical activity such as fear of worsening arthritis pain and progression. However, arthritis and its limitations can be managed effectively, and symptoms improved, through routine physical activity and participation in self-management education (SME) programs. Low-cost, arthritis-appropriate, evidence-based interventions (AAEBIs) are shown to decrease arthritis pain and/or disability and improve quality of life. These AAEBIs are available in geographic pockets across the US, but do not reach all people who can benefit from them. Lack of awareness about AAEBIs, their benefits, and how to access them remain a challenge and a barrier to participation in these programs. More AAEBI offerings are needed, with greater geographic dispersion, and greater awareness to increase participation in them.

Evidence also suggests adults are more likely to attend an education program and engage in physical activity when recommended by a healthcare provider. Because physicians' advice is respected and physician-patient encounters can be frequent among adults diagnosed with arthritis, even if primarily for co-occurring conditions or age-related screenings or check-ups,

these encounters and other opportunities can be used to: 1) *counsel* about the benefits of physical activity, including walking, and 2) *refer* adults with arthritis to AAEBIs for physical activity and self-management education.

The goal of this NOFO is to advance arthritis public health priorities to improve the quality of life for all adults with arthritis. This NOFO will support:

- Dissemination and delivery of arthritis-appropriate evidence-based interventions (AAEBIs);
- Availability of tailored arthritis-specific consumer health information;
- Collaborative public health action to address osteoarthritis and other forms of arthritis;
- Provision of technical assistance to state partners; and
- Development of an evidence-informed healthcare provider approach to conduct function, pain and physical activity assessments, patient counseling on the benefits of physical activity, and self-management programs.

This five-year funding opportunity has two Components. Applicants can apply for one or both Components. For Component 1, applicants may select only one strategy.

b. Statutory Authorities
This program is authorized under the Public Health Service Act § 301(a) and 317(k)(2), 42 U.S.C. § 241(a) and 247b(k)(2), as amended.

c. Healthy People 2030
This funding opportunity will support a 5-year cooperative agreement program addressing the Healthy People 2030 focus areas of:

- Arthritis;
- Chronic Pain;
- Health Care;
- Health Care Access and Quality;
- Health Communication;
- Health IT;
- Injury Prevention;
- Neighborhood and Built Environment;
- Nutrition and Healthy Eating;
- Older Adults;
- People with Disabilities; and
- Physical Activity.

d. Other National Public Health Priorities and Strategies
This NOFO supports the following national and international strategies through the focus on evidence-based interventions related to adopting healthy behaviors associated with physical activity and chronic disease self-management:

- National Partnership for Action to End Health Disparities
- National Physical Activity Plan
- 2018 Physical Activity Guidelines for Americans

- 2018 European League Against Rheumatism (EULAR) recommendations for physical activity in people with inflammatory arthritis and osteoarthritis
- 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee
- A National Public Health Agenda for Osteoarthritis 2010 and 2020
- National Pain Strategy: A Comprehensive Population Health Level Strategy for Pain
- The Community Preventive Services Task Force recommendations for increasing physical activity
- Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities
- 2019 Pain Management Best Practices Inter-Agency Task Force

e. Relevant Work

This NOFO builds upon CDC-RFA-DP16-1606 Advancing Arthritis Public Health Approaches Through National Organizations, a 5-year cooperative agreement initiated on September 30, 2016 funding 5 national organizations. In combination with the currently funded 13 states (CDC-RFA-DP18-1803), AAEBIs have been offered in 49 states, Washington DC and American Samoa, and have reached more than 100K US adults. This NOFO is also relevant to the following key funding opportunities or initiatives:

- CDC-RFA-DP18-1807: https://www.cdc.gov/nccdphp/dnpao/state-local-programs/span-1807/index.html
- CDC-RFA-DP18-1809: https://www.cdc.gov/nccdphp/dnpao/state-local-programs/hop-1809/high-obesity-program-1809.html
- CDC-RFA-DP18-1813: https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/index.htm
- CDC-RFA-DP18-1815: https://www.cdc.gov/diabetes/programs/stateandlocal/funded-programs/dp18-1815.html
- CDC-RFA-DP18-1817: https://www.cdc.gov/diabetes/programs/stateandlocal/funded-programs/dp18-1817.html
- CDC-RFA-DP20-2004: https://www.cdc.gov/aging/funding/hbi/index.html
- CDC-RFA-DP20-2005: https://www.cdc.gov/aging/bold/index.html
- AHRQ's PCMH model addresses the needs of the patient at home: https://www.pcmh.ahrq.gov/
- AHRQ's Self-Management Support: https://www.ahrq.gov/ncepcr/tools/self-mgmt/self.html
- CMS AHC Model addresses needs of its beneficiaries through screening, referral, and community navigation services: https://innovation.cms.gov/initiatives/ahcm/
- ACL CDSME programming: https://www.acl.gov/programs/health-wellness/chronic-disease-self-management-education-programs

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP21-2106 Advancing Arthritis Public Health Priorities through National Organizations			
Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Component 1: Choose 1 strategy from the options (A-D): A. Increase access to and availability of proven arthritis interventions nationwide. B. Expand national provision of consumer arthritis information and intervention referral services. C. Facilitate partnerships and coordinate activities to address national osteoarthritis public health priorities. D. Expand state capacity to address arthritis through technical assistance/support and leverage partners/networks to promote arthritis-appropriate evidence-based interventions (AAEBIs)**.**	• Increased number of AAEBI courses offered, particularly in states not receiving CDC arthritis funding and under-served communities. • Enhanced infrastructure to support and provide arthritis-specific consumer health information. • Increased partnership capacity and collaborative action to address national osteoarthritis public health priorities. • Increased state policies and plans to address arthritis.	• Increased number of adults with arthritis who participate in AAEBIs. • Reduced disparities in access to interventions and services. • Increased number of priorities addressed as identified in *A National Public Health Agenda for Osteoarthritis: 2020 Update.* • Increased number of effective strategies implemented by states to address arthritis.	• **Improved arthritis management behaviors among adults with arthritis (Outcome Measure 1).** • Decreased physical inactivity among adults with arthritis. • **Improved social and physical environments for adults with arthritis (Outcome**

			Measure 2). • Reduced pain, improved function, and limited arthritis progression.
Component 2: Develop and implement an evidence-informed healthcare provider approach to conduct function, pain and physical activity assessments, patient counseling on the benefits of physical activity, and referrals to arthritis appropriate physical activity and self-management programs.	• Increased healthcare provider capacity (self-efficacy) to promote physical activity among people with arthritis. • Increased clinical practice and healthcare system adoption of policies, technologies and procedures to support healthcare provider capacity to promote physical activity among people with arthritis. • Increased knowledge and awareness of reimbursement options for function, pain and physical activity assessment and	• **Increased number of healthcare providers conducting function, pain and physical activity assessments; physical activity counseling; and referring adults with arthritis to AAEBIs or other physical activity opportunities (Outcome Measure 3).**	

	counseling and/or referrals to AAEBIs.		

i. Purpose

The purpose of this NOFO is to improve the quality of life for adults with arthritis, by:

- Expanding AAEBI availability and access for adults with arthritis.
- Providing arthritis-specific consumer health information.
- Facilitating collaborative public health action to address OA and other forms of arthritis.
- Providing technical assistance to state partners.
- Developing a healthcare provider approach to conduct evidence-informed assessments, patient counseling on the benefits of physical activity, and referrals to arthritis appropriate physical activity and self-management programs.

ii. Outcomes

The NOFO goals are to ultimately enhance the health, wellness, and quality of life of adults with arthritis, reduce health disparities, and improve arthritis management and health outcomes through evidence-based interventions. During the 5-year period of performance, the recipients are expected to contribute towards attainment of the following overarching outcomes:

- Improved arthritis management behaviors among adults with arthritis (Outcome Measure 1).
- Improved social and physical environments for adults with arthritis (Outcome Measure 2).
- Increased number of healthcare providers conducting function, pain and physical activity screening; physical activity counseling; and referring adults with arthritis to AAEBIs or other physical activity opportunities (Outcome Measure 3; Component 2 only).

Component 1: This NOFO option will leverage and expand existing systems, technologies and networks with national reach and/or access into large segments of the adult population, including segments of the population that experience disproportionate burden, to increase awareness and availability of, and participation in, AAEBIs. It will also support technical assistance to state arthritis programs and state health departments, and provide arthritis-specific consumer health information to the public. Further, it will facilitate collaborative action to address osteoarthritis (OA) and other types of arthritis. Opportunities to address arthritis-related social determinants of health will be maximized.

Component 2: This NOFO option will develop and implement an evidence-informed healthcare provider approach to conduct function, pain and physical activity screenings, patient counseling on the benefits of physical activity, and referrals to arthritis appropriate physical activity and self-management programs. This strategic approach will enhance healthcare provider awareness, knowledge and skills to promote physical activity as an effective, drug-free way to relieve arthritis pain, improve function, and limit arthritis progression among adults with arthritis.

iii. Strategies and Activities

COMPONENT 1

Component 1 is focused on **Building Capacity & Scaling Up** non-research efforts to address arthritis. It comprises 5-7 awards of $150-$500K each. Applicants may apply for only **one** of the four strategies labeled A through D:

Strategy A- Increase access, availability and sustainability of proven arthritis interventions nationwide. One to two awards of $300-$500K will be supported annually. Recipient(s) will be expected to address the activities listed below:

- Through affiliate sites (i.e. - an established, formally-affiliated, national network of chapters/sites that directly reach large segments of the US population), deliver physical activity and self-management programs nationwide, focusing primarily on states not currently receiving CDC arthritis funding.
    - Select at least one option from CDC's menu of recognized and promising arthritis-appropriate evidence-based interventions (AAEBIs) that promote quality of life for adults with arthritis.
        - Include a plan to strategically reach at least 50,000 participants in 25 states.
        - Applicant has the option to expand/change interventions offered as AAEBIs emerge that may better meet the needs of affiliates, delivery sites, or adults with arthritis.
    - Using up to 10% of annual funding, the applicant has the option to offer one other self-management intervention (OSMI) in addition to the AAEBIs. The selected OSMI must be recognized as evidence-based by at least one federal agency and must emphasize physical activity, weight-management, joint injury prevention and/or chronic disease self-management education. The applicant must provide a rationale for the selection of the intervention that clearly describes how the OSMI will contribute to attainment of arthritis related NOFO outcomes. At a minimum, participant referrals from the OSMI to the AAEBI(s) should be established.

- Provide technical assistance (TA) to affiliate sites or partners to facilitate intervention delivery and data collection, and promote expansion of intervention delivery [e.g., increase the number of offerings and/or increase the number of sites/locations delivering the intervention(s)].
- Identify and share best practices to address challenges related to: AAEBI scaling-up; recruitment, referrals and participation in AAEBIs; program flexibility as new standards and criteria are developed; and feasible and effective alternative formats for remote/virtual delivery, etc.
- Establish or maintain data collection methods to document AAEBI participation and delivery offerings. Track basic reach (e.g., number of participants enrolled and attending at least the first class) and delivery (e.g., number of courses offered, communities reached, etc.) of AAEBIs.
- Implement marketing and recruiting efforts to promote availability of interventions and increase participation in AAEBIs. Strategies should support referrals from a variety of sources, including community-based organizations, faith-based organizations and/or healthcare systems.
- Demonstrate affiliate site commitment to embedding AAEBI delivery, with the intent of continued impact beyond the cooperative agreement period (e.g., affiliate sites receiving funding or training agree to offer a minimum number of courses, or implement mechanisms or policies for ongoing AAEBI delivery, etc.).

- Implementation of sustainable supports for expanding AAEBI dissemination, delivery, and/or referrals as evidenced by one or more of the following:
  - Establishment of new financing system(s) to propel dissemination and support the delivery of AAEBIs (e.g., via the introduction and implementation of wellness benefits, reimbursement, insurer incentives or other financing supports).
  - Increased AAEBIs embedded as permanent program offerings in a system or organization with the capacity to reach large numbers of people likely to have arthritis (e.g., via a national fitness organization, national park system, regional health care delivery system, etc.).
  - Establishment of referrals of potential participants to AAEBIs (e.g., systematic referrals via state wide tobacco quit-lines or via regional or national health care provider systems or via a new network that facilitates referrals, etc.).
  - Dissemination of systems approaches that result in increased referrals to or participation in AAEBIs.

- Describe and implement plans to address social determinants of health (SDOH) by increasing AAEBI availability and accessibility to underserved/disproportionately affected populations and communities.

Strategy B - Nationally expand provision of tailored consumer arthritis information and arthritis-appropriate support service referrals. One award of $150-$250K will be supported annually. Recipient will be expected to address the activities listed below:

- Host a national Arthritis Helpline to receive and respond to telephone and web-based consumer requests for arthritis-specific health-related information.

- Provide customized arthritis-specific health information and link consumers to available tools and resources for managing arthritis, including referrals to arthritis-appropriate support services, self-management education, and physical activity opportunities.

- Identify and/or develop materials and information with a tailored focus on vulnerable populations that address barriers related to language, health literacy, socioeconomic status, social connectedness, physical activity opportunities and/or access to clinical care.
- Develop and implement a marketing and communication campaign to increase public and healthcare provider awareness about the Arthritis Helpline.

Strategy C - Facilitate partnerships and coordinate activities to address national osteoarthritis public health priorities. One award of $400-$500K will be supported annually. Recipient will be expected to address the activities listed below:

- Maintain and facilitate an active national alliance of organizations committed to addressing Osteoarthritis (OA) from a public health perspective.
  - Address priorities and implement strategies outlined in **A National Public Health Agenda for Osteoarthritis: 2020 Update (OA Agenda)**. Particular emphasis should be placed on the following strategies: 1) promotion of function, pain and physical activity screening to prompt healthcare provider counseling and referral as needed; 2) engagement of healthcare providers to embrace physical activity counseling and referral behaviors; and 3) creation or identification of new, evidence-based, programs effective for improving arthritis-specific health or behavior outcomes, including alternative, low-cost, flexible delivery options.
  - Leverage partners, stakeholders, data, policy, and communication assets and other chronic disease resources and initiatives to address *OA Agenda* goals and strategies.
  - Maintain and facilitate workgroups and activities of a multi-organization alliance committed to achieving *OA Agenda* goals and strategies, and work toward fiscal independence.
  - Monitor and evaluate progress towards achieving *OA Agenda* goals and strategies.

- Address the *OA Agenda* priority to expand the menu of recognized options for evidence-based, packaged, self-management education and physical activity programs, including alternative, low-cost, flexible delivery options (e.g., online self-directed guides, low-tech phone contact, self-help program books and tool kits).
  - By the end of Year 1, develop evidence-based standards for the minimum elements and structure required for a packaged intervention to be recognized as effective for adults with arthritis (i.e. - similar to National Diabetes Self-Management Education and Support standards).
  - Develop and implement a process for managing recognition or revocation of recognition consistent with the new evidence-based standards. Standards should include the development of a framework which will reduce challenges associated with lack of program flexibility, cost and ownership of programs, alternate program formats/remote delivery, etc.

    - Widely disseminate new evidence-based standards and menu of programs meeting criteria.

- Establish a workgroup to provide recommendations to address social determinants of health related to arthritis such as social connectedness, access to physical activity opportunities, clinical community linkages (i.e. - access, provider mistrust, etc.) and AAEBI access/availability.
- Promote the widespread adoption and use of pre-existing and newly identified AAEBIs that resulted from the AAEBI Review conducted by the OA Action Alliance in 2020/2021 as a part of DP16-1606 activities. Note: Results from the AAEBI Review will be made available to the recipient by CDC.
- Create and maintain a national OA Resource Center for housing evidence-based tools and materials. Tools and materials should be aligned with 2019 ACR/AF OA Management Guidelines, A National Public Health Agenda for Osteoarthritis: 2020 Update, and HHS Physical Activity Guidelines for Americans, 2nd edition and available free of charge.

Strategy D - Enhance the capacity of states to effectively address arthritis from a public health perspective through provision of technical assistance and support, and leveraging of partner networks to promote AAEBIs. One award of $200-$300K will be supported annually. Recipient will be expected to address the activities listed below:

- Identify best practices and develop tools, resources and trainings as needed to address challenges/barriers associated with AAEBI scaling-up; program locators; feasible and effective alternate formats for remote/virtual delivery; and healthcare provider physical activity screening, counseling and referral.
    - Create a central repository for the various tools and resources, so that they are easily accessible and available to CDC funded partners and others.

- Coordinate with CDC recognized evidence-based program owners/developers to offer various AAEBI leader training to state health agency arthritis program staff to enhance their ability to more effectively promote and market the program to partners.
- Annually assess and identify additional technical assistance gaps and support needs of CDC funded state arthritis programs.
    - In collaboration with CDC, develop tools, resources and trainings based on needs assessment findings to address identified needs.

- Provide technical assistance and support to unfunded states to take advantage of opportunities to leverage organizational capacities, assets and opportunities to meet the HealthyPeople 2030 objectives related to this NOFO.
    - Assess and address, at least twice during the period of performance, the arthritis-related needs, interests, capacities, and leverageable opportunities among states not receiving CDC arthritis funding.
    - By Year 2, operationalize a sub-award program using these CDC funds to identify and work with interested unfunded states to add arthritis objectives to state public health priorities.

- Identify opportunities to educate and partner with organizations and/or agencies which address chronic diseases that are co-morbid with arthritis such as diabetes, heart disease

and obesity to promote evidence-based, arthritis-appropriate physical activity programs. The recommended physical activity interventions are well aligned with goals of increasing physical activity among adults with multiple chronic conditions and are likely to help address the presence of arthritis as a barrier to physical activity. Thus, the intervention dissemination and delivery promotion and advancement that are expected as a result of the proposed NOFO are likely to positively impact the work of multiple chronic disease programs. For these reasons, collaboration is strongly encouraged.

  - Promote evidence-based physical activity programs that benefit people with limited mobility and function, including people with arthritis and other chronic diseases, by encouraging adoption of recognized and promising AAEBIs as a complement to other lifestyle management programs/initiatives such as Diabetes Self-Management Education Programs/DPP, WISEWOMAN, Falls Prevention/Matter of Balance, Work@Health, etc.
  - Leverage networks providing health and wellness opportunities to constituent members (i.e.- this might include networks such as State Health Department Chronic Disease Units, Faith-Based Organizations, Area Agencies on Aging [AAAs], Employer Worksite Wellness Programs, etc.) to offer arthritis-appropriate physical activity programs in conjunction with lifestyle coaching/counseling or self-management programs.

- Conduct 10-12 webinars per year and 2 CDC award recipient meetings during the 5-year period of performance to provide technical assistance, facilitate peer-to-peer sharing and enhance capacity among CDCs state arthritis recipients and others to effectively address arthritis public health priorities.
- Convene national partners on a quarterly basis to share and inform ongoing planning and implementation efforts related to the cooperative agreement. Explore opportunities for leveraging and integrating activities and approaches to maximize impact.

COMPONENT 2

Component 2 is an **Innovation Award**. **This component will support 1 award of $300-$500K annually to develop and implement an approach designed to support healthcare providers delivering clinical services to people with arthritis.** The approach should incorporate evidence-informed best practices regarding:

- function, pain and physical activity assessments;
- counseling that emphasizes physical activity to address arthritis pain and symptom management; and
- referrals to AAEBIs and other appropriate physical activity opportunities.

A paradoxical relationship exists among inactive and insufficiently active adults with arthritis because pain is a potential barrier to physical activity and yet is also reduced by physical activity. While fear of pain can serve as a *barrier* to physical activity among inactive or insufficiently active adults with arthritis, research has also shown that the benefits from physical activity in reducing arthritis pain may serve as a *motivator* for insufficiently active adults with arthritis to become physically active as a way to manage arthritis pain. Further, research indicates that health care provider counseling may play a critical role in addressing patient barriers, educating patients about the benefits of physical activity for managing arthritis pain and increasing the

likelihood that patients become active and/or maintain a physically active lifestyle. These reasons underscore the importance of routinely assessing function, pain and physical activity to establish a baseline and monitor progression over time, as well as counseling and referring for physical activity.

Component 2 will enhance healthcare provider awareness, knowledge and skills to promote physical activity as an effective, drug-free way to relieve arthritis pain, improve function, and limit arthritis progression among adults with arthritis. Behavioral and health outcome goals include increasing physical activity, decreasing pain, increasing function and mobility, improving mental health, decreasing social isolation and increasing healthy self-management behaviors among adults with arthritis. The recipient is expected to address all of the activities listed below.

1. Develop an evidence-informed approach for arthritis related function, pain and physical activity assessments, counseling and referrals in partnership with CDC, Osteoarthritis Action Alliance (OAAA), American College of Rheumatology (ACR), Arthritis Foundation (AF) and others as appropriate (e.g., American College of Preventive Medicine, American College of Lifestyle Medicine). At a minimum the approach should incorporate:
    a. Strategies to promote the adoption and utilization of professionally recognized, accredited and/or validated tools by healthcare providers to conduct clinical assessments of patient function, pain and physical activity levels.
    b. A coordinated strategy to increase healthcare provider physical activity counseling and subsequent referral of patients to arthritis-appropriate interventions and other appropriate forms of physical activity opportunities based on results of function, pain and physical activity assessments. The recipient is expected to leverage and/or engage appropriate partners to support adoption of healthcare provider counseling practices and referrals to AAEBIs and other physical activity opportunities. Healthcare providers include, but are not limited to, physicians, nurses, physical therapists and other recognized health practitioners whose advice and recommendations are likely to motivate patients to engage in physical activity.
    c. Automated system prompts for conducting function, pain, and physical activity assessments; physical activity counseling and physical activity referral into electronic health records (EHRs) or healthcare system clinical flow processes for arthritis management and other joint pain or injuries. Such technologies are intended to remove/reduce healthcare provider barriers and burdens associated with conducting assessments and counseling (e.g., time limitations, knowledge, confidence, practical tools, and/or documentation of billable codes for reimbursement).
    d. Strategies to leverage cross-cutting approaches related to falls prevention and aging goals, as well as physical activity goals associated with other co-morbidities to maintain independence and physical function.
    e. Healthcare provider incentives and reimbursements for function, pain and physical activity assessment and physical activity counseling and referrals. Coding and reimbursement resources such as the Merit-based Incentive Payment System (MIPs) and the Advanced Alternative Payment Model (AAPM) created

under Medicare Access and CHIP Reauthorization Act (MACRA) and Current Procedural Terminology (CPT) codes for reimbursement should be included, at a minimum.

2. Pilot implementation of the approach framework in at least one large health system setting to evaluate feasibility of utilization and identify areas for improvement.

a. Implementation in a large health system that serves a high percentage of Medicare/Medicaid eligible clients/patients such as those seen at Federally Qualified Healthcare Centers (FQHCs) or a Veterans Health Administration (VA) Medical Center is highly encouraged. FQHCs and VA facilities provide primary care services for underserved populations that frequently have co-morbidities and are often adversely impacted by arthritis, chronic pain, mental health issues (anxiety and depression) and injuries which contribute to health disparities. Other factors that may contribute to health disparities in the populations served by FQHCs and VAs include homelessness, social isolation, lack of transportation, low income, etc.

b. Evaluation findings, lessons learned, challenges and recommendations for addressing the identified issues should be documented and incorporated into the final version of the approach framework.

3. Support ongoing dissemination and adoption of the approach through:

a. Development and implementation of a national promotion/marketing plan with accompanying materials to reach healthcare providers, health systems, decision makers and other stakeholders. Engage national healthcare professional organizations, healthcare systems, health insurers and other stakeholders. Promotion strategies may include but are not limited to, peer-reviewed publications, social media, targeted correspondence, and presentations at professional conferences and meetings.

b. Development and implementation of training and education to promote and facilitate use of the approach framework. Training and education should incorporate relevant incentives such as Maintenance of Certifications (MOC), Continuing Medical Education units (CMEs), Continuing Education Units (CEUs) and others as appropriate.

i. MOC should be developed in partnership with American Board of Internal Medicine (ABIM), American Board of Medical Specialties (ABMS), American Board of Preventive Medicine (ABPM) and/or other organizations.

ii. Develop CMEs and CEUs and make them available to healthcare providers via national partners, and through conferences and other training opportunities.

iii. Propose other innovative training or education opportunities to encourage healthcare providers to adopt the approach framework.

4. Coordinate with other national partners funded through this cooperative agreement to share resources, tools developed, best practices and lessons learned. Findings will be used to inform ongoing planning efforts and be integrated into strategies related to:

- Increasing healthcare provider counseling for physical activity.
- Identification of evidence-based standards for recognition of new AAEBIs.
- Facilitating utilization of the approach framework.

- Establishing referral pathways between health systems and community information and referral exchange platforms.
- Providing bi-directional feedback about patient participation in recommended interventions, including AAEBIs.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:
Applicants are expected to identify and leverage opportunities with other CDC-funded public health programs with common interests and objectives related to arthritis, such as diabetes, heart disease, obesity, disabilities, aging, and injury (including falls prevention) programs. These collaborations might include, but are not limited to:

- **CDC's Arthritis Program** conducts scientific research and collects data on arthritis, and funds state health departments and national organizations to expand the reach of evidence based physical activity and self-management education programs appropriate for arthritis. https://www.cdc.gov/arthritis/about/index.html
- **CDC's Alzheimer's Disease and Healthy Aging Program** develops evidence-based, scientific information to educate, inform, and assist in translating its research into public health practice. https://www.cdc.gov/aging/about/index.htm
- **CDC's Falls Prevention Program** provides information for organizations on the building blocks of effective fall prevention programs by providing examples, resources, and tips. https://www.cdc.gov/homeandrecreationalsafety/falls/community_preventfalls.html
- **CDC's National Diabetes Prevention Program** provides information for professionals on screening and referring patients to a lifestyle change program and provides information on how the program can be covered by a health benefit. https://www.cdc.gov/diabetes/prevention/index.html.
- **CDC's Division of Nutrition, Physical Activity and Obesity** promotes physical activity, walking and walkable communities. https://www.cdc.gov/physicalactivity/index.html
- **CDC's Workplace Health Initiatives** provide national leadership and support for employee health, safety, and well-being in the worksite setting. https://www.cdc.gov/workplacehealthpromotion/initiatives/index.html
- **CDC's Disability and Health Branch** supports national organizations that work with people with mobility limitations and/or intellectual disabilities and have national reach through a network of 15 or more state/local programs, chapters and/or affiliates across the United States. https://www.cdc.gov/ncbddd/disabilityandhealth/national-programs.html

All recipients are expected to collaborate with other successful applicants funded through this NOFO, as well as organizations funded under CDC-RFA-DP18-1803 *State Public Health Approaches to Addressing Arthritis.*

b. With organizations not funded by CDC:
Applicants are expected to collaborate with state and national partners as appropriate to support the required strategies and activities. The following is a list of types of partners/organizations to consider that can help sustain project activities and improve outcomes for this NOFO:

- Business (employers, retail organizations, trade associations, unions, etc.);
- Healthcare Systems (managed care organizations, rural health clinics, accountable care organizations, Indian Health Service or tribal clinics, pharmacies, quality improvement networks, health plans, etc.);
- Government (Administration for Community Living, Medicare, state Medicaid agency, the Veterans Administration, state/local transportation departments, SNAP-Ed, etc.);
- Community based organizations (senior centers/area agencies on aging, health and fitness centers, local Park & Recreation agencies, etc.);
- Education/Academia (colleges and universities, area health education centers, cooperative extension services, etc.);
- Lifestyle management instructor/health coach networks that support client participation in evidence-based self-management education and physical activity programs;
- Employee health and wellness benefit groups and coordinators that influence benefit packages for the general population as well as priority populations in underserved areas; and
- Insurers offering AAEBIs and/or other evidence-based interventions as part of the benefits package.

The following is a list of potential partners/organizations not funded by CDC whose strategies and activities align with and may help sustain NOFO project activities and improve outcomes. This is for your consideration and is not intended to be an endorsement or exhaustive list.

- **American Chronic Pain Association (ACPA):** https://www.theacpa.org/pain-management-tools/resource-guide-to-chronic-pain-treatments/resource-guide-to-chronic-pain-management/
- **American College of Lifestyle Medicine (ACLM):** https://www.lifestylemedicine.org
- **American College of Preventive Medicine (ACPM):** https://www.acpm.org/
- **American College of Rheumatology (ACR):** https://www.rheumatology.org/
- **American College of Sports Medicine (ACSM**): https://www.acsm.org/
- **Arthritis Foundation (AF):** https://www.arthritis.org/
- **Agency for Health Resources and Quality (AHRQ):** https://www.ahrq.gov/ncepcr/tools/assessments/index.html
- **American Medical Association (AMA):** https://www.ama-assn.org/
- **American Physical Therapy Association (APTA):** https://www.apta.org/
- **CMS Innovation Center:** https://innovation.cms.gov/
- **Federally Qualified Health Centers (FQHCs):** https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc/index.html
- **National Association of Community Health Centers (NACHC):** http://www.nachc.org/about-our-health-centers/
- **National Alliance of State Pharmacy Associations (NASPA):** https://naspa.us/
- **National Center on Health, Physical Activity and Disability (NCHPAD):** https://www.nchpad.org/

- **National Council on Aging (NCOA):** https://www.ncoa.org/center-for-healthy-aging/cdsme-resource-center/cdsme-grantees/ and https://www.ncoa.org/healthy-aging/chronic-disease/

Component 2 applicants should include at least three letters of support from key partners who will be significantly involved in the activities proposed for this NOFO. Each letter of support should describe the partner's past history working with the applicant organization, details about their organization's role and commitment over the 5-year project, and how their organization supports applicant's proposed key activities. Name the file "Letters of Support" and upload it as a PDF at www.grants.gov.

2. Target Populations
Component 1:

The primary target population is all U.S. adults, 18 and older, with arthritis, including those experiencing disproportionate burden. The secondary target audience includes state health departments, national organizations and other key stakeholders focused on improving the health and wellness of large numbers of adults with arthritis.

Component 2:

The target audience for Component 2 includes healthcare providers such as, but not limited to, physicians, nurses, physical therapists and other allied healthcare practitioners whose advice and recommendations may motivate patients to engage in physical activity.

a. Health Disparities
CDC expects applicants to collaborate with organizations representing underserved populations to ensure that all activities and strategies take into account the needs of those experiencing a disproportionate burden of arthritis. Underserved populations include, but are not limited to, African-Americans, Hispanics, American Indians, low income households, adults with disabilities, uninsured and underinsured adults, and adults living in rural areas.

iv. Funding Strategy
This NOFO has two components. Applicants may apply for either Component 1 or Component 2, or both. Component 1 applicants must select only one strategy from the menu of four parts. Note: Applicants must submit a separate application if applying for both components.

Funding Mechanism	Strategies	Funding Strategy
Component 1		
(Between 5-7 awards) $150-$500K/award	Building Capacity and Scaling Up	Applicants must select one strategy from the options (A-D).
Component 2 (1 award)	Innovation	

$300-$500K

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Proposed activities are expected to contribute towards attainment of long-term outcomes. Selected performance measures must identify annual targets that demonstrate a logical progression towards and a substantial contribution to these outcome measures.

Tier 1 Outcome Measures:Tier 1 Outcomes are applicable to **all** applicants and must be reported on by both Component 1 and Component 2 recipients. Applicants must select at least one associated performance measure for each Outcome Measure.

Period of Performance Outcome Measure 1: Improved arthritis management behaviors among adults with arthritis.

- Performance Measure 1a: Number and percent of adults participating in self-management education and/or physical activity courses as evidenced by AAEBI enrollment.
- Performance Measure 1b: Percent of adults (18 and older) diagnosed with arthritis, who report being physically inactive.

Period of Performance Outcome Measure 2: Improved social and physical environments for adults with arthritis.

- Performance Measure 2a: Strategies implemented to increase access to physical activity opportunities, strategies implemented to increase social connectedness, strategies implemented to increase AAEBI access/availability, ***or*** number of referrals to AAEBI offerings made by healthcare providers.

Tier 2 Outcome Measure:For Component 2 applicants only, choose **one or more** performance measures associated with the outcome measure.

Period of Performance Outcome Measure 3: Increased number of healthcare providers conducting function, pain and physical activity screening; physical activity counseling; and referring adults with arthritis to AAEBIs or other physical activity opportunities.

- Performance Measure 3a: Number of billing code submissions for reimbursement for function, pain and/or physical activity screening.
- Performance Measure 3b: Number of billing code submissions for reimbursement for physical activity counseling.
- Performance Measure 3c: Number of billing code submissions for reimbursement for referrals to AAEBIs or other physical activity opportunities.

Recipients will be expected to report progress on achieving performance measures annually. Lessons learned and best practices should be collected throughout the period of performance. Progress reports, lessons learned and best practices will be used to guide program improvements.

Data Management Plan (DMP)

Consistent with the terms of and activities expected under the NOFO, recipients must develop

and submit a DMP generally during the project planning phase, but in any event, prior to the initiation of generating or collecting public health data. A DMP for each collection and/or generation of public health data funded by this award should include the following information:

- A description of the data to be collected or generated in the proposed project;
- Standards to be used for the collected or generated data;
- Mechanisms for or limitations to providing access to and sharing of the data (include a description of provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights). This section should address access to identifiable and de-identified data or justification for not making the data accessible (see below for additional information about access);
- Statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and
- Plans for archiving and long-term preservation of the data or explaining why long-termpreservation and access are not justified. This section should address archiving and preservation of identifiable and de-identified data (see below for additional information regarding archiving).

For more information about CDCs policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

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 the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) 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/additionalrequirements/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.

c. Organizational Capacity of Recipients to Implement the Approach
Applicants must describe their organizational capacity to carry out the strategies and activities outlined in the logic model.

Component 1

- **Strategy A**
    - Demonstrate *past* experience working with member affiliates/sites to conduct national population-based, arthritis programmatic efforts, including the ability to plan, implement, and monitor performance and track AAEBI dissemination and delivery. Applicant is expected to have already reached 35,000 participants with AAEBIs or have delivered AAEBIs in at least 25 states *prior* to the award.
    - Provide a strategic plan to reach at least 50,000 participants in 25 states. This plan should demonstrate affiliate site access to target populations, commitment to ongoing AAEBI delivery and potential for continued impact beyond the cooperative agreement period (e.g., require affiliate sites receiving sub-awards to agree to deliver a minimum number of courses, indicate intention to embed AAEBI delivery in regular programming, etc.).
    - Demonstrate capacity to support offering of at least one recognized arthritis-appropriate evidence-based interventions (AAEBIs) that CDC promotes for adults with arthritis.
        - If the applicant chooses to offer an OSMI, the selected intervention must be recognized as evidence-based by at least one federal agency and must emphasize physical activity, weight-management, joint injury prevention and/or self-management education. The rationale for the OSMI selection should demonstrate how the selection will contribute to attainment of NOFO outcomes.

- **Strategy B** - Provide evidence demonstrating ability to reach and engage people with arthritis and provide customized arthritis-specific health information and tools grounded in scientific evidence or recognized best practices. Applicant should demonstrate existing infrastructure, technological and staffing capacity, and experience providing customized consumer information about arthritis topics and AAEBI referrals in the U.S.
- **Strategy C** - Provide evidence of convening a national coalition or consortium which addresses OA. Applicant should demonstrate an established national alliance dedicated to collective, organization-level, membership-driven action to address priorities, goals and strategies identified in *A National Public Health Agenda for Osteoarthritis, 2020 (OA*

Agenda). Applicant should also demonstrate experience planning and implementing assessment and evaluation activities related to evidence-based interventions.

- **Strategy D** - Demonstrate prior experience working with state health departments and other organizations implementing public health initiatives to support and strengthen public health capacity by conducting national training and technical assistance activities related to chronic disease management topics, including arthritis. Applicant should demonstrate access to a public health network and the ability to leverage the networks to accomplish the goals of the NOFO.

- **All Applicants** -
    - Demonstrate that their constituency, membership and/or consumer base represents and reaches the intended NOFO audiences.
    - Demonstrate serving or working with target population(s)/audience(s) and provide evidence of attaining goals/achieving outcomes.
    - Provide a staffing plan which includes the project management organizational arrangement with clearly defined staff roles and a reporting structure sufficient to carryout activities associated with the selected NOFO component(s).
    - Upload supporting documents, including an organizational chart, CVs/resumes, and position descriptions that demonstrate applicant capacity to sufficiently accomplish the proposed strategies and activities, and required outcome and performance measures. Upload PDF document at www.grants.gov and title document "*Staffing and Org Chart."*

Component 2

- Describe organizational mission and role as a representative body for healthcare professionals. Demonstrate national reach and influence among healthcare professionals diagnosing, treating and/or managing arthritis.
- Describe past experience conducting healthcare education and training programs, including the ability to plan, implement and monitor performance and evaluate programs. Provide additional documentation as necessary to support narrative description (e.g., CME/CEU modules, etc.). Upload PDF document at www.grants.gov and title document "*Health Ed Training Experience."*
- Provide evidence of organizational-level investment and commitment. This might include leveraging monetary or non-monetary contributions to carry out activities supported by the cooperative agreement.
- Provide a staffing plan which includes the project management organizational arrangement with clearly defined staff roles and a reporting structure sufficient to carryout activities associated with Component 2.
- Upload supporting documents, including an organizational chart, CVs/resumes, and position descriptions that demonstrate applicant capacity to sufficiently accomplish the proposed strategies and activities, and required outcome and performance measures. Upload PDF document at www.grants.gov and title document "*Staffing and Org Chart."*
- Upload a minimum of three letters of support from partners who will be substantially involved in the activities proposed for this NOFO. The partner organizations are expected to describe their past history working with the applicant organization, detail their proposed role and commitment over the 5-year project, and how they will support the

applicant organization's key activities. Name the file "*Letters of Support"* and upload it as a PDF at www.grants.gov.

d. Work Plan

Applicants must provide a detailed work plan that covers the first year of the period of performance and a high-level plan in narrative form for years 2-5. A well-constructed work plan ensures aligned expectations, shared understanding and more accurate tracking of progress towards period of performance outcomes. At a minimum, the work plan must demonstrate how the activities and partnerships will strategically work together to achieve program outcomes. Information on performance measures, milestones, data sources, and data collection should be included. Applicants should use the template below or a format of their own choosing as long as all necessary elements are included. The work plan should clearly label the Component and Strategy. Examples of milestones are available at https://www.cdc.gov/arthritis/funded/nofo/cdc-rfa-dp21-2106.html.

Component (Identify 1 or 2)**:** Note - If Component 1 is selected, identify Strategy A, B, C or D:						
Period of Performance/Long-Term Outcomes: [*from Outcomes section and/or logic model*]						
Activity Description	**Milestones**	**Lead Personnel Assigned**	**Contributing Partners**	**Key Contracts/ Consultants**	**Start Quarter**	**End Quarter**
Activity 1						
Activity 2						
Activity 3						
Activity 4						
Activity 5						
Activity 6						
Outcome: (Note- provide at least one corresponding performance measure for each outcome.)						
Performance Measure(s):						
• **Baseline**						
• **Year 1 Target**						
• **Year 5 Target**						
• **Data Source(s):**						

Outcome: (Note - Each outcome identified should have at least one corresponding performance measure and description.)
Performance Measure(s):
• **Baseline:**
• **Year 1 Target:**
• **Year 5 Target:**
• **Data Source(s):**

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.

Additionally, CDC will work with recipients to set-up monthly calls with the CDC Project Officer and relevant recipient staff to ensure regular monitoring and to provide needed technical assistance.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)
In a cooperative agreement, CDC staff is *substantially involved* in the program activities, above

and beyond routine grant monitoring, monthly calls, and site visits. To ensure the success of this cooperative agreement, CDC will:

1. Provide technical assistance, including:
    - A pre-award technical assistance call to answer questions for potential applicants.
    - Post-award technical assistance, including:
        - Offering guidance to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations;
        - Collaborating in the planning, implementation, and evaluation of meetings related to work conducted under this NOFO; and
        - Providing resources and tools necessary for the successful implementation of strategies and activities to meet project goals.
2. Share Information, including:
    - Facilitating routine conference calls, webinars, and information exchange among cooperative agreement recipients and arthritis and public health stakeholders; and
    - Collaborating to compile and disseminate recipient accomplishments, best practices, and lessons learned during the period of performance.

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:
2021

4. Approximate Total Fiscal Year Funding:
$ 2,037,119

5. Total Period of Performance Funding:
$ 10,185,595
This amount is subject to the availability of funds.

Estimated Total Funding:
$ 10,185,595

6. Total Period of Performance Length:
5
year(s)
7. Expected Number of Awards:
7
8. Approximate Average Award:

$ 350,000
Per Budget Period

Component 1: 5-7 awards of $150-$500K each

Component 2: 1 award of $300-$500K

9. Award Ceiling:
$ 1,000,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$ 150,000
Per Budget Period

11. Estimated Award Date:
September 15, 2021

12. Budget Period Length:
12 month(s)

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

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

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))

04 (Special district governments)

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

23 (Small businesses)

22 (For profit organizations other than small businesses)

20 (Private institutions of higher education)

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

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

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

This NOFO has two Components. Component 1 is focused on Building Capacity & Scaling Up whereas Component 2 is focused on Innovation. Applicants may apply for **either or both** Component 1 or Component 2. Component 1 applicants must select only **one** of the four options (A, B, C or D). Applicants must identify the Component they are applying for in the title of their application submission. If not clearly identified, the application will be considered non-responsive and will not be entered into the review process. A separate application must be submitted for each Component if applying for more than one.

Applicants are required to submit a budget within the range noted for each Component and corresponding strategy. **If the proposed budget exceeds the Component and Strategy funding range, the application will be considered non-responsive and will not be entered into the review process.**

Component 1 Funding Range:

- Strategy A - $300K-$500K
- Strategy B - $150K-$250K
- Strategy C - $400K-$500K
- Strategy D – $200K-$300K

Component 2 Funding Range - $300K-$500K

The intent of the NOFO is to serve the domestic population of the US and its territories. Proposing to serve a non-domestic US population is outside the scope of this NOFO and the application will be considered non-responsive and deemed non-eligible.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No
While cost sharing is not required, the Component 2 applicant is encouraged to contribute, from non-Federal sources, a monetary or in-kind amount equal to 10 percent of the requested amount to carry out the activities supported by the cooperative agreement.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/SAM/.

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or

		number, verify & update information under DUNS number		call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter Of Intent 03/12/2021 00:00 AM

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

b. Application Deadline

Due Date for Applications 04/05/2021

04/05/2021
11:59 pm U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Due Date for Information Conference Call
February 2, 2021

A 60-minute informational call will be held on 2/2/2021 from 2:00 pm to 3:00 pm US Eastern Standard Time. To access call Dial: (888) 371-8141; Passcode: 8606471#.

In addition, an email address has been established to receive and respond to NOFO questions: ArthritisDP21-2106@cdc.gov. NOFO questions and answers will be made available at https://www.cdc.gov/arthritis/funded/nofo/cdc-rfa-dp21-2106.html.

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be

labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

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

6. Content and Form of Application Submission

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

7. Letter of Intent

CDC strongly urges you to complete a LOI prior to the submission of your application. The purpose of this letter is to inform CDC of your interest in applying for funding under DP21-2106. Although a LOI is not required and non-binding, it is highly recommended as it allows CDC program staff to estimate the number of and plan for the review of submitted applications

The LOI should be prepared on letterhead and include the following information:

- Number and title of this notice of funding opportunity
- Descriptive title of proposed project
- Selected Component (Component 1 or 2, or both); for Component 1, also identify Strategy A, B, C or D.
- Name, address, telephone number, and email address of the Principal Investigator/Project Director
- Name, address, telephone number, and email address of the primary contact for writing and submitting this application

The LOI should be sent to:

Michele Mercier, Project Officer
Centers for Disease Control and Prevention

Email: ArthritisDP21-2106@cdc.gov

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

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

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

- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

- Total Direct costs
- Total Indirect costs

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

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

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

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. 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; or support vital records improvement efforts, as approved by CDC.

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

Applicants are encouraged to identify any in-kind donations of staff time, equipment, or other resources

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. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

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

Applicants may not use funding for construction or any purposes inconsistent with the NOFO.

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/additionalrequirements/ar-25.html

18. 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. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

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

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

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

https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

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

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them

at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

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

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

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach **Maximum Points:** 35

Component 1:

The extent to which the applicant:

- Describes relevant background information that includes the context of the problem to be addressed. **(2 points)**

- Includes a concise purpose statement describing specifically how they will address the problem as described in the background section. **(3 points)**
- Addresses and describes appropriate, robust activities likely to achieve the short-term and intermediate outcomes for the selected Component, and if relevant, Strategy. **(10 points)**
- Aligns strategies and activities with the NOFO logic model and describes how these will lead to achieving period of performance outcomes. **(5 points)**
- Provides a detailed Year 1 work plan that includes activities, person(s) responsible, partners, performance measures, and baseline and target data (if appropriate) for each activity addressed. **(5 points)**
- Describes how they will collaborate with relevant programs, partners and/or organizations to achieve goals aligned with work plan and NOFO. **(5 points)**
- Clearly identifies target populations consistent with the NOFO intent, including disproportionately affected population segments and how reaching these groups will address social determinants of health, and describes feasible mechanisms or approaches to engage these groups. **(5 points)**

Component 2:

The extent to which the applicant:

- Describes relevant background information that includes the context of the problem to be addressed. **(2 points)**
- Includes a concise purpose statement describing specifically how they will address the problem as described in the background section. **(3 points)**
- Addresses and describes appropriate, robust activities likely to achieve the short-term and intermediate outcomes. **(10 points)**
- Aligns strategies and activities with the NOFO logic model and describe how these will lead to achieving period of performance outcomes. **(5 points)**
- Provides a detailed Year 1 work plan that includes activities, person(s) responsible, partners, performance measures, and baseline and target data (if appropriate) for each activity addressed. **(5 points)**
- Describes how they will collaborate with relevant programs, partners and/or organizations to achieve goals aligned with work plan and NOFO. **(5 points)**
- Describes a feasible plan to pilot the approach with a large health system that serves a high percentage of Medicare/Medicaid eligible patients/clients or veterans. **(5 points)**

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

This section of the application will be reviewed based on the extent to which the applicant:

- Identifies reasonable annual performance targets that are likely to lead to attainment of NOFO outcomes. **(4 points)**
- Identifies appropriate data sources, frequency of data collection and reporting timelines. **(4 points)**
- Proposes appropriate evaluation methods. **(4 points)**

- Describes monitoring and evaluation procedures that are suitable for tracking progress. **(4 points)**
- Describes how key stakeholders will participate in the evaluation and performance measurement process. **(2 points)**
- Describes how evaluation findings will be used for continuous program quality improvement. **(4 points)**
- Describes how evaluation findings will be reported and disseminated to stakeholders. **(2 points)**
- Identifies who will be responsible for conducting the proposed evaluation activities. **(1 point)**

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 40

Component 1, Strategy A ONLY: **(20 points)**

The extent to which applicant:

- Demonstrates broad-based AAEBI delivery capacity by documenting an established, formally-affiliated, national network of chapters/sites serving large segments of the US population. In order for this program to have national impact, the organization needs to have the potential to carry out activities in at least 25 states, with direct access to at least 500,000 U.S. adults. Provides evidence of past experience effectively delivering AAEBIs through affiliates, including number of participants and geographic reach.
- Clearly describes a plan to enroll at least 50,000 participants in evidence-based interventions across 25 states.
- Work plan addresses AAEBI availability and access to underserved/disproportionately affected populations and communities.
- Describes affiliate site commitment to sustained AAEBI/OSMI delivery (e.g., require affiliate sites receiving sub-awards to agree to offer a minimum number of courses).
- Identifies at least one intervention to be supported from CDC's menu of recognized and promising arthritis-appropriate evidence-based interventions (AAEBIs).
- If supporting the offering of an OSMI, applicant ensures:
    - The selected intervention is recognized as evidence-based by at least one federal agency.
    - The intervention emphasizes physical activity, weight-management, joint injury prevention and/or self-management education.
    - The rationale for OSMI selection clearly describes how the selection will contribute to attainment of NOFO outcomes.
    - The ability to influence referrals from the OSMI to AAEBI(s).
- Refer to "All Applicants (Component 1 and 2)" at the end of this section for additional review criteria.

Component 1, Strategy B ONLY: **(20 points)**

The extent to which applicant:

- Demonstrates existing infrastructure, technological and staffing capacities and experience providing customized consumer information about arthritis and arthritis-appropriate services and referrals to the U.S. public.
- Refer to "All Applicants (Component 1 and 2)" at the end of this section for additional review criteria.

Component 1, Strategy C ONLY: **(20 points)**

The extent to which the applicant:

- Demonstrates evidence of convening a national coalition or consortium which addresses OA public health priorities.
- Demonstrates experience planning and implementing assessment and evaluation activities related to evidence-based interventions.
- Refer to "All Applicants (Component 1 and 2)" at the end of this section for additional review criteria.

Component 1, Strategy D ONLY : **(20 points)**

The extent to which the applicant:

- Demonstrates prior experience conducting national training and technical assistance activities related to chronic disease management topics for state health department staff, including the ability to plan, implement and monitor performance and evaluate programs.
- Demonstrates experience working with state health departments to support and strengthen public health capacity.
- Describes their immediate relevant public health networks and provides evidence of their ability to leverage these networks to accomplish the goals of the NOFO.
- Refer to "All Applicants (Component 1 and 2)" at the end of this section for additional review criteria.

Component 2 ONLY: **(20 points)**

The extent to which the applicant:

- Demonstrates national reach and influence among healthcare professionals diagnosing, treating and/or managing arthritis.
- Demonstrates alignment of organizational mission and previous work enhancing healthcare professionals' knowledge and skills to recognize the signs and symptoms of arthritis and how to treat and manage the disease (e.g., through CME/CEU training modules).
- Demonstrates relevant past experience conducting effective professional healthcare provider training programs, including the ability to plan, implement and monitor performance and evaluate programs.
- Demonstrates organizational level investment and commitment. This might include leveraging monetary or non-monetary contributions to carry out activities supported by the cooperative agreement.

- Submitted at least three letters of support from partners that demonstrates willingness and commitment to be substantially involved in development and/or implementation of the proposed activities. Letters of support must indicate level of partnership with the applicant, including the organization's role and support over the 5-year project.
- Refer to "All Applicants (Component 1 and 2)" at the end of this section for additional review criteria.

All Applicants (Component 1 and 2): **(20 points)**

The extent to which applicant:

- Demonstrates that their constituency, membership and/or consumer base represents and reaches the intended NOFO audiences. **(3 points)**
- Demonstrates serving or working with the target population(s)/audience(s) and provides evidence of the ability and likelihood to achieve NOFO outcomes. **(3 points)**
- Describes an adequate Staffing Plan that includes: **(14 points)**
    - Internal infrastructure, capacity, and program experience appropriate for carrying out the proposed NOFO objectives and activities.
    - Roles and responsibilities for each employee involved in the proposed activities. Proposed staffing mix identifies necessary expertise, skills, and experience to carry out the proposed work plan.
    - Detailed information regarding level of effort/allocation of time for each staff position.
    - Supporting documentation (CVs/resumes, job descriptions for proposed NOFO-funded personnel, an Organizational Chart).

Budget **Maximum Points:** 0

- The budget is unscored.
- Proposed budget should closely align with strategies and activities described in the work plan and be consistent with the NOFO purposes.
- Include funding in the budget for two individuals for an annual conference to be held in Atlanta, Georgia.
- If applicable, include in-kind contributions.
- While cost sharing is not required, if the Component 2 applicant plans to contribute either monetarily or in-kind resources, this should clearly be reflected in the budget.

c. Phase III Review

An objective review panel of at least three individuals will review and score all eligible and responsive applications. Applications will be put into a rank order list according to average scores. The program will use the rank order list (plus any criteria described below) to determine which applications will be funded. In the objective review process described above, the following factors also may affect the funding decisions:

- Consideration will be given to ensuring at least one recipient is funded for each part under the Component 1 strategy.

- Preference to organizations addressing broader geographic areas (i.e. - preference may be given to applicants who describe plans to exceed the minimum required number of states addressed; or applicants who, in addition to meeting the minimum requirements, target states or geographic regions with higher burden of arthritis).
- Preference to organizations with the capacity to reach large numbers of adults nationwide, particularly those with chronic diseases such as diabetes, heart disease, obesity, and/or most importantly, arthritis.

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

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

CDC’s framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

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

(1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

Anticipated Award Notification Date: September 15, 2021

Anticipated Award Start Date: September 30, 2021

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

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

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

3. Reporting

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;

- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	Yes

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

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

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.

• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

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

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later 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.

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.

Not required beyond annually.

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.

e. Final Performance and Financial Report (required)
The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 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 project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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

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

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

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

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

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

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

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

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed

with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

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

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

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

5) Contents of Reports: The reports must contain:

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

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

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:
Michele

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

Address:
National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health

4770 Buford Hwy

Atlanta, GA 30341

Telephone:
(770) 488-4112

Email:
ArthritisDP21-2106@cdc.gov

Grants Staff Contact

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

First Name:
Thelma

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

Address:
Office of Financial Resources (OFR)

Office of the Chief Operating Officer (OCOO)
4770 Buford Hwy

Atlanta, GA 30341

Telephone:
(770) 488-2823
Email:
Koy8@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 attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Resumes / CVs

Position descriptions

Letters of Support

Organization Charts

Indirect Cost Rate, if applicable

PDF document titled, "Health Ed Training Experience"

I. Glossary

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

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

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

Assistance Listings: A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

Assistance Listings Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 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: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

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

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

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

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

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

NOFO-specific Glossary and Acronyms