

Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

National Initiative to Advance Health Equity in K-12 Education by Preventing Chronic Disease and Promoting Healthy Behaviors

CDC-RFA-DP22-2203

01/10/2022

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP22-2203. 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:

National Initiative to Advance Health Equity in K-12 Education by Preventing Chronic Disease and Promoting Healthy Behaviors

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-DP22-2203

E. Assistance Listings Number:

93.858

F. Dates:

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

11/05/2021

2. Due Date for Applications:
01/10/2022
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
November 01, 2021

Time: 3:00PM –4:00PM EST

Conference Call: 1-866-730-1290

Passcode: 42127644

G. Executive Summary:

1. Summary Paragraph
The purpose of this 5-year cooperative agreement is to improve the health and well-being of children, adolescents, and school staff in underserved and disproportionately affected communities. The CDC's Healthy Schools Branch plans to fund four nationally recognized recipients with expertise and experience providing support to CDC-funded state education agencies, districts, schools, out-of-school time providers, and the organization's constituents in the following priority areas:

Priority 1 - School Health Services
Priority 2 - Emotional Well-Being
Priority 3 - Healthy Out-of-School-Time
Priority 4 - School Administrator Support and Action for Healthy Schools

Recipients will provide support through professional development and technical assistance, dissemination, partnerships, and implementation. Expected outcomes to be achieved by the end of the 5-year period of performance include: (1) Increased use of CDC and other evidence-based tools and resources; (2) Increased adoption and implementation of evidence-based school health policies, practices, and programs among state education agencies, districts, schools, and out-of-school time programs; and (3) Expansion of school-based mental health and health services.

Applicants may only apply for, and will only be awarded for, <u>one</u> priority area.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
4

d. Total Period of Performance Funding:
$7,500,000

e. Average One Year Award Amount:
$375,000

f. Total Period of Performance Length:

5

g. Estimated Award Date:
May 01, 2022

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
Heart disease, cancer, and stroke are leading causes of death among adults in the U.S. These diseases are influenced, in part, by dietary and physical activity behaviors, many of which are established during childhood and adolescence. Data indicate that most dietary and physical activity behaviors have not improved over the past 10 years, and in certain cases, have worsened. Furthermore, the prevalence of overweight/obesity among children and adolescents has continued to increase. In addition to the lack of improvement in dietary and physical activity behaviors, there has been a substantial rise in chronic health conditions, e.g., asthma, diabetes, food allergies, seizure disorders, and behavior/learning problems in children and adolescents over the last 50 years.

Coronavirus disease 2019 (COVID-19) and other recent events have had a negative impact on children and adolescents' social, emotional, and mental well-being. These disruptive events continue to affect students as well as the school administrators, teachers, and staff serving them. Educators have reported increased stress, anxiety, and "burn out." Research has shown that chronic stress plays a pivotal role in inflammatory, cardiovascular, and metabolic diseases. Addressing the physical and mental health of school employees ultimately supports students' health and academic success. In addition, when staff model these healthy behaviors, they can reinforce them with students.

Long-standing systemic health and social inequities have put many racial and ethnic minority groups at increased risk for infectious diseases such as COVID-19 and chronic diseases such as diabetes. Disparities in social determinants of health have historically prevented racial and ethnic minority groups from having fair opportunities for economic, physical, and emotional health. Food insecurity and lack of access to critical services and resources were amplified among the most vulnerable of students during school closures. These health disparities are also related to inequities in education.

Schools are an ideal setting to teach and model healthy behaviors, provide students with opportunities to improve their dietary and physical activity behaviors, and manage students' chronic health conditions. Research has substantiated that healthy students are better learners, and academic achievement is beneficial for health over the lifespan. Adoption of policies, practices, and programs within school settings and during out-of-school time (OST) can play a critical role in improving health and supporting academic achievement.

The Whole School, Whole Community, Whole Child (WSCC) model, CDC's framework for addressing health in schools, is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement and the importance of evidence-based school policies and practices. This approach emphasizes the connections between health and education both short term (physical and emotional health as non-academic barriers to learning and children showing up ready to learn) and long-term (education as a fundamental social determinant of health and as a way of advancing health equity).

b. Statutory Authorities
This program is authorized under Section 317 of the Public Health Services Act [42 U.S.C. § 247b(k)(2)].

c. Healthy People 2030
CDC-RFA-DP22-2203 supports the following Healthy People 2030 topic areas:

- Children and Adolescent Development
- Health Care
- Mental Health and Mental Disorders
- Nutrition and Healthy Eating
- Overweight and Obesity
- Physical Activity
- Schools
- Social Determinants of Health
- Workplace

d. Other National Public Health Priorities and Strategies

- Active People, Healthy Nation
- Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities
- HHS Action Plan to Reduce Racial and Ethnic Health Disparities
- Health Impact in Five Years
- National Physical Activity Plan
- National Stakeholder Strategy for Achieving Health Equity
- National Strategy for Suicide Prevention: Goals and Objectives for Action
- The Public Health Action Plan to Prevent Heart Disease and Stroke: 10 Year Update
- Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities

e. Relevant Work
This NOFO builds on and supports efforts made under the previous NOFO, "CDC-RFA-DP16-1601, National Collaboration to Promote Health, Wellness, and Academic Success of School-Age Children" which funded five national non-governmental organizations (NGOs) to assist CDC-funded state education agencies (SEAs), local education agencies (LEAs), schools, and

constituents in promoting and implementing evidence-based school health policies, practices, and programs.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP22-2203, National Initiative to Advance Health Equity in K-12 Education by Preventing Chronic Disease and Promoting Healthy Behaviors Logic Model

Strategies and Activities	Short and Intermediate-Term Outcomes (Year 1 – Year 5)	Long-Term Outcomes (Year 5 and Beyond)
Recipients will address strategies, major activities, and sub-activities based on one of four priority areas described in the Strategies and Activities section of the NOFO. Strategy 1: Professional Development and Technical Assistance Major Activity: Provide Professional Development as well as Technical Assistance to CDC-funded State Education Agencies, districts, schools, out-of-school-time programs, and the organization's constituents that supports physical, mental, and behavioral health of students and school staff Strategy 2: Dissemination Major Activity: Create, promote, and disseminate evidence-based tools and resources that support emotional well-being, mental/behavioral health, healthy eating, and physical activity Strategy 3: Partnerships Major Activity: Leverage partnerships with CDC and others to support the use evidence-based tools and resources for school health	Increased ability to identify and promote the use of evidence-based school health strategies and guidelines **Increased use of CDC and other evidence-based tools and resources** **Increased adoption and implementation of evidence-based school health policies, practices and programs among state education agencies, districts, and schools** **Demonstrated expansion of school-based mental health and health services** Systems and environments support the physical, mental, and emotional well-being of students and school staff	Increased physical, mental, and emotional well-being among students and school staff

Strategy 4: Implementation Major Activity: Support implementation of school health policies, practices, and programs within a Whole School, Whole Community, Whole Child framework		

*NOTE: Outcomes in **bold** font are required to be measured by recipients.*

i. Purpose

The purpose of this NOFO is to improve the health and well-being of children, adolescents, and school staff. Nationally recognized recipients with expertise and experience in School Health Services, Emotional Well-Being, Healthy Out-of-School Time, and School Administrator Support and Action for Healthy Schools will provide support to CDC-funded state education agencies, districts, schools, out of school time programs, and the organization's constituents through professional development, technical assistance, dissemination, partnerships, and implementation.

ii. Outcomes

Recipients are expected to achieve the following outcomes by the end of the performance period:

- Increased use of CDC and other evidence-based tools and resources.
- Increased adoption and implementation of evidence-based school health policies, practices and programs among CDC-funded state education agencies, districts, and schools.
- Demonstrated expansion of school-based mental health and health services.

iii. Strategies and Activities

Recipient strategies and major activities are the same, but sub-activities may differ based on priority area (Priority 1 - School Health Services, Priority 2 - Emotional Well-Being, Priority 3 -

Healthy Out-of-School Time (OST), and Priority 4 - School Administrator Support and Action for Healthy Schools). Recipients will provide support to CDC-funded State Education Agencies (SEAs), districts, schools, OST programs, and the organization's constituents in underserved and/or disproportionately affected communities through the following strategies:

Strategy 1: Professional Development and Technical Assistance – Professional Development (PD) is a systematic process that strengthens how professionals obtain and retain knowledge, skills, and attitudes. PD leverages adult learning principles to engage learners, following a systematic process that includes sustaining a PD infrastructure, designing PD offerings, promoting PD services, delivering PD, and evaluating PD processes. Technical Assistance (TA) is tailored guidance to meet the specific needs of a site or sites through collaborative communication between a specialist and the sites. Technical assistance considers site-specific circumstances and culture and can be provided through phone, mail, e-mail, and virtual or in-person meetings.

All recipient trainings should incorporate CDC PD Practices, be developed with a health equity lens and adapted accordingly to meet participant's needs. Recipients are required to (1) Provide PD and training opportunities, (2) Provide follow-up and technical assistance as a component of training activities, (3) Respond to requests for technical assistance from the field and practitioners, (4) Schedule Community of Practice (CoP) calls on a monthly or as needed basis with training attendees and practitioners, and (5) Evaluate outcomes and impact of training and TA activities. Recipients are required to create a Training of Trainers (ToT) cadre that will build an organization's capacity to deliver knowledge and skills to staff, leverage resources through the organization, and sustain efforts by having the ability to inform and train others on specific content. A training cadre is a diverse group of professionals with a common vision and mission that supports the sustainability of a PD infrastructure within organizations. The cadre builds the capacity of qualified trainers in SEAs, districts, and schools to provide PD and technical assistance and is a necessary component to ensure sustainability and a larger reach. Recipients should develop and deliver training using multiple modes, e.g., on-demand, in-person, and digital-learning.

Strategy 2: Dissemination - Dissemination is targeted distribution of information and materials to a specific audience. The intent is to spread knowledge and associated evidence-based interventions. Recipients will use diverse dissemination and communication strategies, e.g., e-newsletters, tip sheets, social media, listservs, webinars, virtual trainings, e-learning, and meetings to broadly disseminate CDC and other relevant evidence-based tools and resources. Information and dissemination approaches should be tailored to meet the needs of the intended audience, e.g., culturally appropriate, visually diverse, appropriate literacy level, and native language.

Strategy 3: Partnerships - Partnerships consist of a group of individuals or organizations working together to address common goals. Partnerships involve a relationship of mutual respect, coordination of administrative responsibility, establishment of reciprocal roles, shared participation in decision-making, mutual accountability, and transparency. Recipients are expected to coordinate, collaborate, and communicate with each other; work with CDC-funded SEAs, districts, schools, OST programs and the organization's constituents, and partner with other key nationally recognized expert organizations within the priority area to which they are applying.

Strategy 4: Implementation - Implementation includes the steps needed to put school health policies, programs, and practices into place and make them available to students and staff.

Recipients will address the following strategies, activities, and sub-activities under the priority area they are applying for:

Priority 1 - School Health Services

One applicant will be funded within the School Health Services priority area. The recipient will support CDC funded SEAs, districts, schools, and the organization's constituents with developing, implementing, and evaluating evidence-based policies, practices, and programs that expand access to physical, mental, and behavioral health services, improve the delivery of school health services, and the management of chronic health conditions, such as diabetes, obesity, food allergies, tooth decay, and seizure disorders to students in underserved communities.

Strategy 1: PD and TA
Major Activity: Provide PD as well as TA to CDC-funded SEAs, districts, schools, OST programs, and the organization's constituents that supports the physical, mental, and behavioral health of students and school staff.
Sub-Activities:

- Provide PD on CDC, other federal agencies, and national organizations' tools and resources for expanding student access to physical, mental, and behavioral health services and managing chronic health conditions in schools.
- Develop and provide training on content specific information related to expanding student access to physical, mental, and behavioral health services and managing chronic health conditions in schools. Convene and deliver training to SEA, district, school, organization's constituents, and other key partners (e.g., school nurses, health aides, school-based health center providers, school counselors, school social workers, school psychologists).
- Provide TA on action plan development focusing on expanding access to physical, mental, and behavioral health services and implementing strategies for managing chronic health conditions and in schools.

Strategy 2: Dissemination
Major Activity: Create, promote, and disseminate evidence-based tools and resources that support emotional well-being, mental/behavioral health, healthy eating, and physical activity.
Sub-Activities:

- Disseminate and promote CDC and other federal agency tools and resources to key education audiences (e.g., school administrators, superintendents, school health services professionals, school counselors, school psychologists, and teachers). CDC tools and resources may include Addressing the Needs of Students with Chronic Health Conditions: Strategies for Schools research brief Chronic Health Conditions in School

Settings presentation, and other materials located on the CDC Healthy Schools, Managing Chronic Health Conditions webpage.

- In collaboration with CDC, create evidence-based educational briefs on managing chronic health conditions within schools and expanding access to physical, mental, and behavioral health services.
- In collaboration with CDC, create, provide, and evidence-based tools and resources that address implementation of policies, practices, and programs to improve mental and behavioral school health services (e.g., referrals for physical, mental, and behavioral health services not offered in the school setting or to increase reimbursement for services via health insurance).

Strategy 3: Partnerships
Major Activity: Leverage partnerships with CDC and others to support the use of evidence-based tools and resources for school health.
Sub-Activities:

- Develop partnerships and collaborations with other national organizations to support CDC-funded SEAs, districts, schools, and the organization's constituents in building capacity to manage chronic health conditions in schools and expand access to physical, mental, and behavioral health services.
- Lead, partner, and hold regular meetings with organizations addressing physical, behavioral, and mental health services.
- Consult with physicians, school nurses, health aides, school-based health center providers, school counselors and school psychologists for their expertise and feedback in providing PD and promoting tools and resources.
- Collaborate with public information officers, communication directors, United States Department of Education's Office of Communication and Outreach, and others to support disseminating and promoting resources, microlearning modules, and toolkits, such as CDC's Food Allergies in Schools Toolkit.

Strategy 4: Implementation
Major Activity: Support implementation of school health policies, practices, and programs within a WSCC framework.
Sub-Activities:

- Assist CDC-funded SEAs, districts, schools, and the organization's constituents in implementing evidence-based school health policies, practices, and programs to expand access to physical, mental, and behavioral health services including identifying and tracking students, care coordination, assisting with referrals to outside healthcare providers and enrollment in health insurance.
- Provide intensive technical assistance to a minimum of five districts (for a minimum of twenty-five districts over the course of the NOFO) per budget period to assess and strengthen school health services that support student physical, mental, and behavioral health.

Priority 2 - Emotional Well-Being

One applicant will be funded within the Emotional Well-Being priority area. The recipient will support CDC-funded SEAs, districts, schools, and the organization's constituents with developing, implementing, and evaluating evidence-based policies, practices, and programs that support emotional well-being of students and staff in disproportionately affected communities.

Strategy 1: PD and TA
Major Activity: Provide PD as well as TA to CDC-funded SEAs, districts, schools, OST programs, and the organization's constituents that supports the physical, mental, and behavioral health of students and school staff.
Sub-Activities:

- Provide PD on CDC, other federal agencies, and national organizations' tools and resources focused on social emotional learning, student mental health, and skill development that is culturally responsive, equitable, and inclusive (e.g., targeted with measurable outcomes to increase social and emotional competencies that support well-being).
- Provide staff training and TA on role modeling and applying social and emotional skills in teacher-student relationships to strengthen staff core competencies, and universal mental health screening best practices to identify youth at risk and links to early intervention.
- Develop and deliver tools and resources, training, and technical assistance to engage youth leaders as collaborative partners to support emotional well-being of students and encourage innovative solutions (e.g., social emotional learning clubs).
- Provide training and technical assistance to promote staff wellness through programs, individual supports, mentoring, overall school climate, and organizational changes.

Strategy 2: Dissemination
Major Activity: Create, promote, and disseminate evidence-based tools and resources that support emotional well-being, mental/behavioral health, healthy eating, and physical activity.
Sub-Activities:

- Disseminate evidence-based curricula and promote programs that emphasize developmentally appropriate and culturally relevant Social Emotional Learning (SEL) competencies (e.g., Collaborative for Academic, Social, Emotional Learning Program Guide, Effective Social and Emotional Learning Programs) for students.
- Promote strategies and resources that support SEL within a WSCC approach.
- Disseminate best practice tools that promote the social and emotional well-being of students and staff that address equity and inclusion (e.g., Safer Schools and Campuses Best Practices Clearinghouse, National Center on Safe Supportive Learning Environments, National Center for Safe Supportive Schools).

Strategy 3: Partnership
Major Activity: Leverage partnerships with CDC and others to support the use of evidence-based tools and resources for school health.
Sub-Activities:

- Develop partnerships and collaborations with other national organizations to support CDC-funded SEAs, districts, schools, and the organization's constituents in building capacity related to emotional well-being.
- Facilitate partnerships between districts, schools, and community-based organizations to ensure wraparound services are integrated to support the emotional well-being of students and staff.
- Leverage existing tools and resources through partnerships with national school counselor, social worker, and school psychologist organizations.

Strategy 4: Implementation
Major Activity: Support implementation of school health policies, practices, and programs within a WSCC framework.
Sub-Activities:

- Implement evidence-based, equitable, and inclusive SEL programs that emphasize SEL competencies and integrate SEL skill building, modeling, practice, and assessment across all academic areas. Programs should be culturally responsive and incorporate opportunities for students to practice SEL skills and understand diverse perspectives through group learning activities. The focus should be on developing competencies, such as self-awareness, self-management, social awareness, responsible decision-making, and relationship skills.
- Incorporate social emotional learning activities and programs aligned with the WSCC approach into existing school improvement plans and school wellness policies for students and staff. Include social emotional learning and staff wellness in accountability measures and quality improvement systems.
- Implement youth-driven engagement strategies that demonstrate positive impact of peer support and youth-driven models that promote student well-being. This should include support for youth leader time to engage in policies, programs, and practices that support emotional well-being of students.
- Promote equitable and inclusive learning environments for all students that reflect best practices in the implementation of SEL activities and programs.
- Provide intensive technical assistance to a minimum of five districts (for a minimum of twenty-five districts over the course of the NOFO) per budget period to address emotional well-being for students and staff.

<u>Priority 3 - Healthy Out-of-School Time (OST)</u>

One applicant will be funded within the Healthy OST priority area. The recipient will support CDC-funded SEAs, districts, schools, OST programs,

and the organization's constituents with developing, implementing, and evaluating evidence-based policies, practices, and programs that address healthy eating, physical activity, management of chronic health conditions, and emotional well-being of students and staff in disproportionately affected communities. For the purposes of this NOFO, OST refers to school-sited before- and after-school programs as well as those that operate on school grounds over the summer.

Strategy 1: PD and TA
Major Activity: Provide PD as well as TA to CDC-funded SEAs, districts, schools, OST programs, and the organization's constituents that supports the physical, mental, and behavioral health of students and school staff.
Sub-Activities:

- Provide PD on how to use results from assessment tools (e.g., HOST assessment) to inform action planning, prioritization, programming and integrating measures of emotional wellbeing, PA, nutrition into a continuous quality improvement approach in OST programs.
- Provide training to staff on protocols and procedures to support the needs of students with chronic health conditions (e.g., food allergies, asthma, seizure disorders) in school-based OST programs (CDC Issue Brief) and identifying and referring youth who may need additional health and/or mental health services.
- Provide training on "Recess" best practices and "Classroom PA" principles for OST (integrating and/or adding PA into programming, including academic enrichment programs e.g., 21st Century Community Learning Centers, summer learning and/or remediation) and navigating and understanding policies related to supporting youth with chronic conditions in afterschool programs.
- Support staff use of best practice tools and approaches to promote the social and emotional well-being of students and address equity and inclusion throughout programming—including when serving/offering foods and beverages, or physical activity (e.g., Sequenced, Active, Focused, Explicit (SAFE) instructional practices, practices consistent with National Center on Safe Supportive Learning Environments).
- Provide technical assistance on developing, sustaining, and evaluating a staff employee wellness program, which includes supporting staff mental health needs.
- Design and deliver PD, as well as provide TA that is adaptive to the high turnover, seasonality, and limited planning time that impacts many OST programs. Approaches may include, but are not limited to, micro-learning approaches, modular, and on-demand offerings.

Strategy 2: Dissemination
Major Activity: Create, promote, and disseminate evidence-based tools and resources that support emotional well-being, mental/behavioral health, healthy eating, and physical activity.
Sub-Activities:

- Disseminate existing tools and resources (e.g., issue briefs, toolkits, blog posts) to school-decision makers (e.g., state education agencies (SEAs), state boards of education, district

superintendents, school boards) that provide a foundation in healthy eating and physical activity standards and their value for children's physical, academic, and emotional growth—using an equity lens.

- Develop communication tools to make the case for strengthening afterschool and summer program infrastructure to school-decision makers as an investment in all children's physical, emotional, and academic growth and development and providing equal opportunities for students with disabilities. Communicate the value of partnering with and strengthening OST programs and summer learning and enrichment programs.
- Develop model policies and materials to support and understand policies related to the Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) and data sharing, and other issues related to managing chronic conditions and supporting inclusive, active, participation in OST.
- Adapt CDC school-based tools and resources for OST settings, such as CDC's Managing Food Allergies Schools Toolkit or Strategies for Classroom Physical Activity in Schools, and collaborate with CDC to create new products that address emerging needs or issues identified by priority populations related to physical and emotional wellbeing of all students and OST program staff.
- Sustain peer-to-peer dissemination via existing networks and/or coalitions and leverage community partners and networks to promote awareness for healthy OST programs, expand the reach and dissemination of CDC tools, resources, communication materials, and messages, and highlight policy developments that may impact OST infrastructure and operations.

Strategy 3: Partnership
Major Activity: Leverage partnerships with CDC and others to support the use of evidence-based tools and resources for school health.
Sub-Activities:

- Develop partnerships and collaborations with other national organizations to support CDC-funded SEAs, districts, schools, and the organization's constituents in building capacity related to OST programs.
- Collaborate with OST partners to (1) Identify existing resources and networks that can support PD, TA, and dissemination activities; (2) Sustain and facilitate convening of key OST organizations; and (3) Consult with key OST organizations to assist with development of tools, resources, and promotion/communications that advance implementation.
- Increase coordination between schools and OST providers to support needs of students with chronic conditions, particularly those in disproportionately affected and underserved communities. Develop and/or update policies to formalize relationships/partnerships with schools.

Strategy 4: Implementation
Major Activity: Support implementation of school health policies, practices, and programs

within a WSCC framework.
Sub-Activities:

- Assist OST programs with the incremental adoption of evidence based standards for nutrition and physical activity (e.g., Healthy Eating and Physical Activity in OST Standards) into OST programming, including using assessment tools (e.g., OST assessment) for action planning, evaluating progress and implementation, and modifying strategies.
- Support formalizing and/or strengthening Joint Use Agreements between school-based OST programs and schools and/or school districts to allow for shared space and use of equipment to support physical activity and access to nutritious foods, possibly including use of playgrounds, gymnasiums, kitchens, school gardens. Strong policies will address liability, insurance, fees, and provisions about operations and management of the facility.
- Develop and assist with formalizing employee wellness programs.
- Assist OST programs with developing and adopting protocols and procedures to support the needs of students with chronic conditions, including food allergies, asthma, and seizure disorders; identifying and referring youth with chronic conditions and mental health needs; appropriately gathering and using information from families, including chronic conditions; engaging youth when developing programming or new content, including youth with chronic conditions to better understand what would support full, inclusive and safe participation in programming.
- Increase program capacity to monitor adoption of evidence-based standards and practices and evaluate impact.
- Provide intensive technical assistance to a minimum of five districts (for a minimum of twenty-five districts over the course of the NOFO) per budget period to assess and strengthen OST programs.

Priority 4 - School Administrator Support and Action for Healthy Schools

One applicant will be funded within the School Administrator Support and Action priority area. The recipient will support CDC-funded SEAs, districts, schools, and constituent school administrators in adopting and implementing the 10 components of the WSCC model in disproportionately affected communities. For the purposes of this NOFO, school administrator support refers to state, district, and school-level leadership and decision makers.

Strategy 1: PD and TA
Major Activity: Provide PD as well as TA to CDC-funded SEAs, districts, schools, OST programs, and the organization's constituents that supports the physical, mental, and behavioral health of students and school staff.
Sub-Activities:

- Develop and provide PD to school administrators, state and local school boards, superintendents, principals, and teachers on how to develop and implement equitable and inclusive local school wellness policies in alignment

with the WSCC model to guide districts' initiatives to address healthy eating, physical activity, and emotional well-being of students and staff.□□

- Design and deliver professional development and technical assistance to a cadre consisting of administrators and decision makers on the adoption of the WSCC approach and creation and implementation of school health councils and teams. Utilize the cadre to inform, educate and influence administrators and policy makers on WSCC adoption and policy implementation. A new cohort of 20+ administrators and decision makers should be identified and provided PD and TA annually (per budget period) to ensure sustainability and reach.
- Create guidance for school administrators and other decision makers on adoption of a WSCC approach by engaging policymakers, administrators (e.g., school board members, superintendents, and principals), and other stakeholders (e.g. teachers, school nurses, health care providers, parent organization leaders, students, and relevant professional associations) to assess, then develop or revise, evaluate, and maintain effective healthy eating, physical activity, and other health promoting policies and practices.
- Provide Community of Practice (CoP) meetings and other learning opportunities to facilitate sharing of promising practices in WSCC adoption.

Strategy 2: Dissemination
Major Activity: Create, promote, and disseminate evidence-based tools and resources that support emotional well-being, mental/behavioral health, healthy eating, and physical activity.
Sub-Activities:

- Collaborate with CDC to create evidence-based educational briefs for state, district, and school-level administrators and decision makers on WSCC adoption and model policies that address healthy eating, physical activity, and emotional well-being of all students and staff.
- Present at education-focused conferences on□the connection between healthy eating, physical activity, emotional well-being, and academic performance while also promoting CDC resources to diverse groups of□school administrators and decision makers.□
- Share success stories about□school administrator support for using WSCC□to support physical activity, healthy eating, and emotional well-being for students and staff.□□
- Develop and share graphics, photos, and/or messages□on social media channels□displaying school administrator support using the WSCC components to support physical activity, healthy eating, and emotional well-being for students and staff.□□
- Track and disseminate policies in support of WSCC adoption.

Strategy 3: Partnerships
Major Activity: Leverage partnerships with CDC and others to support the use of evidence-based tools and resources for school health.
Sub-Activities:

- Develop partnerships and collaborations with other national organizations to support CDC-funded SEAs, districts, schools, and the organization's constituents in support of WSCC adoption and equitable and inclusive policies that address chronic disease prevention and management in schools. Develop collaborations with key education organizations and partners to create and distribute a national action plan for supporting adoption of the WSCC framework.
- Work with the organizations' constituents to share and/or develop model policies in support of WSCC adoption.

Strategy 4: Implementation
Major Activity: Support implementation of school health policies, practices, and programs within a WSCC framework.
Sub-Activities:

- Support administrators and other decision makers in implementing school health policies, programs, and practices that address health equity, diversity, and inclusion.
- Facilitate the implementation of school-based health councils and school health teams to support adoption of the WSCC approach.
- Identify data sources that school administrators can leverage to demonstrate the impact of policy, practice, and program implementation at the school, district, and/or community levels over time.
- Provide intensive technical assistance to a minimum of five districts (for a minimum of twenty-five districts over the course of the NOFO) per budget period to assess and strengthen WSCC approaches that support student physical, mental, and behavioral health.

1. Collaborations

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

1. Recipients will collaborate with CDC-funded SEAs, districts, schools, OST programs and the organization's constituents to provide and support via PD, as well as TA, dissemination, partnerships, and implementation of policies, practices and programs related to the recipient's priority area of expertise (School Health Services, Emotional Well-being, Healthy OST, and School Administrator Support and Action for Healthy Schools).
2. Recipients are expected to coordinate and collaborate with each other under this NOFO to ensure that activities, resources, messages, etc., are in alignment with one another and not duplicative or redundant.
3. When interests and activities align, recipients are encouraged to collaborate with other CDC funded programs such as the Prevention Research Centers.

b. With organizations not funded by CDC:
Recipients are encouraged to coordinate and collaborate with a variety of public and private partners to leverage resources and maximize reach and impact. Partners could include the business community, professional organizations, hospitals, federally qualified health centers,

other federal, state, or local governmental agencies, Tribes or tribal organizations, non-governmental organizations, community-based organizations, and quality improvement organizations.

2. Target Populations

Recipients will provide PD, as well as TA, dissemination, partnerships, and implementation strategies and activities to districts, schools, and organizations in communities that are underserved, economically marginalized, and disproportionately affected by chronic diseases and the risk factors that cause them. This includes children, adolescents, and adults with overweight/obesity that have limited access to healthy foods and beverages, safe ways to be physically active, consistent and appropriate management of chronic health conditions, and access to mental health services. Priority groups should also include racial/ethnic minorities, students receiving free or reduced lunch, and persons with disabilities. Recipients should consider opportunities to include priority groups in project planning, implementation, and evaluation.

a. Health Disparities

Long-standing systemic health and social inequities have put many racial and ethnic minority groups at increased risk for infectious diseases such as COVID-19 and chronic diseases such as diabetes. Disparities in social determinants of health have historically prevented racial and ethnic minority groups from having fair opportunities for economic, physical, and emotional health. Food insecurity and lack of access to critical services and resources were amplified among the most vulnerable of students during school closures. These health disparities are also related to inequities in education.

This NOFO aligns with the WSCC model, which emphasizes the connections between health and education both short term (physical and emotional health as non-academic barriers to learning and children showing up ready to learn) and long-term (education as a fundamental social determinant of health and as a way of advancing health equity). Strong emphasis is placed on addressing health disparities through policy, systems, and environmental changes as the result of the recipient providing culturally competent support to CDC-funded SEAs, districts, schools, OST programs and the organization's constituents through PD, as well as TA, dissemination, partnerships, and implementation. Activities addressing health disparities will include, but are not limited to, (1) developing and disseminating school health tools and resources that promote health equity and culturally responsive systems for various settings (schools, community, clubs) of greatest need, (2) partnering with CDC Healthy Schools and other relevant federal and non-federal organizations with strong school health content and health equity expertise to promote or enhance existing tools and resources to assess the quality and comprehensiveness of school health services, infrastructure support, and school health policies, practices, and programs in underserved communities, and (3) expanding access to health services, emotional well-being supports, and healthy OST opportunities to children and adolescents who currently have or are at higher risk for developing chronic disease.

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help demonstrate achievement of project outcomes, build a stronger evidence base for specific interventions; clarify applicability of the evidence base to different populations, settings, and contexts; and drive continuous improvement. Evaluation and performance measurement can also determine if strategies and activities are scalable and effective at reaching target populations. Recipients should allocate at least 10% of their award to support evaluation activities (i.e., including data collection) and are encouraged to work with professional evaluators to help ensure that a comprehensive evaluation is used and public health objectives are met.

Specific performance measures will be finalized and aligned with the required program strategies. Annual reporting requirements will be in place for all funded recipients. Additionally, evaluation technical assistance and support will be provided through an evaluation contract. The funded evaluation contractor will provide training and technical support on designing evaluation plans, monitoring progress toward the performance measures, submitting data into a uniform data entry system, and generating reports.

Throughout the 5-year period of performance, CDC will work individually and collectively with recipients to answer the following evaluation questions based on the program logic model, strategies, and activities:

1. To what extent has PD been developed and delivered to CDC-funded SEAs, districts, schools, OST programs, and the organization's constituents.
2. To what extent has TA been delivered to CDC-funded SEAs, districts, schools, OST programs, and the organization's constituents.
3. To what extent has evidence-based tools and resources been disseminated to CDC-funded SEAs, districts, schools, OST programs, and the organization's constituents.
4. To what extent have partnerships been developed and leveraged to support the use of evidence-based tools and resources?
5. To what extent have evidence-based tools and resources been used and implemented by CDC-funded SEAs, districts, schools, OST programs, and the organization's constituents?
6. To what extent have evidence-based school health policies, practices, and programs been adopted and implemented at the state, district, school or organizational level? What factors have supported or hindered adoption and implementation?
7. To what extent have CDC-funded SEAs, districts, and schools expanded school-based mental health and health services?

CDC will use an evaluation approach that consists of recipient monitoring and evaluation to answer these evaluation questions. Recipients will (1) develop an evaluation and performance measurement plan that addresses the evaluation questions being asked; (2) report on evaluation results and performance measures annually; and (3) report on successes and challenges. CDC will manage and analyze the required performance measure data submitted by recipients annually and synthesize evaluation finding across recipients. As resources permit, CDC will also identify and conduct additional evaluation projects (analytic studies, case studies, etc.) to evaluate program activities and outcomes. CDC will lead the design, data collection, analysis, and reporting for these studies in collaboration with recipients. This evaluation approach will provide information on the progress made toward activities that promote health

and support and reinforce healthful behaviors among students and staff. CDC will use evaluation results from reports and the 5-year period of performance to assess the progress of recipient and to establish key recommendations on program impact, sustainability, and continued program improvement that can be shared with decision makers and other partners. It is critically important that recipients have a robust system for monitoring the progress and impact of their activities. Recipients should have systems in place or be able to quickly develop systems for tracking progress.

The following process measures should be systematically tracked and reported monthly to CDC project officers:

1. Number and type of PD events provided to CDC-funded SEAs, districts, and schools.
2. Number of PD participants from CDC-funded SEAs, districts, and schools.
3. Number of students reached as a result of PD delivered.
4. Number and type of technical assistance provided to CDC-funded SEAs, districts, and schools.
5. Number of recipients of technical assistance in CDC-funded SEAs, districts, and schools.
6. Percent of individuals that increased their knowledge and skill in implementing evidence-based school health policies, practices and programs that promote health and emotional well-being.
7. Number and type of tools and resources disseminated to reach key partners.
8. Number of individuals reached through dissemination activities.
9. Number of evidence-based policies, practices, and programs to advance health and emotional well-being that have been assessed or evaluated.

In developing a performance and evaluation plan, recipients are expected to use a comprehensive approach, working with CDC-funded SEAs as well as the organization's constituents. Recipients will work with CDC project officers and CDC evaluators on ways to collect information to help them monitor progress, communicate results, and identify technical assistance needs.

Project Outcomes

The Short-Term/Intermediate, and Long-Term Outcomes are based on the logic model. Outcomes in bold font are required to be measured by recipients:
Short-term/Intermediate Outcomes (~1 to 5 years)

- Increased ability to identify and promote the use of appropriate health promoting strategies.
- **Increased use of CDC and other evidence-based tools and resources.**
- **Increased adoption and implementation of evidence-based school health policies, practices and programs among CDC-funded SEAs, districts, and schools.**
- **Demonstrated expansion of school-based mental health and health services.**
- Increased systems and environments that improve the physical, mental, and behavioral health of students and staff.

Long-Term Outcomes (~5 or more years)

- Increased physical, mental, and behavioral health among students and staff.

Performance Measures

The following are the required performance measures, organized by outcome and tier.

Short-term/Intermediate Outcomes (~1 to 5 years):

- **Increased use of CDC and other evidence-based tools and resources.**
    - Performance measure: Number of school health tools and resources developed that promote health equity.
    - Performance measure: Number of CDC-funded SEAs, districts, or schools using CDC and other evidence-based tools and resources.
    - Performance measure: Number of tools and resources developed through collaborative partnerships between recipients and health, education, and other sector organizations to assess school health policies, practices, and programs.
- **Increased adoption and implementation of evidence-based school health policies, practices and programs among CDC-funded SEAs, districts, and schools.**
    - Performance measure: Number of CDC-funded SEAs, districts, or schools that have developed, revised, or adopted school health policies aligned with the WSCC approach and/or implemented evidence-based practices and programs that support school health, including emotional well-being and mental health for students and staff, healthy eating, and physical activity.
- **Demonstrated expansion of school-based mental health and health services.**
    - Performance measure: Number of CDC-funded SEAs, districts and schools that have added school-based mental health and health services to address growing unmet physical, mental, and behavioral health needs of young people, particularly those with chronic conditions.

Performance Measures by Tier:

Tier 1 - Intermediate Performance Measures (All recipients will report on the following Tier 1 performance measures):

- Number of school health tools and resources developed that promote health equity.
- Number of CDC-funded SEAs, districts, or schools using CDC and other evidence-based tools and resources.

Tier 2 - Intermediate Performance Measures (This announcement funds four distinct priority areas. As a result, in addition to reporting on all Tier 1 performance measures, each funded priority area will report on one additional performance measure as outlined below):
Priority 1 – Health Services recipient will also report on the following measure:

- Number of CDC-funded SEAs, districts and schools that have added school-based mental health and health services to address growing unmet physical, mental, and behavioral health needs of young people, particularly those with chronic conditions.

Priority 2 - Emotional Well-Being, Priority 3 – Healthy OST, and Priority 4 – School Administrator Support recipients will also report on the following measures:

- Number of tools and resources developed through collaborative partnerships between recipients and health, education, and other sector organizations to assess school health policies, practices, and programs.
- Number of CDC-funded SEAs, districts, or schools that have developed, revised, or adopted school health policies aligned with the WSCC approach and/or implemented evidence-based practices and programs that support school health, including emotional well-being and mental health for students and staff, healthy eating, and physical activity.

Upon award, recipients must provide a more detailed evaluation plan within six months of award. This more detailed evaluation and performance measurement plan should be developed by recipients with support from CDC. This more detailed evaluation plan must be based on the logic model provided and be consistent with the CDC evaluation and performance measurement strategy. This plan should be no more than 20 pages. At a minimum, and in addition to the elements of the initial plan, it must:

- Describe the designated evaluation lead and members of the evaluation team.
- Describe the frequency with which evaluation and performance measurement data will be collected.
- Describe potentially available data sources and the system that will be used to track process measures.
- Describe how data will be reported.
- Describe how evaluation findings will be used for continuous quality and program improvement.
- Describe how evaluation and performance measurement will yield findings to demonstrate the impact of the NOFO.
- Describe dissemination channels and audiences.
- Describe how reach of the proposed activities will be measured.

Recipients will be expected to evaluate their programmatic activities annually. Annual evaluation plans must be developed and submitted for approval. Once evaluation plans are approved, evaluation activities may begin. Recipients will be required to collect and report outcome performance measures to CDC annually. In addition, they will be required to collaborate with CDC on the development of process measures to be used by CDC Project Officers for program monitoring. Recipients are strongly encouraged to have or be able to develop a system for tracking process measures. Process measures will be reported monthly to CDC via monthly calls, recipient correspondence and/or data templates/systems. Recipients will be required to report on the results of their evaluation plans annually. In addition, recipients will be required to collaborate as requested with CDC on evaluation studies, including collecting additional data as needed. Recipients will be expected to use process and outcome performance measures and evaluation data for improving the program, increasing awareness of the program, and engaging partners. In partnership with CDC, they will also use performance measurement data to identify areas for program improvement and to tailor PD, as well as TA as needed. Further, they will be expected to develop a plan to disseminate evaluation results to key partners annually and at the end of the project period. In developing evaluation and performance measurement

plans, applicants are encouraged to use the following resource: Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide.

Since this NOFO does not involve the generation or collection of public health data, a Data Management Plan is not required.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

Applicants should possess a variety of organizational skills and strengths to be successful in executing the strategies and activities of this NOFO and achieve expected outcomes:

- Applicants should represent constituencies (e.g., members, networks, affiliates, or chapters) with a national reach, have approximately ten years of leadership and organizational experience in their selected priority area, and have the capacity to reach a large number of students nationwide.

- Applicants should have experience developing, implementing, and evaluating PD, as well as TA.
- Applicants should have experience convening a group of constituents or partners to develop and implement an action plan and provide follow up support.
- Applicants should have a history working with districts serving racial/ethnic minorities or students receiving free lunches or persons with disabilities.
- Applicants should have a history of working in communities that are underserved, economically marginalized, and disproportionately affected (children, adolescents, and adults with overweight/obesity that have limited access to healthy foods and beverages, safe ways to be physically activity, consistent and appropriate management of chronic health conditions, and access to mental health services) by chronic diseases and the risk factors that cause them.
- Applicants should have existing dissemination mechanisms that can access key education audiences with messages related to the selected priority area.
- Applicants should have a staffing plan that includes at least one full-time employee to oversee the project and inclusion of relevant CVs/Resumes and an organizational chart to demonstrate capacity to carry out the work of the project. Applicants must name these files "CVs/Resumes" and "Organizational Charts" and upload them at www.grants.gov.
- Applicants should have systems for fiscal management that will ensure funds are used appropriately.

d. Work Plan

The work plan must describe how the applicant plans to implement all required activities to achieve project outcomes. At a minimum, the work plan should include:

- Year 1 activities and timelines to support achievement of NOFO outcomes. These activities must be in alignment with the NOFO logic model and the strategies and activities for the specific priority area detailed in the (CDC Description: Strategies and Activities section) and should have appropriate milestones for accomplishing tasks.
- Information for each of the performance measures, either (1) Baseline, current year target, and year 5 target for each measure; (2) A description of the process by which data will be collected after funding is awarded for each measure, if data are currently unavailable.
- The audience type reached as part of each strategy (SEAs, districts, schools).
- A general summary of planned activities for years 2-5 to supplement the detailed year 1 work plan.

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.

f. CDC Program Support to Recipients

CDC will be substantially involved in each recipient's project, going beyond monthly calls, site visits and regular performance and financial monitoring during the period of performance. Substantial involvement refers to federal programmatic collaboration or anticipation that the recipient can expect in implementing the award. In a cooperative agreement, CDC and recipients share responsibility for successfully implementing the award and meeting identified outcomes.

CDC's substantial involvement will include, but is not limited to the following:

- Supporting recipients in implementing cooperative agreement requirements and meeting program outcomes.
- Assisting with the development and review of recipient products, tools, and resources.
- Assisting recipients in advancing activities to achieve project outcomes.
- Providing scientific subject matter expertise, tools, and resources.
- Collaborating with recipients to develop and implement evaluation plans that align with CDC evaluation activities.
- Providing technical assistance on recipients' evaluation and performance measurement plan.
- Providing technical assistance to define and operationalize performance measures.
- Providing PD and training – either in person or through virtual web-based training formats – for the purpose of sharing the latest science, best practices, success stories, and program models.
- Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve project outcomes.
- Providing surveillance technical assistance and state-specific data collected by CDC.
- Providing technical assistance to other CDC programs and Federal agencies on how to interface with recipients.

- Translating and disseminating lessons learned through publications, meetings, and other means on promising and best practices to expand the evidence base.
- Hosting a recipient meeting during the first year and subsequently later in the period of performance for a total of up to five meetings.

B. Award Information

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

2. Award Mechanism:
U58
Chronic Disease Control Cooperative Agreement

3. Fiscal Year:
2022

4. Approximate Total Fiscal Year Funding:
$1,500,000

5. Total Period of Performance Funding:
$7,500,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$7,500,000

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

7. Expected Number of Awards:
4

8. Approximate Average Award:

$375,000
Per Budget Period

9. Award Ceiling:
$400,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$350,000

Per Budget Period

11. Estimated Award Date:
May 01, 2022

12. Budget Period Length:
12 month(s)

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

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
01 (County governments)

02 (City or township governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

04 (Special district governments)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

20 (Private institutions of higher education)

00 (State governments)

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

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

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

State controlled institutions of higher education

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

Applications submitted will be considered non-responsive and will not receive further review if the following criteria is not met:
1. Applicants must list the name of the priority they will be applying to in the project abstract. If applicant does not list what priority they will be applying to in the project abstract, the application will be deemed non-responsive.
2. Applicants may only apply for one priority. Applying to more than one priority will deem the application non-responsive.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

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

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 SAM.gov and the SAM.gov Knowledge Base.

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	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 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 up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

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

Due Date for Letter Of Intent 11/05/2021

11/05/2021

b. Application Deadline

Due Date for Applications 01/10/2022

01/10/2022

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

Due Date for Information Conference Call
November 01, 2021

Time: 3:00PM –4:00PM EST

Conference Call: 1-866-730-1290

Passcode: 42127644

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

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

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

A LOI is requested, but optional. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

The LOI must be received via email to:
Penny Tanner
CDC, National Center for Chronic Disease Prevention and Health Promotion
Email address: evm7@cdc.gov

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the

Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

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

13. Funds Tracking

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

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

- Written procedures for financial reporting and monitoring.

14. Pilot Program for Enhancement of Employee Whistleblower Protections

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

15. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

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

16. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.

- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

17. Data Management Plan

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

18. Other Submission Requirements

a. Electronic Submission:

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

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

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

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

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

i. Approach **Maximum Points:** 45

Purpose and Outcomes (5 points) - The extent to which the applicant:

- Identifies the priority area for which they are applying for and how they will provide support to CDC-funded SEAs, districts, schools, OST programs, and the organization's constituents though PD, as well as TA, dissemination, partnerships, and implementation.
- Describes how they will achieve the NOFO outcomes by the end of the period of performance.

Strategies and Activities (10 points) - The extent to which the applicant:

- Clearly describes how each of the program strategies (PD, as well as TA, dissemination, partnerships, and implementation) will be accomplished.
- Proposes activities that are feasible to implement, support national standards, evidence-based policies, practices, and programs, and will impact the long-term outcomes of the project.
- Uses evidenced-based strategies identified in the NOFO.

Collaboration and Target Population (10 points) - The extent to which the applicant:

- Clearly states the target population for the NOFO: CDC-funded SEAs, districts, schools, OST programs, and the organization's constituents.
- Identifies and describes collaborations to implement the proposed program strategies and evaluating performance measures.
- Identifies how the applicant will leverage partnerships to maximize reach and impact of their proposed strategies.

- Describes planned or existing partnerships with other national organizations to deliver PD, as well as TA. Applicants should identify existing partnerships with organizations that closely relate to the selected priority area.
- Describes PD, as well as TA, dissemination, partnerships, and implementation strategies and activities to CDC-funded SEAs, districts, schools, OST programs, and organizations in communities that are underserved, economically marginalized, and disproportionately affected by chronic diseases and the risk factors that cause them.

Work Plan (20 points) - The extent to which the applicant includes a detailed one-year work plan that:

- Aligns with the program logic model in the NOFO. Strong applicants will demonstrate a connection between proposed activities and the outcomes found in the logic model.
- Specifies Year 1 activities and timelines to support achievement of NOFO outcomes, including how the applicant will address the strategies and performance measures (found in the CDC Project Description: Strategies and Activities section and the CDC Project Description: Applicant Evaluation and Performance Measurement Plan section). Strong applicants will list appropriate action steps that are feasible to achieve and that logically lead to achievement of the performance measures for each strategy.
- Identifies a baseline, current year target, and year 5 target for all performance measures; or, if data are currently unavailable, a description of the process by which these data will be collected after funding is awarded. Strong applicants will demonstrate balance between feasible targets and significant reach.
- Specifies the audience type (SEAs, districts, schools, OST programs and the organization's constituents) that will be reached as part of each strategy.
- Provides a general summary of planned activities for Years 2-5.

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

The extent to which the applicant:

- Provides an evaluation and performance measurement plan that is consistent with CDC strategy, including all potentially available data sources and timeline for data collection. The plan should specify key evaluation activities (described quarterly for Year 1 and annually for Years 2 through 5). Strong applicants will include a plan that affirms their ability to collect all required performance measures consistent with the CDC evaluation questions.
- Describes how key program partners will participate in the evaluation and performance measurement planning process and identifies individuals responsible for planning and implementing the evaluation.
- Describes how evaluation findings will be used for continuous program quality improvement.

- Describes how success stories will be generated annually from the strategies and activities being implemented.
- Describes how evaluation and performance measures will be reported.

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 30

The extent to which the applicant:

- Decribes representing constituencies (e.g., members, networks, affiliates, or chapters) with a national reach, have approximately ten years of leadership and organizational experience in their selected priority area, and have the capacity to reach a large number of students nationwide.
- Describes experience developing, implementing, and evaluating PD, as well as TA.
- Describes experience convening a group of constituents or partners to develop and implement an action plan and provide follow-up support.
- Describes history of working with districts serving racial/ethnic minorities or students receiving free lunches or persons with disabilities.
- Describes history of working in communities that are underserved, economically marginalized, and disproportionately affected (children, adolescents, and adults with overweight/obesity that have limited access to healthy foods and beverages, safe ways to be physically activity, consistent and appropriate management of chronic health conditions, and access to mental health services) by chronic diseases and the risk factors that cause them.
- Describes existing dissemination mechanisms that can access key education audiences with messages related to the selected priority area.
- Describes a staffing plan that includes at least one full-time employee to oversee the project and inclusion of relevant CVs/Resumes and an organizational chart to demonstrate capacity to carry out the work of the project.
- Describes systems for fiscal management that will ensure funds are used appropriately.

Budget **Maximum Points:** 0

Budget will be reviewed, but not scored.

c. Phase III Review

Applications will be funded in order by score and rank, by priority, determined by the review panel.

Review of risk posed by applicants.

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

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a

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

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

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

(1) Financial stability;

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

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

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

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

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

2. Announcement and Anticipated Award Dates

Successful applicants can anticipate notice of funding by May 01, 2022 with a start date of June 1, 2022.

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-1: Human Subjects Requirements

AR-2: Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR-3: Animal Subjects Requirements

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2030

AR-12: Lobbying Restrictions

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

AR-17: Peer and Technical Reviews of Final Reports of Health Studies – ATSDR

AR-21: Small, Minority, And Women-owned Business

AR-22: Research Integrity

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

AR-28: Inclusion of Persons Under the Age of 21 in Research

AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009

AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR-31: Research Definition

AR-32: Appropriations Act, General Provisions

AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern

AR-34: Accessibility Provisions and Non-Discrimination Requirements

AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy).This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement

for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

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

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

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

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

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

Performance Measurement

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

Evaluation

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

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

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

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.

- Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
- Recipients must describe success stories.

- **Challenges**
  - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
  - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.

- **CDC Program Support to Recipients**
  - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.

- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost Rate Agreement.

Recipients should refer to the notice of award to determine if Expanded Authority applies to carryover of unobligated balances from one budget period to a subsequent budget period. If Expanded Authority doesn't apply, the carryover request must:

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

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

c. Performance Measure Reporting (optional)

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

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the

Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

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

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

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

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

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

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

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no

applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

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

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

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

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

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

5) Contents of Reports: The reports must contain:

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

6) Subagreements. The recipient must include this reporting requirement in all applicable

subgrants and other subagreements.

6. Termination

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

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

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

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

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

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Melissa

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

Address:
Chamblee Campus
4770 Buford Highway
Chamblee, Georgia 30341

Telephone:
(770) 488-6167

Email:
eya6@cdc.gov

Grants Staff Contact

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

First Name:
Ayanna

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

Address:
District at Columbia Campus
2920 Brandywine Rd
Atlanta, Georgia 30341

Telephone:
(404) 498-5095

Email:
omg5@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

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

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

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

Indirect Cost Rate, if applicable

Bona Fide Agent status documentation, if applicable

Required Attachments

- Resumes/CVs
- Organizational Charts

CDC Websites

- CDC's National Center for Chronic Disease Prevention and Health Promotion
- CDC's Division of Population Health
- CDC Healthy Schools
  https://www.cdc.gov/healthyschools/nofo/nofo.htm

I. Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic

Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

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

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

NOFO-specific Glossary and Acronyms

Before and After School Physical Activity: Before and after school physical activity could include walking and biking to school programs, physical activity clubs, intramural programs (i.e., organized sports by the school or community that any child can participate in if they want), informal play on school grounds, physical activity in school-based childcare programs, and interscholastic sports (i.e., sports offered to students at school).

Behavioral Health: Describes the connection between a person's behaviors and the health and well-being of the body and mind.

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.

Chronic Health Condition: Any illness, disease, disorder, or disability that is of long duration or frequently recurs and is either not curable or has residual features that result in limitations in daily living requiring adaptation in function or special assistance. These may include, but are not limited to, asthma, food allergies, obesity, tooth decay, and diabetes.

Classroom Physical Activity: Classroom physical activity includes any physical activity done in the classroom during the school day. It can last from 5–15 minutes and can be done all at one time or several times during the school day. Teachers can include physical activity into their planned academic lessons and/or provide short breaks in class.

Collaboration: Two or more partners actively engaged in planning, implementing and evaluating programs, practices, and policy activities with defined roles and responsibilities.

Communication: A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.

Comprehensive School Physical Activity Program (CSPAP): Before, during and after-

school
physical activity through recess and other physical activity breaks, intramural and physical activity clubs, interscholastic sports, walk- and bicycle-to-school initiatives, and quality physical education.

Coordination: The process of organizing people or groups so that they work together properly and well.

Disease Prevention: Specific efforts aimed at reducing the development and severity of chronic diseases and other morbidities.

Dissemination: The targeted distribution of information and intervention materials to a specific audience. The intent is to spread knowledge and the associated evidence-based interventions.

Diversity: An appreciation and respect for the many differences and similarities in our work. This includes varied perspectives, approaches, and competencies of coworkers, partners, and populations we serve.

Emotional Well-being: The emotional quality of an individual's everyday experience—the frequency and intensity of experiences of joy, stress, sadness, anger, and affection that make one's life pleasant or unpleasant.

Employee Wellness Program: A comprehensive set of programs, policies, benefits, and environmental supports that address various risk factors, including, but not limited to: Lack of physical activity, unhealthy dietary habits, stress management, and tobacco use.

Evidence-Based: The development, implementation, and evaluation of effective programs and policies in public health through the application of principles of scientific reasoning, including systematic uses of data and information systems and appropriate use of behavioral science theory and program planning models.

Family and Community Engagement: Family engagement is families and school staff working together to support and improve the learning, development, and health of children and adolescents through physical education and physical activity. Community engagement allows maximum use of school and community resources and creates a connection between school and community-based physical activity opportunities.

Health: A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Health Disparities. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

Health Promotion: The process of enabling people to increase control over, and to improve their health. Health promotion programs aim to engage and empower individuals and communities to choose healthy behaviors and make changes that reduce the risk of developing chronic diseases and other morbidities.

Implementation: The steps needed to put into place school health policies, programs, and practices into place and make them available to students and staff.

Inclusion/Inclusivity: A set of behaviors that authentically encourages individuals to feel valued for their unique qualities and experience a sense of belonging and shared power. Inclusive diversity is a set of behaviors that promote collaboration within a diverse group.

Information Session: A presentation or other instructional activity delivered in a short period of time that focuses on a specific topic.

Local Education Agency: A local education agency (LEA) may be a single- or multi-school district, a vocational program, a charter operator, a regional or county office of education, an alternative education program, or other office of education supporting schools and students in a particular region

Local Wellness Policy: A written document that guides a local educational agency or school district's efforts to create supportive school nutrition and physical activity environments. Each local education agency participating in the National School Lunch Program or the School Breakfast Program is required to develop and implement a wellness policy as established by the Child Nutrition and WIC Reauthorization Act of 2004, and more recently by the Healthy, Hunger-Free Kids Act of 2010

Mental Health: Includes an individuals' emotional, psychological, and social well-being. It affects how a person thinks, feels, and behaves. It also helps determine how they handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Non-Governmental Organization: A non-profit, voluntary citizens' group which is organized on a local, national, or international level.

Out-of-School Time Programs: Programs offered to students on the school site outside of school hours (e.g., before school, after school, during the summer). These programs may be run by the school, school district, or community-based organizations and may include programs focused on any discipline including academics, athletics, arts, music, extended learning programs, or care during out of school hours. For the purposes of this NOFO, out-of-school time refers to school-sited before- and after-school programs as well as those that operate on school grounds over the summer**.**

Partnerships: A group of individuals or organizations working together to address common goals. Partnerships involve a relationship of mutual respect, coordination of administrative

responsibility, establishment of reciprocal roles, shared participation in decision-making, mutual accountability, and transparency.

Physical Education: Physical education is an academic subject characterized by a planned, sequential K-12 curriculum (course of study) that is based on the national standards for physical education. Physical education provides cognitive content and instruction designed to develop motor skills, knowledge, and behaviors for healthy active living, physical fitness, sportsmanship, self-efficacy, and emotional intelligence.

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

Presentations. A speech or visual display tailored to specific audiences such as school administrators, faculty, education and health professionals, adolescents, parents, college students, legislators, or community groups.

Professional Development: A consciously designed, systematic process that strengthens how staff obtain, retain, and apply knowledge, skills, and attitudes. Types of professional development events include training, workshops, technical assistance, presentations, and information sessions. Trainings and workshops are 3 or more hours long and have highly effective transfer skills.

Recess: Discretionary time during the school day (i.e., 20 minutes daily) that allows elementary school students to engage in physical activity.

Schools: Kindergarten, elementary, and secondary (i.e., middle/junior high school and high school) grade levels.

School Health Services: Services provided by the school district to appraise, protect, and promote student health, typically led by registered nurse(s). Key services include treatment and management of chronic and acute conditions, preventive services, emergency care, health promotion, counseling and health education, referrals, and care coordination. School nurses, physicians, and allied health professionals typically provide these services.

School Meals: Meals provided to students through programs including the National School Lunch Program and School Breakfast Program administered by the United States Department of Agriculture's Food and Nutrition Service.

School Nutrition Environment and Services: The school nutrition environment refers to: 1) the foods and beverages that are available to students throughout the school day, and 2) information and messages about food, beverages, and nutrition that students encounter on school grounds. School nutrition services provide meals that meet federal nutrition standards for the National School Lunch and Breakfast Programs, accommodate the health and nutrition needs of all students, and help ensure that foods and beverages sold outside of the

school meal programs meet Smart Snacks in School nutrition standards.

Staff Involvement: School employees play an integral role in a healthy school environment. When school staff commit to good health practices, they are positive role models for students and may show increased support for student participation in physical activity. Support for school-employee wellness and leadership support for student participation in physical activity. Support for school-employee wellness and leadership training contributes to the overall culture of physical activity at a school.

State Health Department: The governing entity with primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by state constitution, statutes, or regulations, or established by Executive Order. State Health Departments may be part of an umbrella organization, super public health agency, or super agency that oversees public health functions as well as other government functions.

Social and Emotional Climate: Refers to the psychosocial aspects of students' educational experience that influence their social and emotional development. The social and emotional climate of a school can impact student engagement in school activities; relationships with other students, staff, family, and community; and academic performance. A positive social and emotional school climate is conducive to effective teaching and learning. Such climates promote health, growth, and development by providing a safe and supportive learning environment.

Social Emotional Learning: A developmental framework, the process through which individuals develop the skills to recognize and manage emotions, set and achieve positive goals, appreciate the perspectives of others, establish and maintain positive relationships, and make responsible decisions.

Social Exclusion or Marginalization: A complex, multi-dimensional (economic, political, social, and cultural) process when certain social groups have barriers to full participation in society that prevent them from sharing the benefits of participation, affecting equity and social cohesion; places where they live often have health-damaging lack of opportunities, access to resources, voice, or respect for rights (e.g., lack of access to jobs and inadequate schools).

Training: An instructional experience provided primarily by employers for employees, designed to develop new skills and knowledge that are expected to be applied immediately upon arrival or return to the job.

Technical Assistance (TA): Tailored guidance to meet the specific needs of a site or sites through collaborative communication between a specialist and the sites. Technical assistance considers site-specific circumstances and culture and can be provided through phone, mail, e-mail, and virtual or in-person meetings

Underserved: Relates to lack of access to services, including healthcare.

Wellness: The quality or state of being healthy in body and mind, especially as the result of deliberate effort.

Workshop. An educational program for a small group of people that focuses on techniques and skills in a particular field that has long-term benefits.