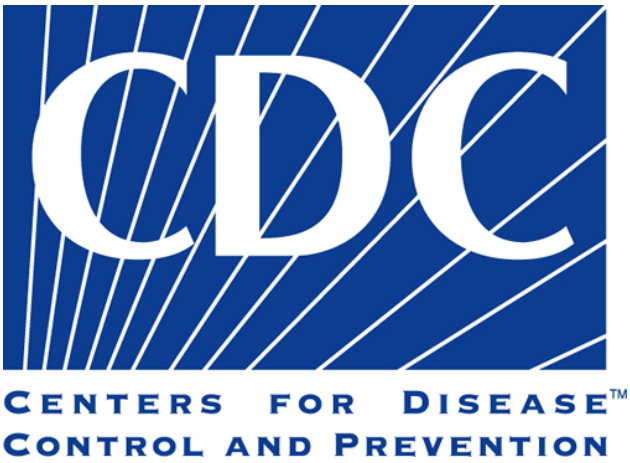


Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Building Capacity to Increase Commercial Tobacco Cessation

CDC-RFA-DP-24-0056

04/24/2024

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP-24-0056. 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:

Building Capacity to Increase Commercial Tobacco Cessation

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP-24-0056

E. Assistance Listings Number:

93.348

F. Dates:

1. Due Date for Letter of Intent (LOI):
03/20/2024

2. Due Date for Applications:
04/24/2024
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
An informational call will be held on Friday, March 15, 2024 1:00 PM-2:00 PM EST

Information for the call can be found below:

Topic: DP-24-0056 NOFO Informational Meeting

Time: Mar 15, 2024 01:00 PM Eastern Time (US and Canada)

Join ZoomGov Meeting

https://cdc.zoomgov.com/j/1607614590?pwd=TUtZUk4zS0hZdWJMVC9SQWU4a09WUT09

Meeting ID: 160 761 4590

Passcode: aTLS+9PK

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One tap mobile

+16692545252,,1607614590#,,,,*38071177# US (San Jose)

+16468287666,,1607614590#,,,,*38071177# US (New York)

Dial by your location

• +1 669 254 5252 US (San Jose)

• +1 646 828 7666 US (New York)

• +1 646 964 1167 US (US Spanish Line)

• +1 415 449 4000 US (US Spanish Line)

• +1 551 285 1373 US (New Jersey)

• +1 669 216 1590 US (San Jose)

Meeting ID: 160 761 4590

Passcode: 38071177

Find your local number: https://cdc.zoomgov.com/u/acyRAQpOFG

Information related to this funding opportunity is available:
https://www.cdc.gov/tobacco/about/foa/increase-tobacco-cessation-nofo/index.html

Any questions should be sent to is cessationdp240056@cdc.gov and will be answered under the Frequently Asked Questions section online.

G. Executive Summary:

1. Summary Paragraph

The CDC's Office on Smoking and Health (OSH) is the lead federal entity for comprehensive commercial tobacco prevention and control. OSH seeks applicants to provide training and technical assistance to build capacity of National Tobacco Control Program (NTCP) recipients and their partners to translate the science of tobacco cessation into public health action with a focus on eliminating tobacco-related disparities and advancing health equity. This contributes to ensuring programs effectively work on strategies that increase quit attempts and successful cessation.

This multi-component funding announcement will award three applicants to support capacity building for the following evidence-based cessation interventions, prioritizing strategies that reach populations experiencing tobacco-related disparities:

Component 1: Improving state quitlines' infrastructure, operations, and services to further enhance their effectiveness and efficiency; increasing state quitlines' reach; broadening the range of cessation services offered by state quitlines; and enhancing quitline sustainability.

Component 2: Promoting and supporting implementation of health systems change initiatives that seek to integrate tobacco dependence treatment into routine clinical care across clinical settings.

Component 3: Promoting and supporting improvements to health insurance coverage for evidence-based tobacco cessation treatments (including individual, quitline, and group counseling and FDA-approved medications).

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

3

One award will be made per component.

Organizations may apply for more than one component, but a separate narrative and budget must be submitted for each component. Narrative submissions for each component will be reviewed independent of one another and should not reference the other application.

d. Total Period of Performance Funding:

$4,500,000

e. Average One Year Award Amount:

$300,000
It is anticipated that each award will be approximately $300,000 per year. Final award amount will be dependent on the availability of federal funding.

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

g. Estimated Award Date:
August 30, 2024

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
Commercial tobacco use is the leading preventable cause of disease, disability, and death in the United States. Cigarette smoking prevalence among adults in the United States declined from 20.9% in 2005 to 12.5% in 2020. However, more than 30 million U.S. adults currently smoke, and disparities in smoking persist among: certain racial and ethnic groups; persons with lower socioeconomic status (SES); people living with mental health conditions and/or substance use disorders; persons with a disability or limitation; persons identifying as lesbian, gay, bisexual, or transgender; and persons without health insurance or with Medicaid coverage.

Encouraging and helping people who use tobacco to quit can reduce tobacco-related disease, death, and health care costs. About 70 percent of adults who smoke want to quit, and more than half try to quit each year. The use of evidence-based tobacco cessation treatments, including cessation counseling and medication, can substantially increase the odds that people who smoke will quit successfully. However, fewer than one third of adults who smoke use evidence-based treatments when trying to quit.

Increasing access to proven cessation treatments increases quit rates among people who smoke cigarettes. These proven cessation treatments include individual, group, and telephone cessation counseling, seven Food and Drug Administration (FDA)-approved cessation medications, and web- and text-based interventions. While counseling and medication are independently effective, these treatments are most effective when they are combined.

The funding under this announcement is aimed at improving public health outcomes by strengthening public health infrastructure, specifically, the National Tobacco Control Program (NTCP) workforce through training and technical assistance that aligns with the three broad goals for state tobacco control programs' cessation activities described in the 2014 edition of CDC's *Best Practices for Comprehensive Tobacco Control Programs* and in the 2020 CDC *Best Practices User Guide: Cessation in Tobacco Prevention and Control*:

- **Supporting state quitlines:** Proactive quitlines that offer free counseling services provided by trained coaches who follow standardized protocols have been shown to be effective among people who smoke in general and several specific populations. Digital technologies (including web, text messaging, chat, and apps) have the potential to expand access to cessation services, especially among young adults who may be accustomed to using these technologies and may prefer receiving cessation assistance through these modalities.
- **Promoting health systems change to integrate evidence-based tobacco dependence treatment into routine clinical care:** Health care providers play an important role in helping smokers quit. Well-established clinical cessation approaches exist that also include connecting patients to cessation services, such as a quitline, for more intensive assistance.
- **Improving insurance coverage of evidence-based cessation treatments and increasing use of these treatments:** Insurance coverage for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted increases the use of cessation treatment services, leads to higher rates of successful quitting, and is cost-effective.

This NOFO will build on the successes of the **CDC-RFA-DP19-1904 Technical Assistance to Increase Tobacco Cessation** and the **CDC-RFA-DP-DP 13-1316 Consortium for Tobacco Use Cessation Technical Assistance**.

b. Statutory Authorities

Section 301(a) of the PHS Act, 42 U.S.C. Section 241(a)

c. Healthy People 2030

- Increase past-year attempts to quit smoking in adults — TU-11 - Healthy People 2030 | health.gov
- Increase the proportion of adults who get advice to quit smoking from a health care provider — TU-12 - Healthy People 2030 | health.gov
- Increase use of smoking cessation counseling and medication in adults who smoke — TU-13 - Healthy People 2030 | health.gov
- Increase Medicaid coverage of evidence-based treatment to help people quit using tobacco — TU-16 - Healthy People 2030 | health.gov
- Increase abstinence from cigarette smoking among pregnant women — MICH-10 - Healthy People 2030 | health.gov

d. Other National Public Health Priorities and Strategies

- The Government Performance Results Modernization Act Long-term Objective. 4.6: Reduce Death and Disability Due to Tobacco and 4.6.3: Reduce the proportion of adults who are current cigarette smokers.
- Department of Health & Human Services Strategic Plan (**Strategic Objective 1.2: Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs; Strategic Objective 2.3: Enhance promotion of healthy behaviors to reduce occurrence of and disparities in preventable injury, illness, and death;** White House Cancer Moonshot Initiative Cancer Moonshot | The White House

e. Relevant Work

Those receiving funding under this award will build on the successes of the 2019 NOFO – **DP19-1904 Technical Assistance to Increase Tobacco Cessation** and the 2013 NOFO — **DP 13-1316 Consortium for Tobacco Use Cessation Technical Assistance**.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

The strategies and activities described throughout this logic model should intentionally address and prioritize strategies aimed at increasing cessation by those population groups disproportionately impacted by tobacco use and cessation-related disparities.			
Strategies/Activities	**SHORT-TERM OUTCOMES**	**INTERMEDIATE OUTCOMES**	**LONG-TERM OUTCOMES**
All components: • Identify relevant competencies • Assess knowledge, skills and abilities of training and technical assistance recipients related to identified competencies • Use assessment to plan, develop, promote, and deliver appropriate technical assistance and trainings. • Develop/Utilize mechanisms to facilitate learning, document, and share information and knowledge that includes best and	All Components: Increased networking, partnerships, and coordination among training and technical assistance providers. Increased awareness of resources related to effective tobacco cessation strategies. **Component 1:** **Increased utilization of training and technical assistance opportunities and resources related to strategies to improve and support quitline services.** **Increased knowledge and understanding of**	**Component 1:** **Increased application of approaches that improve and support quitline services.** **Component 2:** **Increased application of approaches that promote and support cessation within health care systems.** **Component 3:** **Increased application of approaches to improve health insurance coverage for evidence-based**	Increased adoption and implementation of strategies aimed at supporting and increasing utilization of quitlines, particularly among populations experiencing tobacco-related disparities. Increased delivery of cessation treatment by health care providers and systems, particularly to population groups experiencing tobacco use and cessation-related disparities. Improved health insurance coverage for tobacco cessation treatments. Increased utilization of evidence-based cessation treatments; Increased attempts to quit tobacco.

promising practices, experiences, and lessons learned. • Develop and implement project evaluation and performance plan.	**strategies to improve and sustain quitline services.** **<u>Component 2:</u>** **Increased utilization of training and technical assistance opportunities and resources related to strategies to improve health systems' support and ability to identify patients who use tobacco and deliver cessation treatment.** **Increased knowledge and understanding of strategies to improve health systems' support and ability to identify patients who use tobacco and deliver cessation treatment.** **<u>Component 3:</u>** **Increased utilization of training and technical assistance opportunities and resources related to strategies to**	**tobacco cessation treatments.**	<u>Distal Outcomes</u> • Increased cessation of tobacco as early in life as possible. • Decreased tobacco use prevalence and consumption. • Decreased disparities in tobacco cessation and tobacco use.

	improve health insurance coverage for evidence-based tobacco cessation treatments. **Increased knowledge and understanding of strategies to improve health insurance coverage for evidence-based tobacco cessation treatments.**		

i. Purpose

The purpose of this cooperative agreement is to build capacity of National Tobacco Control Program (NTCP) recipients and their partners by providing training and technical assistance on public health tobacco cessation interventions aimed at increasing the number of people who try to quit using tobacco products and who succeed in quitting. Activities under this award should be focused on prioritizing interventions that reach population groups disproportionately impacted by tobacco use and cessation-related disparities. Visit the website to learn more about the National Tobacco Control Program.

ii. Outcomes

Short Term

Component 1:

- Increased utilization of training and technical assistance opportunities and resources related to strategies to improve and support quitline services.
- Increased knowledge and understanding of strategies to improve and support quitline services.

Component 2:

- Increased utilization of training and technical assistance opportunities and resources related to strategies to improve health systems' support and ability to identify patients who use tobacco and deliver cessation treatment.
- Increased knowledge and understanding of strategies to improve health systems' support and ability to identify patients who use tobacco and deliver cessation treatment.

Component 3:

- Increased utilization of training and technical assistance opportunities and resources related to strategies to improve health insurance coverage for evidence-based tobacco cessation treatments.

- Increased knowledge and understanding of strategies to improve health insurance coverage for evidence-based tobacco cessation treatments.

Intermediate:

Component 1:

- Increased application of approaches that improve and support quitline services.

Component 2:

- Increased application of approaches that promote and support cessation within health care systems.

Component 3:

- Increased application of approaches to improve health insurance coverage for evidence-based tobacco cessation treatments.

iii. Strategies and Activities
The following applies to all components unless indicated (Component 1, 2, 3)

In providing training and technical assistance, recipients are expected to prioritize training and technical assistance on interventions that reach population groups disproportionately impacted by tobacco use and cessation-related disparities and aimed at advancing health equity.

Recipients will be expected to address all of the following activities during the period of performance.

1. Identify relevant competencies

a. Consider the required strategies and activities of National Tobacco Control Program (NTCP) recipients currently funded under DP20-2001, as applicable, when developing competencies. Engage with CDC and other interested parties (i.e., tobacco control program managers and program staff, national tobacco control partners, healthcare providers and insurers, quitline providers) to ensure competencies meaningfully describe capacity expectations for tobacco control program staff.
b. Establish a process and timeline to routinely review competencies for any revisions/additions.
c. Consider the following topics by component when developing competencies for which training and technical assistance opportunities will be developed and implemented:

   Component 1:

   Provide technical assistance and training to NTCP recipients and their partners on:

   - quitline operations including, but not limited to: developments in service delivery models including related to various technology (web, text messaging, chat, apps, social media); stand-alone pharmacotherapy; re-engaging past quitline users in cessation activities by re-contacting them; providing services to youth; establishing mechanisms for direct referral; and contingency management.

- identifying and disseminating best practices for maximizing the equitable reach and impact of state quitlines.
- strategies to ensure sustainability of state quitlines (i.e. public-private partnerships and the CMS Medicaid quitline administrative match).
- strategies to leverage 1-800-QUIT-NOW; 1-855-DÉJELO-YA; the national Asian language quitline; the national texting portal "QuitNow" (333888); and the CDC's *Tips From Former Smokers*® (*Tips*®) campaign.
- program evaluation and survey questionnaire development and implementation
- evaluating and responding to the impact of policies that relate to the provision of cessation services through quitlines.

Component 2:

Provide technical assistance and training to state tobacco control programs and their partners on:

- how to work with health care delivery systems to integrate routine screening of all patients for tobacco use and delivery of treatment for tobacco use and dependence into the clinical workflow via implementation of systems changes (including, but not limited to, protocol development, workflow redesign, integration of robust screening and cessation components into electronic health records, establishing systems to refer patients to quitlines and other cessation treatment resources, including through the use of e-referrals. See Million Hearts® Tobacco Cessation Change Package
- evaluating the impact of health systems changes on cessation outcomes.
- evaluating and responding to the impact of policies that relate to the provision of cessation services through health systems (e.g., tobacco control and healthcare policies, CMS Medicaid rules).

Component 3:

Provide technical assistance and training to state tobacco control programs and their partners on:

- types of health insurance coverage and how tobacco cessation treatment is or is not covered and requirements for reimbursement processes, including barriers.
- strategies to improve health insurance coverage of evidence-based cessation treatments, including removing barriers.
- processes and partnerships for regulating health insurance coverage (including laws and regulations related to health insurance and their enforcement).
- working with payors and purchasers of health insurance (especially Medicaid) on opportunities and mechanisms to improve coverage through revisions.
- measuring utilization and the impact of health insurance coverage for cessation treatment.
- evaluating and responding to the impact of policies that relate to the health insurance coverage for cessation services (e.g. private and public payor insurance plan coverage of counseling and FDA-approved cessation medications; barriers to accessing coverage such as co-pays, stepped-therapy, annual limits, recognized provider types).

2. Assess knowledge, skills and abilities of training and technical assistance recipients related to identified competencies.

a. When available, leverage existing data for this assessment (i.e., CDC NTCP program assessments/reports, literature) and/or use key informants. Independent assessments and interviews can also be developed and implemented. Coordination with CDC OSH and other technical assistance providers should be considered as part of this process.

3. Use assessment to plan, develop, promote, and deliver appropriate technical assistance and trainings.

a. All recipients should develop a training and technical assistance (T/TA) plan that uses an initial assessment and planned periodic assessments. The plan should include, at minimum:

- topic(s) and competency(ies) addressed
- format/mechanism for delivery
- training materials (developing or existing)
- timeline
- staff responsible/partners
- learning objectives
- format/mechanism and timeline for assessments

b. The T/TA plan should be flexible to allow for changing needs of NTCP recipients and their partners. All recipients will be expected to follow the CDC Quality Training Standards to effectively develop trainings.to effectively develop trainings.

c. All recipients should provide descriptions of T/TA opportunities to CDC OSH and other technical assistance partners as appropriate to increase awareness and provide further promotion.

d. Recipients should consider appropriate mechanisms for delivery of training and technical assistance, such as conducting individual conference calls, workgroup meetings, discussion groups, trainings (in-person/virtual), and other activities that facilitate peer-to-peer learning.

4. Develop/Utilize mechanisms to facilitate learning, documentation, and sharing information and knowledge that includes best and promising practices, experiences, and lessons learned.

a. Based on the training and technical assistance topics described above for the relevant component, the recipient should utilize various mechanisms to facilitate information sharing on best practices, accomplishments, and lessons learned. These should include, as appropriate:

- guidance documents
- case studies
- tools
- recorded webinars or discussions (i.e., podcasts)
- peer reviewed journal publications
- conference presentations (including posters)

- other products that will enhance the sustainability of training and technical assistance for future capacity building efforts and to expand the reach to the broader public health community and engaged and interested groups.

b. Access to these mechanisms should be made available as widely as possible (i.e. online, with additional dissemination to others for consideration to promote). Any recorded trainings that are available online should also be submitted to CDC TRAIN for consideration to include in their library.

5. Develop and implement project evaluation and performance plan.

*This activity will be addressed in the section under Evaluation and Performance Measurement

1. Collaborations

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

The following applies for all components (Components 1,2, and 3)

Recipients will be expected to collaborate, as appropriate, with other programs at CDC (including their funded projects and programs) that are implementing and/or promoting quitline, health systems change, and health insurance coverage strategies related to, or with the potential to include, tobacco, as well as other CDC-funded national organizations that are providing technical assistance to NTCP recipients and national partners. This includes, but is not limited to, the other recipients of DP-24-0056 and the recipients of *CDC-RFA-DP-23-0015: CDC's National Networks Driving Action: Preventing Tobacco- and Cancer-Related Health Disparities by Building Equitable Communities*

Recipients will be expected to participate in meetings and calls with other CDC-funded training and technical assistance providers to facilitate communication, cooperation, coordination, potential collaboration.

MOUs or MOAs are not required.

b. With organizations not funded by CDC:
The following applies for all components (Components 1,2, and 3)

Recipients will be expected to collaborate with organizations that have a role in conducting the proposed activities and achieving the NOFO outcomes. Recipients will be expected to work closely with certain national tobacco control organizations, including nongovernmental organizations as well as governmental agencies, to coordinate with these organizations in providing joint technical assistance to states and national partners on cessation topics, as well as avoiding duplication of efforts. MOUs or MOAs are not required.

2. Population(s) of Focus
The following applies for all components (Components 1,2, and 3)

This NOFO aims to increase capacity among the National Tobacco Control Program (NTCP) recipients and their partners to promote and support policy, systems, and environmental strategies to address and prevent disparities related to tobacco cessation and to advance health equity (described in section, *Health Disparities*).

This NOFO, including funding and eligibility, is not limited based on, and does not discriminate on the basis of race, color, national origin, disability, age, sex (including gender identity, sexual orientation, and pregnancy) or other constitutionally protected statuses.

a. Health Disparities

The goal of health equity is for everyone to have a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Broadly defined, social determinants of health are non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. See content below and in other sections (e.g., Approach, Collaborations, Populations of Focus) for information on how this specific NOFO affects social determinants of health.

A health disparity is a preventable difference in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged. Health disparities are inextricably linked to a complex blend of social determinants that influence which populations are most disproportionately affected by these diseases and conditions.

The following applies for all components (Components 1,2, and 3)

Although significant declines in cigarette smoking have occurred among adults overall over the past several decades, disparities in tobacco use persist among certain groups, including certain racial and ethnic groups, persons with low socioeconomic status, persons living with behavioral health conditions, persons with a disability or limitation, lesbian, gay, and bisexual persons, and persons without health insurance or with Medicaid coverage.

Activities funded under this announcement for training and technical assistance should address increasing capacity of state tobacco control programs and their partners to identify, promote, implement, and evaluate specific strategies for increasing, at minimum, these listed populations' access to and use of proven cessation treatments and services through state quitlines, health systems, and health insurance coverage.

This award should include training and technical assistance to NTCP recipients and their partners on how to identify, reach, and engage disproportionately affected populations to achieve the greatest health impact and advance health equity. For example, identifying and addressing the drivers of tobacco- and cessation-related disparities, including barriers to cessation treatment access and utilization and the social determinants of health which contribute to those barriers.

Additionally, recipients should promote preferred terms for select population groups to ensure accurate and non-stigmatizing language, including use of person-first language. Health Equity Guiding Principles for Inclusive Communication

iv. Funding Strategy

This announcement will fund three distinct entities. Applicants may apply for more than one component but must submit separate narratives, work plans, and budgets for each component.

Each narrative, work plan, and budget should be independent of the other (i.e., separate staffing/program structure). If an organization receives more than one award, some aspects of each award may be leveraged across awards/components, as appropriate per CDC's approval.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The following applies to all components (Components 1, 2, 3)

The evaluation and performance measurement strategy for this NOFO is intended to measure the effectiveness of Training and Technical Assistance (T/TA), aligning with five stages of T/TA described in *IS YOUR TRAINING AND TECHNICAL ASSISTANCE (T/TA) EFFECTIVE? CONSIDERATIONS FOR MEASURING PERFORMANCE:*

1. **Content development** - What are T/TA providers doing? Does the material provide the correct information?
2. **Use** – Is the T/TA that is offered used by the intended audience?
3. **Response** - Are users satisfied with the T/TA?
4. **Learning** - What do T/TA users learn?
5. **Results** - Can T/TA users apply what they learn on the job?

The above questions related to the T/TA stages form the basis for the performance measures and should be considered in developing overall project strategy and specific related performance measures applicants describe in their narrative and work plan. They should also be considered in developing evaluation questions and subsequent evaluation plan.

Over the course of this cooperative agreement CDC will use performance measures outlined in the table below to determine progress towards achieving the outcomes of this NOFO. The recipient and CDC are expected to use these measures and other evaluation findings for continuous program quality improvement across the period of performance. CDC will also use performance measures and evaluation findings to assess recipient compliance with the requirements of this NOFO, making budgetary decisions, and informing additional training and technical assistance.

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

Outcome	Performance Measure
Component 1 (Short-Term) Increased utilization of training and technical assistance opportunities and resources related to strategies to improve and support quitline services Increased knowledge and understanding of strategies to	• The number and reach of innovative products (e.g., briefs, webcasts, podcasts, toolkits, etc.) related to strategies to improve and support quitline services a) developed and/or b) delivered to persons receiving technical assistance and training, especially NTCP recipients and their partners. • The percentage (%) of participants reporting improved knowledge and understanding in knowledge of quitlines and strategies to improve

improve and support quitline services	and support quitline services as documented by before and after knowledge checks among persons receiving technical assistance and training, especially from state tobacco control programs and their partners.
Component 1 (Intermediate) Increased application of approaches that improve and support quitline services.	• The number and description of examples, especially from NTCP recipients and their partners, applying approaches that improve and support quitline services.
Component 2 (Short-Term) Increased utilization of training and technical assistance opportunities and resources related to strategies to improve health systems' support and ability to identify patients who use tobacco and deliver cessation treatment. Increased knowledge and understanding of strategies to improve health systems' support and ability to identify patients.	• The number and reach of innovative products (e.g., briefs, webcasts, podcasts, toolkits, etc.) related to strategies to improve health systems' support and ability to identify patients who use tobacco and deliver cessation treatment a) developed and/or b) delivered to persons receiving technical assistance and training, especially state tobacco control programs and their partners. • The percentage (%) of participants reporting improved knowledge and understanding in knowledge of strategies to improve health systems' support and ability to identify patients who use tobacco and deliver cessation treatment as documented by before and after knowledge checks among persons receiving technical assistance and training, especially from state tobacco control programs and their partners.
Component 2 (Intermediate) Increased application of approaches that promote and support cessation within health care systems.	• The number and description of examples, especially from state tobacco control programs and their partners applying approaches that promote and support cessation within health care systems.
Component 3 (Short-Term) Increased utilization of training and technical assistance opportunities and resources related to strategies to improve health insurance coverage	• The number and reach of innovative products (e.g., briefs, webcasts, podcasts, toolkits, etc.) related to strategies to improve health insurance coverage for evidence-based tobacco cessation treatments a) developed and/or b) delivered to persons receiving technical

for evidence-based tobacco cessation treatments. Increased knowledge and understanding of strategies to improve health insurance coverage for evidence-based tobacco cessation treatments.	assistance and training, especially state tobacco control programs and their partners. • The percentage (%) of participants reporting improved knowledge and understanding related to improving health insurance coverage for evidence-based tobacco cessation treatments as documented by before and after knowledge checks among persons receiving technical assistance and training, especially from state tobacco control programs and their partners.
Component 3 (Intermediate) Increased application of approaches to improve health insurance coverage for evidence-based tobacco cessation treatments.	• The number and description of examples, especially from NTCP recipients and their partners applying approaches that improve health insurance coverage for evidence-based tobacco cessation treatments.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

The following applies to all components (Component 1,2,3)

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement, including, as applicable, how findings will contribute to reducing or eliminating health disparities and inequities.
- How key program partners will participate in the evaluation and performance measurement planning processes. Recipients will be expected to engage participants and partners in developing the final evaluation plan. Additional information regarding engaging collaborators in evaluation can be found in CDC's Framework for Program Evaluation(resource Self-Study Guide - Program Evaluation - CDC https://www.cdc.gov/evaluation/guide/index.htm)
- Describe available or propose data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant).
- How evaluation findings will be disseminated to participants and engaged parties.

The following evaluation questions should be included in addition to questions related to meeting outcomes and performance measures:

a. To what extent has the recipient contributed to increasing networking, partnerships, and coordination among CDC-funded T/TA providers?
b. To what extent did the training and technical assistance activities implemented by the recipient reach NTCP recipients and their partners?
c. What aspects of T/TA contributed to the T/TA participants' ability to change systems that have the potential to impact those populations experiencing cessation-related disparities?

Additional evaluation questions may be identified by the recipient and participants and engaged parties that should be included in the evaluation plan as the plan is developed.

Recipients will be required to develop and submit a final evaluation plan within 6 months of receiving the award.

CDC OSH will work with recipients to ensure that the evaluation plans are focused on the outcomes and performance measures identified in the NOFO as well as areas to focus on quality improvement.

c. Organizational Capacity of Recipients to Implement the Approach
The following applies to all components unless indicated (Component 1, 2, 3)

Applicants must describe organizational capacity that includes:

- An understanding of evidence-based tobacco control approaches and best practices for comprehensive state tobacco control programs, including strategies to address tobacco related disparities and ability to identify strategic opportunities based on the changes in the tobacco cessation and health care landscape.
- An in-depth knowledge of the science of tobacco addiction and cessation and effective tobacco cessation interventions and treatments, as well as specific knowledge and understanding of the topic under the component for which the applicant is applying: quitlines (Component 1), health systems change (Component 2), or health insurance coverage (Component 3).
- An established track record of providing and evaluating technical assistance and training related to the tobacco cessation interventions for component for which the applicant is applying: quitlines (Component 1), health systems change (Component 2), or health insurance coverage (Component 3) to state tobacco control programs and national tobacco control organizations on a national scale.
- Adequate infrastructure and capacity to implement the project and achieve the project outcomes, including the ability to provide technical assistance on tobacco cessation issues to NTCP recipients and national tobacco control organizations on a nationwide basis. Applicants must provide a project management/staffing plan that:
    1. Indicates appropriate staff member experience for proposed work plan activities
    2. Demonstrates clearly defined roles for staff members
    3. Describes sufficient staff member capacity to accomplish program goals (including cvs or resumes for identified staff that demonstrate (*Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov. Attachments can be submitted using PDF, Word, or Excel file formats*)
    4. Describes a financial management system that will allow for proper funds management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

- Existing relationships with state tobacco control programs and/or national tobacco control organizations. Provide at least three letters of support that describe the nature of the existing relationship, including two from state tobacco control programs that have received training and technical assistance from the applicant and one from a national organization that works in tobacco control. (*Applicants must name this file "Letters of Support" and upload it at www.grants.gov. Attachments can be submitted using PDF, Word, or Excel file formats*).

d. Work Plan
The following applies to all components (Components 1, 2, 3)

The applicant should submit a work plan that aligns with the performance measures and includes the following:

- specific measurable outcomes
- activities to achieve stated outcomes
- responsible position/party
- reasonable timelines

A sample work plan format is presented below to show how a traditional work plan aligns with the logic model and narrative. Although this format is not required, the elements in the sample are required. Period of Performance outcomes and measures should be provided for the 5-year period, however, the remainder of the work plan should reflect the first budget year.

In this sample format **the table would be completed for each period of performance outcome**. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

Period of Performance Outcome: *[from Outcomes section and/or logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position / Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			
6			

e. CDC Monitoring and Accountability Approach

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

- Tracking recipient progress in achieving the desired outcomes.

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

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

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

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

Recipients for all components (Components 1,2,3) may be required to enter work plan and performance measures into an electronic Management Information System at some point throughout the period of performance. If this occurs, CDC will provide additional information through the annual continuation guidance and provide assistance as needed.

f. CDC Program Support to Recipients

To assist recipients for all components (Components 1, 2, 3) in achieving the purpose of this NOFO, CDC will conduct the following activities:

- Provide ongoing guidance, technical assistance, training, and support related to partnership development and project monitoring and evaluation.
- Provide recipients with periodic updates regarding comprehensive tobacco control.
- Develop and maintain partnerships with other Federal agencies, including collaboration with the Centers for Medicare and Medicaid Services (CMS), the Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA), and provide recipients with information on relevant regulations and initiatives.
- Facilitate communication between recipients and other national partners, including other Federal agencies and CDC programs.
- Provide expert resources to assist in the design, collection, analysis, and use of evaluation data to assess, inform, and improve this project as well as state and national cessation efforts.
- Provide guidance on formats and timelines for submission of required information.
- Serve as a convener and resource for continued expansion of the scientific base for tobacco cessation and effective cessation approaches.
- Collaborate with recipients in the development of training and technical assistance efforts and resources

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 Cooperative Agreement

3. Fiscal Year:
2024

4. Approximate Total Fiscal Year Funding:
$900,000

5. Total Period of Performance Funding:
$4,500,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$4,500,000

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

year(s)

7. Expected Number of Awards:
3
One award will be made per component.

Organizations may apply for more than one component, but a separate narrative and budget must be submitted for each component. Narrative submissions for each component will be reviewed independent of one another and should not reference the other application.

8. Approximate Average Award:

$300,000
Per Budget Period

It is anticipated that each award will be approximately $300,000 per year. Final award amount will be dependent on the availability of federal funding.

9. Award Ceiling:
$9,000,000
Per Period of Performance

This amount is subject to the availability of funds.

The applicant should propose a first year budget for no more than $300,000. Final award amount will be dependent on the availability of federal funding.

10. Award Floor:
$225,000
Per Budget Period

11. Estimated Award Date:
August 30, 2024

12. Budget Period Length:
12 month(s)

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

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

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

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

State controlled institutions of higher education

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

Other

Ministries of Health

2. Additional Information on Eligibility

N/A

3. Justification for Less than Maximum Competition

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.

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

a. Unique Entity Identifier (UEI):

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

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

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 03/20/2024

03/20/2024

b. Application Deadline

Due Date for Applications 04/24/2024

04/24/2024

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

Due Date for Information Conference Call
An informational call will be held on Friday, March 15, 2024 1:00 PM-2:00 PM EST

Information for the call can be found below:

Topic: DP-24-0056 NOFO Informational Meeting

Time: Mar 15, 2024 01:00 PM Eastern Time (US and Canada)

Join ZoomGov Meeting

https://cdc.zoomgov.com/j/1607614590?pwd=TUtZUk4zS0hZdWJMVC9SQWU4a09WUT09

Meeting ID: 160 761 4590

Passcode: aTLS+9PK

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One tap mobile

+16692545252,,1607614590#,,,,*38071177# US (San Jose)

+16468287666,,1607614590#,,,,*38071177# US (New York)

Dial by your location

• +1 669 254 5252 US (San Jose)

• +1 646 828 7666 US (New York)

• +1 646 964 1167 US (US Spanish Line)

• +1 415 449 4000 US (US Spanish Line)

• +1 551 285 1373 US (New Jersey)

• +1 669 216 1590 US (San Jose)

Meeting ID: 160 761 4590

Passcode: 38071177

Find your local number: https://cdc.zoomgov.com/u/acyRAQpOFG

Information related to this funding opportunity is available:
https://www.cdc.gov/tobacco/about/foa/increase-tobacco-cessation-nofo/index.html

Any questions should be sent to is cessationdp240056@cdc.gov and will be answered under the Frequently Asked Questions section online.

5. Pre-Award Assessments

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

A letter of intent (LOI) is requested, but not required. The purpose of a LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

LOI must be sent via email to:

cessationdp240056@cdc.gov

8. Table of Contents

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

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

9. Project Abstract Summary

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

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Population(s) of Focus and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation or reaccreditation through the Public Health

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

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

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

The following applies for all components (Components 1,2, and 3)

Applicants should include travel for the following in the YR 1 budget:

- A reverse site visit to Atlanta for 2 days for up to two staff people
- OSH Partners Meeting in Atlanta for 2 days for one staff person
- The National Conference on Tobacco or Health in Chicago, IL for 3 days for one staff person

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on

the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

14. Employee Whistleblower Rights and Protections

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

15. Copyright Interests Provisions

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all

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

16. Funding Restrictions

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

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

The following applies for all components (Components 1,2, and 3)

- The recipients will comply with all federal civil rights laws and not discriminate on the basis of race, color, national origin, age, disability, or sex.

17. Data Management Plan

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

18. Intergovernmental Review

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

19. Other Submission Requirements

a. Electronic Submission:

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

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach **Maximum Points:** 40

The following applies to all components (Component 1, 2, 3)

The extent to which the applicant develops and describes the following as related to the component for which they are applying:

- Measurable project period outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model. **(5 pts)**
- Activities that align with the CDC Project Description and logic model and are achievable, appropriate, and evidence based (to the degree practical) to realize the outcomes of the project as described below:

  Identifying competencies for the component the applicant has selected **(5 pts)**:

  Assessing knowledge, skills and abilities of training and technical assistance recipients related to identified competencies. **(5 pts):**

  Using assessment to plan, develop, promote, and deliver appropriate technical assistance and trainings, especially on interventions that reach population groups disproportionately impacted by tobacco use and cessation-related disparities and aimed at advancing health equity. **(5 pts)**

  Developing/utilizing mechanisms to facilitate learning, documentation, and sharing information and knowledge that includes best and promising practices, experiences, and lessons learned. **(5 pts)**

- Collaboration, as appropriate, with other programs at CDC and funded-CDC programs (including their funded projects and programs) that are implementing and/or promoting quitline, health systems change, and health insurance coverage strategies related to, or with the potential to include, tobacco, as well as CDC-funded national organizations that are providing technical assistance to NTCP recipients and national partners. This includes, but is not limited to, the other recipients of DP-24-0056 and the recipients of *CDC-RFA-DP-23-0015: CDC's National Networks Driving Action: Preventing Tobacco- and Cancer-Related Health Disparities by Building Equitable Communities* **(5 pts)**

- A description of how the design and implementation of proposed activities will contribute to addressing cessation related disparities, at minimum, for populations experiencing tobacco-related disparities (certain racial and ethnic groups, persons with low socioeconomic status, persons living with behavioral health conditions, persons with a disability or limitation, lesbian, gay, and bisexual persons, and persons without health insurance or with Medicaid coverage). **(5 pts)**
- A workplan consistent with the format proposed by CDC that includes specific measurable outcomes, and activities to achieve stated outcomes with responsible

position/party, and reasonable timelines associated with outcomes and activities that align with the performance measures **(5 pts)**

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

The following applies to all components (Component 1, 2, 3)

The extent to which the applicant provides an evaluation and performance measurement plan that demonstrates how they will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO by describing:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement, including, as applicable, how findings will contribute to reducing or eliminating health disparities and inequities. **(10 pts)**
- How key program partners will participate in the evaluation and performance measurement planning processes. Recipients will be expected to engage participants and partners in developing the final evaluation plan. Additional information regarding engaging collaborators in evaluation can be found in CDC's Framework for Program Evaluation(resource Self-Study Guide - Program Evaluation - CDC https://www.cdc.gov/evaluation/guide/index.htm). **(5 pts)**
- Available or proposed data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant). **(5 pts)**
- Inclusion of evaluation questions listed in the 'Applicant Evaluation and Performance Measurement Plan' section of the NOFO. **(3 pts)**
- How evaluation findings will be disseminated to participants and engaged parties. **(2 pts)**

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

The following applies to all components (Component 1, 2, 3)

The extent to which the applicant describes infrastructure and expertise and capacity to implement the project and achieve the project outcomes, particularly related to the component for which they are applying, by describing:

- An understanding of evidence-based tobacco control approaches and best practices for comprehensive state tobacco control programs, including strategies to address tobacco related disparities and ability to identify strategic opportunities based on the changes in the tobacco cessation and health care landscape. **(3 pts)**
- An in-depth knowledge of the science of tobacco addiction and cessation and effective tobacco cessation interventions and treatments, as well as specific knowledge and understanding related to the component for which they are applying. **(2 pts)**
- The ability to provide and evaluate technical assistance and training on tobacco cessation issues to state tobacco control programs and national tobacco control organizations on a national level. The applicant details an established and effective track record of providing and evaluating technical assistance and training on tobacco cessation interventions, particularly related to the component for which they are applying, to state tobacco control programs and/or national tobacco control organizations. **(10 pts)**

- Provides a project management/staffing plan that: 1) Indicates appropriate staff member experience for proposed workplan activities; 2) Demonstrates clearly defined roles for staff members; 3) Describes sufficient staff member capacity to accomplish program goals (including cvs or resumes for identified staff that demonstrate); 4) Describes a financial management system that will allow for proper funds management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. **(10 pts)**
- Provides at least three letters of support that describe the nature of the existing relationship, including two from state tobacco control programs and one from a national organization that works in tobacco control. **(10 pts)**

Budget **Maximum Points:** 0

The following applies to all components (Component 1, 2, 3)

Evaluate the extent to which the proposed budget is reasonable and consistent with the stated objectives and planned program activities and includes the following travel:

- A reverse site visit to Atlanta for 2 days for up to two staff people
- OSH Partners Meeting in Atlanta for 2 days for one staff person)
- The National Conference on Tobacco or Health in Chicago, IL for 3 days for one staff person

c. Phase III Review

Review of risk posed by applicants.

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

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

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

(1) Financial stability;

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

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

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

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

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

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

2. Announcement and Anticipated Award Dates

It is anticipated that awards will be made and recipients contacted by 8/30/2024.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the HHS Office for Civil Rights website.

3. Reporting

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

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

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

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan. Data Management Plan (DMP) not anticipated for this award, unless recipient notified otherwise.	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance	No

	measure reporting than annually in APR.	
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes

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

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

Performance Measurement

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

Evaluation

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

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

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

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

This report must include the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government

on a commodity. It does not include foreign sales taxes.

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Anna

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

Address:
4770 Buford Hwy

MS S107-7

Atlanta, GA 30341

Telephone:
770-488-2499

Email:
cessationdp240056@cdc.gov

Grants Staff Contact

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

First Name:
Pamela

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

Address:
4770 Buford Hwy

MS S102-1

Atlanta, GA 30431

Telephone:
770-488-2712

Email:
plr3@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

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

Letters of Support

Organization Charts

Staffing plan should be included

I. Glossary

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

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

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

Assistance Listings: A government-wide collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

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

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

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

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

Community engagement: The process of working collaboratively with and through groups of people to improve the health of the community and its members. Community engagement often involves partnerships and coalitions that help mobilize resources and influence systems, improve relationships among partners, and serve as catalysts for changing policies, programs, and practices.

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

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

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

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

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

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

Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment (from Executive Order 13985).

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

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

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

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

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

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

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

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

Health Disparities: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged.

Health Equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical

and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Health Inequities: Particular types of health disparities that stem from unfair and unjust systems, policies, and practices and limit access to the opportunities and resources needed to live the healthiest life possible.

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

Inclusion: The act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. An inclusive and welcoming climate embraces differences and offers respect in words and actions for all people.

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

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

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

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

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

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

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand

the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

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

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

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

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

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

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

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

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

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

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

Social Determinants of Health: The non-medical factors that influence health outcomes. The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. https://www.cdc.gov/about/sdoh/index.html

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

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

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

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

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

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

NOFO-specific Glossary and Acronyms

Tobacco: in this announcement tobacco refers to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian communities.

National Tobacco Control Program (NTCP): CDC's Office on Smoking and Health (OSH) created the National and State Tobacco Control Program (NTCP) in 1999 to encourage coordinated, national efforts to reduce tobacco-related diseases and deaths. The program provides funding and technical support to state and territorial health departments. The NTCP recipients include all 50 states; Washington, D.C.; Puerto Rico*; and Guam*.

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