Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion

Racial and Ethnic Approaches to Community Health (REACH)
CDC-RFA-DP18-1813
Application Due Date: 07/16/2018

Racial and Ethnic Approaches to Community Health (REACH)
CDC-RFA-DP18-1813
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CDC-RFA-DP18-1813
Racial and Ethnic Approaches to Community Health (REACH)
ANNOUNCEMENT MODIFICATION | VALIDATE & APPROVE
Part I. Overview Information
Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DP18-1813. 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:
Racial and Ethnic Approaches to Community Health (REACH)
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)).

D. Agency Notice of Funding Opportunity Number:
CDC-RFA-DP18-1813
E. Catalog of Federal Domestic Assistance (CFDA) Number:
93.738
F. Dates:

1. Due Date for Letter of Intent (LOI):	**06/11/2018**
2. Due Date for Applications:	**07/16/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

Monday June 4th, 2018 3:00 PM EDT.

Adobe Connect link: https://adobeconnect.cdc.gov/r20b97dcdqw/

Phone Number 1-888-324-3482

Participant Code: 3283506

G. Executive Summary:
1. Summary Paragraph:

CDC announces the availability of fiscal year 2018 funds to implement CDC-RFA-DP18-1813: Racial and Ethnic Approaches to Community Health (REACH). This 5-year program is to improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic populations with the highest risk, or burden, of chronic disease, specifically for African Americans/Blacks, Hispanic Americans, Asian Americans, Native Hawaiian/Other Pacific Islanders, American Indians, and Alaska Natives, by:

1. Supporting culturally tailored interventions to address the preventable health behaviors of tobacco use, poor nutrition and physical inactivity;
2. Linking community and clinical efforts to increase access to health care and preventive care programs at the community level; and
3. Supporting implementation, evaluation and dissemination of practice- and evidence-based strategies related to tobacco, nutrition, physical activity, and community-clinical linkages that ultimately lead to reduced health disparities in chronic conditions of hypertension, heart disease, Type 2 diabetes, and obesity

Funding will support recipients that:

1. Have a history of successfully working with an established coalition who addresses health or other disparities;
2. Select strategies that address the health disparities in the community based on a health needs assessment process;
3. Have organizational capacity to implement locally tailored evidence-based and practice-based strategies

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	32
d. Total Period of Performance Funding:	$125,000,000
e. Average One Year Award Amount:	$781,250
f. Total Period of Performance Length:	5
g. Estimated Award Date:	09/29/2018
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text
A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Chronic diseases are the leading causes of death and disability in the United States, largely driven by preventable health behaviors. Health behaviors, such as tobacco use, poor nutrition and physical inactivity, are linked to chronic conditions, premature death, and disability. Chronic diseases and their outcomes disproportionately impact racial and ethnic populations including African Americans/Blacks, Hispanic Americans, Asian Americans, Native Hawaiian/Other Pacific Islanders, American Indians, and Alaska Natives. Addressing chronic disease health disparities is complex. The risk is affected by not only health behaviors and access to health care but also by factors that include income, education, economic opportunity, and location of residence. In addition, the risk for chronic disease starts very early in life. Attention to improving the access to high quality nutrition, opportunities for physical activity, and providing a smoke free environment for young children are critical steps in reducing health disparities. Thus, any effort to improve this multi-faceted challenge requires a long term vision and investment.

This NOFO will provide communities the opportunity to improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic populations with the highest risk, or burden, of chronic disease (i.e., hypertension, heart disease, Type 2 diabetes, and obesity). The tools to accomplish this are culturally tailored interventions to address preventable risk behaviors (tobacco use, poor nutrition and physical inactivity).

The approach for this program incorporates evidence-based strategies found in a variety of publications and expert recommendations. These include Best Practices for Comprehensive Tobacco Control Programs, Dietary Guidelines for Americans (2015), Surgeon General's Call to Action to Support Breastfeeding (2015), Community Preventive Services Task Force Recommendation for Built Environment Interventions to Increase Physical Activity (2017), and The Surgeon General's Call to Action to Promote Walking and Walkable Communities (2015).

b. Statutory Authorities

This program is authorized under section 317(k)(2) of the Public Health Service Act, 42 U.S.C. 247b(k)(2).

c. Healthy People 2020

This NOFO supports the following Healthy People 2020 focus areas found at http://www.healt

hypeople.gov:

- Nutrition and Weight Status https://www.healthypeople.gov/2020/topics-objectives /topic /nutrition-and-weight-status
- Social Determinants of Health https://www.healthypeople.gov/2020/topics-objectives /topic/social-determinants-of-health
- Educational and Community Based Programs https://www.healthypeople.gov
- Physical Activity https://www.healthypeople.gov/2020/topics-objectives/topic/physical activity/2020
- Tobacco Use https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use

d. Other National Public Health Priorities and Strategies

- Health and Human Services (HHS) Action Plan to Reduce Racial and Ethnic Disparities: http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&;;lvlid=10
- National Partnership for Action to End Health Disparities: National Stakeholder Strategy for Achieving Health Equity: http://minorityhealth.hhs.gov/npa/templates/content.aspx ?lvl =1&;;lvlid=33&;;ID=286
- The Dietary Guidelines for Americans https://health.gov/dietaryguidelines/
- The Physical Activity Guidelines for Americans https://health.gov/paguidelines/guide lines
- Best Practices for Comprehensive Tobacco Control Programs 2014 https://www.cdc.gov /tobacco/stateandcommunity/best_practices/index.htm
- Evidence -based community best practices such as found in *The Community Guide and the Community Preventive Services Task Force findings related to obesity*

e. Relevant Work

This REACH NOFO is relevant to past and current REACH Programs (i.e., REACH 2014,

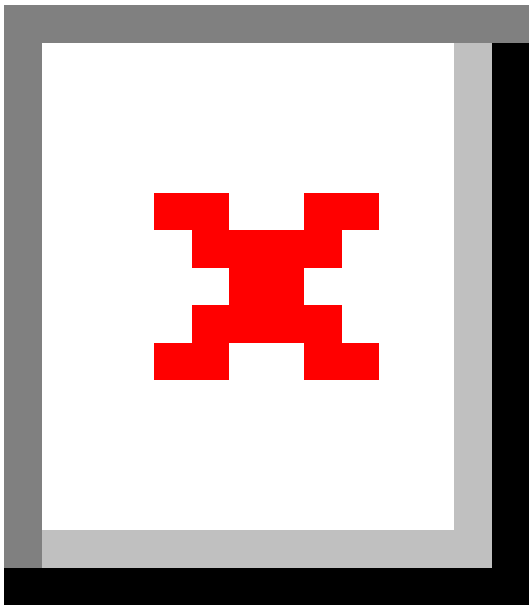
REACH 2010, REACH CORE, REACH U.S., REACH Minority-Serving Organizations, and REACH National Networks) that have addressed health disparities at the community level. A critical REACH program priority is to empower community members in priority populations(s) to seek better health, help change local healthcare practices, and mobilize communities to implement evidence-based public health programs to reduce health disparities across a broad

range of health conditions. Please see following link for examples of relevant work: https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/index.htm

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.



Bold indicates those measures that are required reporting for the recipients

i. Purpose

The purpose of this NOFO is to support communities in readily implementing population-wide solutions to improving health, preventing chronic disease, and reducing health disparities among priority populations with the highest risk or burden of chronic disease related to health risk behaviors - tobacco use, poor nutrition and physical inactivity.

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ii. Outcomes

See logic model

iii. Strategies and Activities

Applicants must propose work in three of the four strategies and their accompanying activities. The applicant should describe how the selected strategies are anticipated to improve the burden of chronic disease in the priority population(s) and include communication activities that will support the selected strategies.

Tobacco strategy: Collaborate with partners to promote tobacco free living among priority population(s).

- Support and leverage CDC 's national tobacco education campaigns (i.e., Tips from Former Smokers) and tobacco-related Surgeon General Reports at the community-level.
- Develop and implement community-based culturally-appropriate messages that focus on: harmful effects of tobacco use; exposure to secondhand smoke; encouraging tobacco users to quit; and promoting the quitline (i.e., 1-800-Quit Now, 1-855-DEJELO-YA, and the Asian Smoker?s Quitline).

- Work with health care providers to ensure that every patient is screened for tobacco use, advised to quit, and provided resources for counseling and medications.
- Identify and train community-level spokespersons to communicate the burden of tobacco use and secondhand smoke exposure through local media outlets and community events.
- Inform and educate leaders, decision makers and the public about the evidence-based solutions to protect workers and multi-unit housing residents from exposure to second hand smoke.
- Support implementation of tobacco free policies within workplaces and multi-unit housing.
- Engage and leverage community stakeholders and assets to address healthier retail options.

Nutrition strategy: Collaborate with partners to improve nutrition in priority population(s).

- Work with food vendors, distributors and producers to enhance healthier food procurement and sales; establish/support food hubs; establish a network of food sales

outlets; establish a group purchasing collective; develop tools to match local producers with institutions; and explore innovative practices that can support this work.
- Establish healthy nutrition standards in key institutions such as hospitals, afterschool and recreation programs, community health centers, faith-based organizations, food banks/pantries, and early care and education.
- Make improvements to local programs/systems (e.g., voucher incentive programs, increased electronic benefit transfer acceptance where food is purchased, improved public transportation routes to food stores, access to healthier foods at community venues.
- Increase continuity of care/community support for breastfeeding by incorporating services into existing community support services (early care and education centers, community health centers, home visiting programs, etc.); establishing lactation support services (support groups, walk-in clinics, Baby Cafés, etc.) that are accessible and culturally appropriate for the priority population; and providing breastfeeding support training to health care providers, community health workers, peer support providers, etc., that work with mothers and babies.

Physical Activity Strategy: Collaborate with partners to improve physical activity in priority population(s) to connect sidewalks, paths, bicycle routes, public transit with homes, early care and education, schools, worksites, parks, or recreation centers through implementing master plans and land use interventions.

- Establish new or improved pedestrian, bicycle, or transit transportation systems (i.e., activity-friendly routes) that are combined with new or improved land use or environmental design (i.e., connecting everyday destinations).

Community- Clinical Linkages strategy: Collaborate with partners to increase referral and access to community-based health programs for the priority population(s).

- Promote the use of appropriate and locally available programs for individuals in the priority population(s) (e.g., Diabetes Prevention Program, Chronic Disease Self-Management Program, tobacco cessation services, Food Nutrition Education Programs, Special Supplemental Nutrition Program for Women, Infants, and Children, access to food banks, and assistance with housing or job training).
- Expand the use of health professionals such as Community Health Workers, patient navigators, and, pharmacists, to increase referral of individuals in the priority population(s) to appropriate and locally available health and preventive care programs.

It is expected that recipients will leverage the resources of their partners to complete the work of the NOFO, particularly those strategies that may by necessity include both allowable (e.g. planning and design) and unallowable (e.g. construction of sidewalks, construction of running trails) costs.

1. Collaborations

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

Recipients are encouraged to collaborate with other CDC-funded programs in their geographic area. This will ensure proposed activities are complementary with other CDC funded programs operating in the same area and avoid duplications of efforts. State- and/or local-level CDC funded programs for chronic disease:

- High Obesity Program: https://www.cdc.gov/nccdphp/dnpao/state-local-programs/high-obesity-program.html.
- Sodium Reduction in Communities Program: https://www.cdc.gov/dhdsp/programs/sodium_reduction.htm;
- WISEWOMAN https://www.cdc.gov/wisewoman/
- Scaling the National Diabetes Prevention Program in Underserved Areas; National Diabetes Prevention Program: https://www.cdc.gov/diabetes/programs/index.html
- National Comprehensive Cancer Control Program: Tobacco Control Programs: https://www.cdc.gov/cancer/ncccp/
- Million Hearts Initiative® https://millionhearts.hhs.gov/index.html
- Disability and Health Program: Improving the Health of People with Mobility Limitations and Intellectual Disabilities through State-based Public Health Programs (known as State Disability and Health Programs): https://www.cdc.gov/ncbddd/disabilityandhealth/programs.html

b. With organizations not funded by CDC:

Community Coalition: The applicant is required to identify and propose a community coalition.

For the purposes of this program, a community coalition is defined as a community-based formal arrangement for cooperation and collaboration among groups or sectors of a community in which each group retains its identity, but all agree to work together toward a common goal. Recipients will engage the community coalition in executing activities to use community specific best practices to address health disparities, monitor progress and oversee communications within their communities to address tobacco use, poor nutrition, and physical inactivity and create sustainable community-level change through environmental strategies. Recipients will collaborate with the coalition to develop and carry out an action plan to address community specific health disparities and social determinants of health which may result in offering a coalition model for replication in other geographic areas. The recipient will work with the community coalition in encouraging collaboration with other CDC prevention programs within state or local health departments that address chronic disease and conditions.

The community coalition proposed by the applicant, at a minimum, should have the below

identified partners:

- Applicant
- Community coalition leader(s)
- Priority population(s) representative(s)
- Healthcare organization representative (who provides services for the priority population(s))
- Local Community Based Organization representative (with work aligned with the selected strategies)
- State and/or local public health department representative

The community coalition proposed by the applicant should have the following capacities and/or characteristics:

- Demonstrated ability to leverage partnerships across settings and sectors to address key contributors to the chronic disease disparities within their community
- Represent diverse cross-section of the community
- Represent multi-sectors in the community
- Incorporate input from those who represent the proposed priority population(s)
- Use Community Based Participatory Approaches (http://ctb.ku.edu/en/table-of-contents/analyze/where-to-start/participatory-approaches/main) in their planning approach
- Reflect the composition of the proposed priority population
- A history of success in working together with partners on issues relating to health or other disparities.
- Demonstrated effectiveness and progress in mobilizing partners to assist in implementation of local evidence-based or practice-based improvements that are culturally tailored to the priority population(s)

Additional Requirements for the Application: Letters of involvement from a minimum of two members of the community coalition are required for the application and must include a specific description of their role in support of the proposed work. Letters of involvement must be named :**LOInvolement_PartnerName and uploaded as PDFs into www.grants.gov**

Throughout the award, the recipient and the community coalition are encouraged to work with other organizations that can facilitate the success of their proposed work in addressing health disparities and preventing chronic disease. These collaborations might include entities such as state or local health departments; community-based organizations; health care organizations; faith-based organizations; tribal organizations; local, regional, state, or national organizations with local affiliates; university/academic institutions, or non-traditional partners (e.g., local education agencies, parks and recreation, transportation, environmental health, housing and urban development, public safety, and financial organizations).

A letter of acknowledgement from the State Chronic Disease Director is required for the application. The letter should acknowledge: 1) the applicant is applying for this NOFO; 2) the proposed priority population(s); and 3) the geographic area in the state where work is proposed.

Letters of acknowledgement must be named **LOA and uploaded as PDFs into www.grants.gov**

2. Target Populations

Applicants will select up to two of the five priority populations listed below for work on this award.

- African Americans/Blacks
- American Indians/Alaska Natives
- Asian American
- Hispanic Americans
- Native Hawaiian/Other Pacific Islanders population

Applicant must use the results from a community health needs assessment completed within the last 5 years that provides specific information on disparities experienced by the proposed priority population(s) and a justification for the proposed geographical area.

The applicant must cite the data sources used to define and describe the priority population(s). The description should include demographic characteristics, health status, and geographic area. The geographic area must have at least 20% of the population with income below 100% federal poverty threshold (based on census tract or community health needs assessment data). Census tract data can be obtained at the following link sources:

- Census Bureau (http://www.census.gov/): This site is a leading source of quality data about the nation's people and economy.
- Community Commons (http://www.communitycommons.org: This site can provide the information applicants will need all in one site, including maps and data. On this website, applicants can find a link to community health needs assessments https://www.communitycommons.org/chna/. The community health needs assessment link can assist applicants in identifying assets and potential disparities in their area as it relates to community health and well-being. Free registration is required to use the site so searches can be saved. These data can supplement or update the data contained in the applicant's community health needs assessment process.
- Community Health Rankings is an interactive web application that produces health profiles for all 3,143 counties in the United States. http://www.countyhealthrankings.org.
- Disability and Health Data System (http://dhds.cdc.gov/) provides instant access to state-level health and demographic data about adults with disabilities with capacity to search state by disability type and race or ethnicity.
- The community health needs assessment process must clearly describe the link to the

geographic area(s) and the priority population(s) with whom the applicant proposes to work.

a. Health Disparities

This NOFO is designed to address health disparities in priority population(s). Applicants are encouraged to consider people with disabilities in all aspects of the program (e.g., advisory boards, planning committees, project staff, consultants, etc.). Where appropriate, applicants are encouraged to also include: rural populations; non-English speaking populations; lesbian, gay, bisexual, and transgender (LGBT) populations; and people with limited health literacy.

iv. Funding Strategy

Awards will range from approximately $500,000 to $900,000 and will be based on the following criteria:

- Consideration of the scope of the work proposed
- Consideration of the priority population(s) size and geographic area where work is proposed
- Consideration of whether work is performed in rural or urban settings

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Recipients are responsible for reporting intermediate outcomes identified in the logic model. CDC will develop an evaluation framework to guide relevant and timely evaluation for the REACH program which will include conducting program evaluations on the effectiveness of the program at achieving its outcomes and to understand key issues related to the impact and scalability of the strategies for future CDC investments. The framework will specify the types of evaluations to be conducted, the timing of the evaluations and how the evaluations will assist CDC in continuous quality improvement of the program.

Key evaluation questions include:

- How have community environments changed since the implementation of REACH strategies?
- To what extent have tobacco free living , healthy eating, and physical activity increased in priority populations?
- To what extent have community clinical collaborations increased to improve access for priority populations?

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- 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), if applicable, for accuracy throughout the lifecycle of the project. 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, 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 a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

CDC and recipients will use evaluation and performance measurement to determine if program activities are scalable and effective at reaching the priority populations. In developing evaluation and performance measurement plans, applicants are encouraged to use the following resource: CDC Framework for Program Evaluation in Public Health (www.cdc.gov/eval). CDC will work

with recipients during the first six months to revise and finalize evaluation plans and performance measures.

The performance measures serve as an integral source of data for CDC's evaluation efforts. The applicant must demonstrate the ability to monitor program performance by establishing a performance measurement strategy. The table below depicts the list of intermediate measures recipients will be required to report.

STRATEGY	Intermediate Measure
Tobacco: Collaborate with partners to promote tobacco free living among priority population(s)	
· Support and leverage CDC's national tobacco education campaigns (i.e., Tips from Former Smokers) and tobacco-related Surgeon General Reports at the community-level.	Increased number of workplaces and multi-unit housing complexes that implement tobacco free policies
· Develop and implement community-based culturally-appropriate messages that focus on: harmful effects of tobacco use; exposure to secondhand smoke; encouraging tobacco users to quit; and promoting the quitline (i.e., 1-800-Quit Now, 1-855-DEJELO-YA, and the Asian Smoker?s Quitline).	Increased number of persons in workplaces and multi-unit housing complexes with tobacco free policies
· Work with health care providers to ensure that every patient is screened for tobacco use, advised to quit, and provided resources for counseling and medications.	
· Identify and train community-level spokespersons to communicate the burden of tobacco use and secondhand smoke exposure through local media outlets and community events.	
· Inform and educate leaders, decision makers and the public about the evidence-based solutions to protect workers and multi-unit housing residents from exposure to secondhand	

smoke.

· Support implementation of tobacco free policies within workplaces and multi-unit housing.

· Engage and leverage community stakeholders and assets to address healthier retail options.

Nutrition: Collaborate with partners to improve nutrition in priority population(s).

· Work with food vendors, distributors and producers to enhance healthier food procurement and sales: establish/support food hubs; establish a network of food sales outlets; establish a group purchasing collective; develop tools to match local producers with institutions; and explore innovative practices that can support this work.	Increased number of places offering healthier foods Increased number of persons with access to healthier foods Increased number of continuity of care/community support actions implemented for breastfeeding
· Establish healthy nutrition standards in key institutions such as hospitals, afterschool and recreation programs, community health centers, faith-based organizations, food banks/pantries, and early care and education.	
· Make improvements to local programs/systems (e.g., voucher incentive programs, increased electronic benefit transfer acceptance where food is purchased, improved public transportation routes to food stores, access to healthier foods at community venues.	
· Increase continuity of care/community support for breastfeeding by incorporating services into existing community support services (early care and education centers, community health centers, home visiting programs, etc.); establishing lactation support services (support groups, walk-in clinics, Baby Cafés, etc.) that are accessible and culturally appropriate for the priority population; and providing breastfeeding support training to health care providers, community health workers, peer support providers, etc., that work with mothers and babies.	

Physical Activity: Collaborate with partners to improve physical activity in priority population(s) to connect sidewalks, paths, bicycle routes, public transit with homes, early care and education, schools, worksites, parks, or recreation centers through implementing master plans and land use interventions.

· Establish new or improved pedestrian, bicycle, or transit transportation systems (i.e., activity-friendly routes) that are combined with new or improved land use or environmental design (i.e., connecting everyday destinations).	Increased number of places that improve community design by connecting safe and accessible places for physical activity Increased number of persons with safe and accessible places for physical activity

Community-Clinical Linkages: Collaborate with partners to increase referral and access to community-based health programs for the priority population(s)

· Promote the use of appropriate and locally available programs for individuals in the priority population(s) (e.g., Diabetes Prevention Program, Chronic Disease Self-Management Program , tobacco cessation services, Food Nutrition Education Programs, Special Supplemental Nutrition Program for Women, Infants, and Children, access to food	Increased use of appropriate and locally available health or community programs.

banks, and assistance with housing or job training).

· Expand the use of health professionals such as Community Health Workers, patient navigators, and, pharmacists, to increase referral of individuals in the priority population(s) to appropriate and locally available health and preventive care programs.

c. Organizational Capacity of Recipients to Implement the Approach

Recipients must be able to readily implement this program in readied communities upon receipt of award. To ensure that recipients are able to execute REACH program requirements and meet period of performance outcomes, applicants must demonstrate: relevant experience to implement the activities and achieve the project outcomes; experience and capacity to implement the evaluation plan, and have a staffing plan and project management structure sufficient to achieve the project outcomes and which clearly defines staff roles.

The applicant must demonstrate the ability to execute the program strategies and activities. Applicants must demonstrate established experience and organizational capacity to ensure successful planning, implementation, and evaluation for this project in order to meet implementation readiness requirements which includes the following:

- A history of successfully working with an established community coalition to address issues relating to health or other disparities and capable of affecting community-level change.
- Results from a community health needs assessment completed within the last 5 years.
- Community Coalition leadership and management to plan and supervise the project and improve outcomes (at a minimum, this should include a principal investigator or designee to serve as a chair and a program manager to manage day-to day operations).
- Demonstrated diversity in membership and past use of the CBPA process in decision making and the setting of community priorities.
- Partnership development and coordination to leverage resources and maximize reach and impact of nutrition and physical activity activities within the community.
- Subject matter/content expertise in tobacco, nutrition, physical activity, and community clinical collaborations.
- Subject matter expertise and experience working with the selected priority population(s)
- Budget management and administration to establish financial procedures and track, monitor, and report expenditures (at a minimum this should include a fiscal manager).
- Contract management to manage the required procurement efforts, including the ability to

write, award, and monitor contracts in accordance with applicable grants regulations.
- Evaluation and performance monitoring to develop and implement the evaluation plan and maintain programmatic quality, consistency, and fidelity.
- Data management to design collection and evaluation strategies to produce useful data that demonstrates impact, program improvement, and sustainability.
- Communication support to collect, develop and disseminate program messages and successes related to the communication activities that directly support the NOFO strategies

Active community coalition in place: The applicant must propose an established community coalition to engage in executing activities under this NOFO throughout the entire award period. The applicant must have a key role in or at a minimum, be an active member of the community coalition being proposed. The recipient must work to strengthen collaborations that support the efforts of a community based coalition that is working to seek better health for residents, help change local healthcare practices, and mobilize communities to implement evidence-based, community specific public health programs to reduce health disparities (see the Collaboration Section for specific requirements).

d. Work Plan

At a minimum, the work plan must include:

- Activities and time lines to support achievement of outcomes that align with the NOFO logic model.
- Measures for the relevant outcomes. These should align with the performance measures listed in the evaluation and performance measurement section.
- Milestones for accomplishing tasks encompassed by the key activities related to each outcome.
- Staff, partners, contractors and administrative roles and functions to support implementation of the award.

Applicants must submit a detailed work plan for Year 1 of the award and provide a general summary of work plan activities for Years 2-5 in narrative form. The work plan should describe how the applicant plans to implement all of the required activities to achieve NOFO outcomes. For Year 1, applicants are required to include all of the elements listed within the sample work plan template, provided below. CDC will provide feedback and technical assistance to recipients to finalize the work plan activities post-award. Applicants must name this file "Work Plan_REACH_name of applicant" and upload it as a PDF file on www.grants.gov.

This work plan should include the proposed strategies and activities with the specific communication activities that directly support the NOFO strategies. Applicants are not required to use the template but are required to include all of the elements listed in the template as follows:

	Outcome Measure:
Period of Performance Outcome:	*[from Evaluation and Performance*
[from Outcomes section or logic model]	*Measurement section]*

Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position / Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			
6			

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting).

Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

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

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

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

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

Recipients will participate on monthly conference calls to track progress, barriers, unexpected events, activities, successes, and other relevant information to describe the implementation of the strategies.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

CDC will have substantial involvement beyond site visits and regular performance and financial monitoring during the period of performance. CDC activities to ensure the success of the project will include the following:

- Provide ongoing technical assistance.
- Provide REACH implementation guidance to recipients on identifying and implementing strategies and activities.
- Facilitate collaborative opportunities with national partners.
- Information Sharing between recipients.
- Facilitate routine conference calls, webinars, and information exchange between recipients.
- Develop mechanism for documenting and sharing lessons learned.
- Convene recipient meetings.

CDC will:

1. Ensure that recipients have access to expertise found throughout NCCDPHP. For example, a team of subject matter experts could include, but is not limited to, the project officer, health scientists, epidemiologists, statisticians, policy analysts, communication specialists, health economists, and evaluators to provide technical assistance to recipients. Technical assistance teams will also work in collaboration with other programs and divisions across NCCDPHP to identify specific actions that improve efficiency and greater public health impact.
2. Collaborate with recipients to explore appropriate flexibilities needed to meet public health outcomes and goals. Flexibility in cooperative agreements includes recipient's ability to propose alternative methods to achieve the outcomes and goals of the cooperative agreement that align with recipient's opportunities for success, infrastructure, partner and stakeholder buy-in, demographics, and burden. This includes bringing together resources from multiple cooperative agreements to jointly advance the goals of each, and expanding the dialogue to bring in other CDC and recipient staff to reach a win/win solution.
3. Create greater efficiencies and consistency across NCCDPHP programs for recipients. Examples of how NCCDPHP divisions and programs work together to achieve this include but are not limited to:

- Joint site visits that maximize the ability to do collaborative problem solving, offer insights and ideas to strengthen or augment recipient approaches, and increase understanding of recipient's context to accomplish chronic disease prevention and health promotion.
- Jointly developed resources and tools that focus on cross-cutting functions, settings, domains, risk factors, conditions and diseases to ensure consistent messages and to meet recipient technical assistance needs.
- Joint training and technical assistance opportunities that help recipients produce policies and programs that are more holistic and fully supportive of work in tobacco, nutrition, physical activity, chronic disease management and other strategies and topics, as appropriate. Continue and expand support for recipients to leverage NCCDPHP resources to address cross-cutting functions, domains, settings, risk factors and diseases.

4. Continue and expand support for recipients to leverage NCCDPHP resources to address cross-cutting functions, domains, settings, risk factors and diseases.

B. Award Information

1. Funding Instrument Type:	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:	2018
4. Approximate Total Fiscal	$25,000,000

Year Funding:

5. Approximate Period of Performance Funding: $125,000,000

This amount is subject to the availability of funds.

Estimated Total Funding: $125,500,000

6. Approximate Period of Performance Length: 5 year(s)

7. Expected Number of Awards: 32

8. Approximate Average Award: $781,250 Per Budget Period

9. Award Ceiling: $900,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $500,000 Per Budget Period

11. Estimated Award Date: 09/29/2018

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 FOA.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: State governments

County governments
City or township governments
Special district governments
Independent school districts
Public and State controlled institutions of higher education
Native American tribal governments (Federally recognized)
Public housing authorities/Indian housing authorities
Native American tribal organizations (other than Federally recognized tribal governments)
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education
Small businesses
Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

N/A

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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 ***www.SAM.gov*.**

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 number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov 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	Same day but can take 8 weeks to be fully registered and approved in	Register early! Log into grants.gov and check AOR status until it shows you have been approved

		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	the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	

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. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

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: **06/11/2018**

b. Application Deadline

Due Date for Applications: **07/16/2018** , 11:59 p.m. 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.

Date for Information Conference Call

Monday June 4th, 2018 3:00 PM EDT.

Adobe Connect link: https://adobeconnect.cdc.gov/r20b97dcdqw/

Phone Number 1-888-324-3482

Participant Code: 3283506

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

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."

D.6. Content and Form of Application Submission

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

A letter of intent (LOI) is requested yet optional. The purpose of the LOI is to allow CDC program staff to estimate the number of, and plan for, the review of submitted applications.

The LOI should have the following information

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

The LOI may be sent via email, U.S. express mail, fax, or delivery service to: April Bankston

Division of Nutrition, Physical Activity, and Obesity

National Center for Chronic Disease Prevention and Health Promotion Centers for Disease Control and Prevention

4770 Buford Hwy., MS F-77 Atlanta, GA 30341

Email: REACH1813@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

(Maximum 1 page)

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.

D.10. Project Narrative

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.

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.

- CDC recommends using the public health benchmark of a minimum of 10% of the annual award to support evaluation activities.
- CDC recommends a full time equivalent to serve as the program manager who will be responsible for the day to day management of the implementation of activities.
- A required recipient training meeting will be scheduled in the first budget year. Applicants should budget for up to five staff to participate for up to five days (tentative training site is Atlanta GA).
- A CDC evaluation training will be scheduled in Atlanta in the fall of the first budget year. Applicants should budget up to two evaluation staff to participate for up to two days.

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 2 CFR 200 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.

D.14. Intergovernmental Review

14. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at:

http://www.whitehouse.gov/omb/grants_spoc/.

15. 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.

D.16. Copyright Interests Provisions

16. 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.

17. 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.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

Recipients may not use funds for construction. It is expected that recipients will leverage the resources of their partners to complete the work of the NOFO, particularly those strategies that may by necessity include both allowable (e.g. planning and design) and unallowable (e.g. construction of sidewalks, construction of running trails) costs.

D.18. Data Release Plan

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit 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

19. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.

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.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

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:40

Narrative (15): The extent to which the applicant describes:

- The communities in which they plan to work, including both priority population(s) and geographic area(s) using results from a community health needs assessment completed within the last 5 years. (6 points)
- How the proposed strategies and activities will reduce health disparities. (4 points)
- Ways that data, including burden data, are used to identify priority population(s). (3 points)
- The problem the NOFO will address and why the problem exists. (2 points)

Workplan (25): The applicant must propose work in three of the four strategies and their accompanying activities (points will not be provided if this base requirement if not met) and describe an approach that includes:

- Sufficient detail on how the strategies and activities will adequately achieve the intended outcomes. (13 points)
- A complete plan and timeline for the first budget period that describes each strategy and activities; intended outcomes; identifies measures for relevant outcomes and milestones for accomplishing key tasks for each outcome.(5 points)
- Communication activities for the selected strategies, identifying intended audiences, and activity leads. (5 points)
- An overview of the plan for the entire period of performance that is feasible to implement within the five years, and period of performance outcomes appropriate to achieve the desired program outcomes, by the end of the five-year period of performance. (2 points)

ii. Evaluation and Performance Measurement Maximum Points:25

The extent to which the applicant provides an evaluation and performance measurement plan that demonstrates how they 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 ensure that strategies and activities are implemented as planned, progress is being made, program evaluations are conducted, performance measure data is collected, and evaluators and key program partners are engaged. (10 points)
- How the performance measures are collected, the process for responding to the evaluation questions, and the use of evaluation findings for continuous program quality improvement. (8 points)
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information. (5 points)
- How data will be collected for the intermediate and long-term outcomes identified in the logic model. (2 points)

iii. Applicant's Organizational Capacity to Implement the Approach Maximum Points:35

Project Management Structure and Staffing (15): The extent to which the applicant:

- Demonstrates substantial capability and experience to carry out the scope of the proposed project including an adequate staffing plan and organizational chart (including contract support, if applicable); outlines a project management, performance monitoring, financial reporting processes and structure that ensures alignment of resources with program activities, management of travel requirements, workforce development and training sufficient to achieve project outcomes and which clearly defines staff and coalition roles and responsibilities. (4 points)

- Has evidence that the organization's staff members and coalition have experience providing services to the priority population(s) or describes plans to hire staff or recruit for coalition membership those who have experience working with the priority population(s). (3 points)
- An established principal investigator or designee to serve as a chair and a full time equivalent program manager who is responsible for the day-to day operations. (no points will be provided if this base requirement is not met) (2 points)
- Aligns resources with executing program strategies and activities to achieve the period of performance outcomes and appropriately managing funds throughout the period of performance. (2 points)
- Demonstrates ability to develop and execute an efficient and effective budget that balances infrastructure/overhead and direct program support costs. (2 points)
- Demonstrates the ability to utilize communications efforts to disseminate health issues. (2 points)

Implementation Readiness (20): The extent to which the applicant:

- Demonstrates the ability to readily implement requirements with minimal start up time. (5 points)
- Proposes an established community coalition that meets the requirements identified in the Collaboration section and can support the recipient in executing and monitoring activities. (4 points)
- Describes a history of successfully working with partners on issues relating to chronic disease health disparities. (3 points)
- Has a history of successfully working with the proposed established community coalition to address issues relating to health or other disparities. (3 points)
- Describes how they will promote equitable engagement of all partners, including community experts; recognize the strengths of all partners; and focus on action. (3 points)
- Has at least two letters of involvement from at least two members of the community coalition are required and must include a specific description of their role in support of the proposed works to improve the community's health that are relevant to the priority population(s). (1 point)
- Has a letter of acknowledgement from the State Chronic Disease Director that acknowledges: 1) the applicant is applying for this NOFO; 2) the proposed priority population(s); and 3) the geographic area in the state where work is proposed. (1 point)

Budget

The budget will be reviewed but not scored and will assess whether the budget aligns with stated objectives and planned program activities and includes:

- A feasible and detailed itemized budget and narrative that follows the guidance in the Budget Narrative section
- At least 10% of the proposed total annual budget to support overall evaluation activities
- CDC recommends a full time equivalent to serve as the program manager who will be

responsible for the day to day management of the implementation of activities

- A required recipient training meeting will be scheduled in the first budget year. Applicants should budget for up to five staff to participate for up to five days (tentative training site is Atlanta GA).
- A CDC evaluation training will be scheduled in Atlanta in the fall of the first budget year. Applicants should budget up to two evaluation staff to participate for up to two days.

c. Phase III Review

Objective review panels will evaluate complete, eligible applications in accordance with the "Phase II Review" criteria section of the NOFO and score and rank applications. The following factors also may affect the funding decision:

- No more than 3 awards per state will be made
- At least one award will be made for each of the five "priority" populations
- Avoid duplicity of working in the same geographic area

CDC will provide justification for any decision to fund outside of ranked order of Scores

The Office of Financial Resources (OFR) Risk Questionnaire is attached to this Notice of Funding Opportunity Announcement. Applicants must complete and submit the risk questionnaire with their application. The completed risk questionnaire and supporting document can be uploaded in the optional attachments section

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.

E.2. Announcement and Anticipated Award Dates

2. Announcement and Anticipated Award Dates

September 29, 2018

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.

- AR-7: Executive Order 12372 Review
- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace

- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-20: Conference Support
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act Requirements
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-27: Conference Disclaimer and Use of Logos
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR 32 - Enacted General Provisions
- AR-34: Language Access for Persons with Limited English Proficiency

Organization Specific ARs:

AR-8: Public Health System Reporting Requirements

AR-15: Proof of Non-profit Status (for non profit organizations)

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

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	Yes

	application.	
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due October 30; January 30; April 30; July 30.	Yes
Success Stories	Two per year, beginning second year of funding cycle.	Yes

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.

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 than120 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.

CDC expects reporting of performance measures 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. 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)

This report is due 90 days after the end of the period of performance. 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.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

April Bankston, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Division of Nutrition, Physical Activity, and Obesity

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

4770 Buford Hwy., MS F-77 Atlanta, GA 30341

For additional programmatic information please visit the Program Webpage

https://www.cdc.gov/nccdphp/dnpao/state-local-programs/fundingopp/2018/reach-1813.html.

Email: REACH1813@cdc.gov

Grants Staff Contact

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

Ferrinnia Augustus -High, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

2920 Brandywine Road, MS E-09

Atlanta, GA 30341

Email: wef9@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.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources

Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700

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
- CDC Assurances and Certifications
- 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
- Letters of Support
- Organization Charts
- Memorandum of Understanding (MOU)

- Two letters of support/involvement for proposed community coalition
- Letter of acknowledgement from the State Chronic Disease Director
- OFR Risk Assessment Questionnaire

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.

Assitance Listings formerly known as Catalog of Federal Domestic Assistance (CFDA): 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 formerly known as Catalog of Federal Domestic Assistance (CFDA) 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.

CDC Assurances and Certifications: Standard government-wide grant application forms.

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 2020: 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.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.

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

https://www.whitehouse.gov/wp-content/uploads/2017/11/SPOC-Feb.-2018.pdf

Activity-friendly Route: A direct and convenient connection with everyday destinations, offering physical protection from cars, and making it easy to cross the street. These can include crosswalks, protected bicycle lanes, multi-use trails, and pedestrian bridges.

Allowable cost: A cost that is: (1) reasonable for the performance of the award; (2) allocable; (3) in conformance with any limitations or exclusions set forth in the Federal cost principles applicable to the organization incurring the cost or in the NOFO as to the type or amount of cost; (4) consistent with regulations, policies, and procedures of the recipient that are applied uniformly to both federally supported and other activities of the organization; (5) accorded consistent treatment as a direct or indirect cost; (6) determined in accordance with generally accepted accounting principles; and (7) not included as a cost in any other federally supported award (unless specifically authorized by statute).

Capacity: An organization's ability to achieve its mission effectively and to sustain itself over the long term. Capacity also refers to the skills and capabilities of individuals.

Capacity Building: The process of improving an organization's ability to achieve its mission. It includes increasing skills and knowledge; increasing the ability to plan and implement programs, practices, and policies; increasing the quality, quantity, or cost-effectiveness of programs, practices, and policies; and increasing sustainability of infrastructure or systems that support programs, practices, and policies.

Community Based Participatory Approach – A joint effort that involves public health and community representatives in all phases of the program delivery process (i.e., planning, implementation, and evaluation). The joint effort engages community members, employs local knowledge in the understanding of health problems and the design of strategies, and invests community members in the processes and products.

Complete Streets: is a transportation policy and design approach that requires streets to be planned, designed, operated, and maintained to enable safe, convenient and comfortable travel and access for users of all ages and abilities regardless of their mode of transportation. Complete Streets allow for safe travel by those walking, bicycling, driving automobiles, riding public transportation, or delivering goods

Continuity of care: Healthcare services that are consistent, collaborative, and seamless over time and across providers and service institutions within the community.

Cross-cutting functions: Are functions that are necessary to all programs and include communication, epidemiology, evaluation, health equity, leadership, partnerships, planning, policy, and training among others; as well as functions specific to the cooperative agreement.

Domains: 1. Epidemiology and surveillance—to monitor trends and track progress; 2) Environmental approaches to promote health and support healthy behaviors; 3) Health care system interventions—to improve the effective delivery and use of clinical and other high-value preventive services; 4) Community programs linked to clinical services to improve and sustain management of chronic conditions.

Everyday Destinations: Places people can get to from where they live or work by walking, bicycling, or using public transit. These can include grocery stores, schools, libraries, parks, restaurants, cultural and natural landmarks, or healthcare facilities. They are often desirable, useful, and attractive.

Health Systems: The health systems referenced in the NOFO are health care delivery organizations and may include health maintenance organizations (HMOs), Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs) and other clinical groups operating within the state.

Risk factors, conditions and diseases: Nutrition, physical activity, tobacco, sleep, excessive alcohol use, maternal and infant health, Alzheimer's, arthritis, diabetes, cancer, chronic obstructive pulmonary disease, heart disease and stroke, and oral health.

Safe Routes to School: is a national movement to create safe, convenient, and fun opportunities for children to bicycle and walk to and from schools. Safe Routes to School programs promote walking and biking to school, using education and incentives. The goal is to get more children bicycling and walking to schools safely on an everyday basis. This improves the built environment and increases opportunities for healthy physical activity for everyone.

Settings: Early care and education, schools, worksites, community, health care system, etc.

Unallowable cost: A cost specified by law or regulation, Federal cost principles, or term and condition of award that may not be reimbursed under a grant or cooperative agreement