

Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion

PPHF-2017-Building Public Health Infrastructure in Tribal Communities to Accelerate Disease Prevention and Health Promotion in Indian Country

CDC-RFA-DP17-1704PPHF17

Application Due Date: 08/07/2017

PPHF-2017-Building Public Health Infrastructure in Tribal Communities to Accelerate Disease Prevention and Health Promotion in Indian Country

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DP17-1704PPHF17. 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:

PPHF-2017-Building Public Health Infrastructure in Tribal Communities to Accelerate Disease Prevention and Health Promotion in Indian Country

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

New-Type 1 Cooperative Agreement

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP17-1704PPHF17

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.762

F. Dates:

1. Due Date for Letter of Intent (LOI): **N/A**

2. Due Date for Applications: **08/07/2017**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

Due date is an estimate and may change based on when FOA is published.

3. Date for Informational Conference Call:

July 14, 2107 at 1:00pm Eastern Time

Conference: 866-709-6010

Passcode: 37005261

G. Executive Summary:

1. Summary Paragraph:

This five-year funding opportunity (five year project period, one year budget period) offers support to tribal entities to increase public health capacity and infrastructure for chronic disease prevention, health promotion, and prevention and control of priority public health problems, by strengthening core public health functions of Tribal Epidemiology Centers. Awardees will provide public health leadership, surveillance and epidemiology, public health program design, implementation and evaluation, technical support and training to address a wide range of public

health needs and accelerate improvements in health outcomes for American Indian and Alaska Native populations across their Indian Health Service (IHS) Administrative Area. This project will fund approximately thirteen (13) applicants, including a network coordinating center, to strengthen public health capacity and infrastructure and provide a culturally informed, evidence-based and holistic approach to disease prevention and promotion of population health and wellness.

a. Eligible Applicants: Limited
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 13

This FOA will fund Tribal Epidemiology Centers (TECs) that have been established to serve each Indian Health Service Area. CDC expects to fund up to 12 Component A awards so as to include all IHS Areas, e.g., geographic region served by a TEC. See https://tribalepicenters.org. These areas served by TECs are: Alaska Area, Albuquerque Area, Bemidji Area, Billings Area, California Area, Great Plains Area, Nashville Area, Navajo Area, Oklahoma City Area, Portland Area, Phoenix/ Tucson Area and Urban Area serving Urban Indian Health Centers. This FOA will also fund up to one Component B award: Network Coordinating Center.

If applying for both Component A and Component B, applicants must submit separate applications for Component A and Component B awards. Applicants may submit an application for only a Component A award or only a Component B award. The Component B awardee may or may not also receive a Component A award.

d. Total Project Period Funding: $42,500,000

e. Average One Year Award Amount: $658,000

Average one year award amount for Component A Awardees: $658,000 (range: $230,000 to $850,000)

Average one year award amount for Component B (Network Coordinating Center) Awardee: $500,000 (range: $400,000 to $600,000)

f. Total Project Period Length: 5
g. Estimated Award Date: 09/29/2017
h. Cost Sharing and / or Matching Requirements: N

Cost sharing or matching funds are not required for this program. Although there is not a match requirement for this FOA, obtaining other resources and aligning ongoing efforts to promote sustainability is strongly encouraged. Examples include: complementary foundation funding and other US government funding sources. These may include programs supported by the Department of Health and Human Services, and Departments of Agriculture, Education, Interior, Housing and Urban Development, Transportation, and others. Applicants may coordinate with multiple sectors, such as public health, transportation, education, health care

delivery, agriculture and others, in order to build and strengthen public health capacity and infrastructure and implement the work of the FOA.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

American Indians and Alaska Natives experience health disparities in chronic diseases and underlying risk factors, as well as injuries and infectious diseases. American Indians and Alaska Natives have higher rates of chronic disease, injury, and premature death than other racial and ethnic groups in the U.S., including the highest prevalence of diabetes and higher heart disease and stroke death rates; they are more likely to be obese, to use commercial tobacco products, including smoking cigarettes, and less likely to quit smoking cigarettes. They are more likely to engage in alcohol impaired driving, die in a motor vehicle crash or commit suicide. They have higher rates of infectious disease mortality such as influenza, hepatitis C, tuberculosis, and invasive pneumococcus. American Indians and Alaska Natives have a number of inherent strengths, including unique tribal languages and cultures, and use of these resources to foster community and cultural connections, and to overcome challenges. Connection to place, history, culture, and spiritual strength all create opportunities for wellness that can be drawn upon to overcome challenges.

Tribal public health capacity and infrastructure are under-resourced and under-developed to address these disparities and improve health outcomes. This FOA is intended to contribute to reductions in chronic diseases and risk factors, reductions in disparities in health outcomes, and improvements in overall health by building public health capacity and infrastructure in Indian Country for disease surveillance, epidemiology, prevention and control of disease, injury, or disability, and program monitoring and evaluation, to assure intended outcomes are reached. With this funding support, TECs will increase their capacity to deliver public health functions to and with the tribes/villages in their IHS Area (including the Urban Area). Strong public health capacity and infrastructure, and a culturally driven, evidence-based, and holistic approach to health promotion and disease prevention are needed to build on the inherent strengths of American Indian and Alaska Native people and address these challenges.

This 5-year funding opportunity includes 2 types of awards:

Component A: Up to 12 awards, one in each IHS Administrative Area, will increase capacity for and delivery of core public health functions, including development and delivery of public health support and services to Area tribes, tribal organizations, and urban Indian organizations, and increase their own capacity for core public health functions, including, collecting and monitoring data on health status objectives; evaluating delivery and data systems that impact Indian health; assisting tribes, tribal organizations and urban Indian organizations to determine health status objectives and services needed to meet those objectives; providing technical

assistance to tribes, tribal organizations and urban Indian organizations to develop local health priorities and disease incidence and prevalence rates; and providing disease surveillance and promoting public health; among others.

Component B: Up to one award will be made to establish a Network Coordinating Center (NCC) for the purpose of collaboratively supporting and coordinating Component A work, including project organization, logistics, communication, and performance evaluation support for the Component A awardees to achieve health outcomes in their areas. The NCC will facilitate the formation of a Steering Committee consisting of the Principal Investigators from each Component A award. The Component B awardee may or may not also receive a Component A award.

b. Statutory Authorities

Authority Public Health Service Act 42. U.S.C., section 241(a), and 247(b), and Title IV, Section 4002, Prevention and Public Health Fund, Affordable Healthcare Act.

c. Healthy People 2020

This program supports the Healthy People 2020 focus areas of Diabetes, Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity, Adolescent Health, Early and Middle Childhood, and Maternal Infant Child Health; Creating social and physical environments that promote good health for all; and Public Health Infrastructure, with the goal of ensuring that Federal, State, Tribal, territorial, and local health agencies have the necessary infrastructure to effectively provide essential public health services. As federal agencies, CDC and ATSDR recognize their unique relationship with Indian tribes, and are committed to fulfilling their critical role in promoting their health and safety.

d. Other National Public Health Priorities and Strategies

This program supports strategies to improve multiple chronic diseases and the risk factors associated with the following public health priorities: uncontrolled hypertension; the prevention and control of diabetes; the prevention and management of obesity; increased physical activity and healthy eating in children and adults; commercial tobacco use cessation; and improving the management of chronic conditions of students and adults in the following national plans and guidelines:

The Guide to Community Preventive Services: http://www.thecommunityguide.org/index.html

The National Prevention Strategy: http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf

National Physical Activity Plan: http://www.physicalactivityplan.org

Dietary Guidelines for Americans, 2015-2020: https://health.gov/dietaryguidelines/2015/

Million Hearts®: www.millionhearts.hhs.gov

CDC-led National Diabetes Prevention Program: http://www.cdc.gov/diabetes/prevention

/index.htm

National Standards for Diabetes Self-Management Education and Support

e. Relevant Work

These CDC programs have laid important ground work in chronic disease prevention efforts in Indian Country:

- (2002-2004) "Honoring Our Health"
- (2005-2008) "Identifying Indicators of Environmental Adaptations to Address Diabetes in AI/AN Communities."
- (2002-2010) Diabetes EducationK-12 curriculum, *Health is Life in Balance.*
- (2011-2013) Case studies from 8 tribal communities using *Eagle Books*.
- (2008-2014) "Using Traditional Foods and Sustainable Ecological Approaches to Promote Health and Prevent Diabetes in American Indian and Alaska Native Communities."
- Universities Working with Communities to Prevent Type 2 Diabetes
- (2014-2019) Good Health and Wellness in Indian Country

2. CDC Project Description

a. Approach

Bold indicates project period outcome.

Component A Logic Model

Strategies	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strengthen Public Health Capacity and Infrastructure	**Increased collaboration and training on surveillance, epidemiology and data collection** among tribes, tribal organizations and urban Indian organizations. **Increased collaboration and training on the development or strengthening of culturally-relevant, evidence-based chronic disease prevention and other priority health programs** among tribes,	**Improved monitoring of health status** (e.g., improved surveillance, surveys, access to and use of public health data) **Coordinated communication with public health, health care and other sectors of the community to address chronic diseases and other heath priorities** (e.g., publication of reports, data summaries, issue briefs, program evaluation findings and other communication	Strengthened epidemiology and surveillance capacity of TECs to monitor health of tribes, tribal organizations and tribal members served by urban Indian organizations. **Data routinely collected, analyzed, and interpreted and**

	tribal organizations and urban Indian organizations **Increased communication and partnerships** among health and non-health sector partners on chronic disease prevention and other priority areas at the Area and/or tribal levels	products).	**disseminated by TECs to routinely** inform public health programs in Indian country Leadership of TECs for effective and sustained evidence-based and culturally-relevant chronic disease prevention and other priority health programs Chronic disease prevention and health promotion programs regularly and rigorously evaluated Systems of collaboration established at the Area level and across Indian country.
Implement Activities to Improve Effectiveness of Health Promotion and Disease Prevention	**Increased understanding by tribes, tribal organizations and urban Indian organizations of the needs and resources in the Area** related to chronic disease prevention and other priority health issues. **Increased collaboration among tribes, tribal**	**Increased implementation of sustainable programs** identified from local and Area-wide assessments **Increased capacity among tribes, tribal organizations and urban Indian organizations to incorporate evaluation results into program plans** Increased capacity for	Essential public health functions are supported by TECs across the Area Programs established or strengthened to address chronic disease and other leading causes of death and

	organizations and urban Indian organizations on planning, implementing and evaluating public health programs and activities	chronic disease prevention and management by tribes, tribal organizations and urban Indian organizations across the Area.	disability Increased capacity of TECs and Area tribes for seeking financial support for public health programs and managing grants.
Engage in Sustainability Activities	**Increased collaboration and training among tribes, tribal organizations and urban Indian organizations** on identifying and securing funding and managing grants. **Increased numbers of grant writing trainings** for tribes, tribal organizations and urban Indian organizations.	**Increased numbers of grants applied for and received.** **Increased financial support for chronic disease prevention and health promotion activities** by tribes, tribal organizations and urban Indian organizations.	**Increased access, supported by TECs, to chronic disease prevention and health promotion activities** by tribes and urban Indian organizations.

Component B Logic Model

Strategies	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Coordinate Collaborative Activities to Strengthen Public Health Capacity and Infrastructure	**Increased collaboration and training on surveillance, epidemiology and data collection** among Component A awardees. **Increased collaboration and training on the development of culturally-relevant, evidence-based chronic disease prevention and other priority health programs** among	**Improved monitoring of health status** (e.g., improved surveillance, surveys, access to and use of public health and other related data) **Coordinated communication with public health, health care, other sectors of the public to address chronic diseases and other heath priorities** (e.g., publication of reports, data summaries, issue briefs, program evaluation findings and other	Strengthened epidemiology and surveillance capacity of TECs to monitor health in tribes, tribal organizations and urban Indian organizations. Data routinely collected, analyzed, and

	Component A awardees. **Increased communication and partnerships** among Component A awardees,	communication products).	interpreted and disseminated to inform public health programs in Indian country Leadership for effective sustained evidence-based and culturally-relevant chronic disease prevention and other priority health programs Chronic disease prevention and health promotion programs regularly and rigorously evaluated Systems of collaboration established across Indian country at Area level.
Implement Activities to Improve Collaboration among Component A Awardees to Support Effective Health Promotion and Disease Prevention	**Increased understanding by tribes, tribal organizations and urban Indian organizations of the needs and resources in each Area** and across all Areas related to chronic disease prevention and other priority health issues. **Increased collaboration among tribes, tribal organizations and urban Indian organizations on**	**Increased sustained implementation of programs** identified from local and Area-wide assessments **Increased capacity among tribes, tribal organizations and urban Indian organizations to incorporate evaluation results into program plans** Increased capacity for chronic disease prevention and management by tribes, tribal organizations and urban Indian	Essential public health functions are provided across the Areas Programs established or strengthened to address leading causes of death and disability Increased capacity for seeking financial support for

	planning, implementing and evaluating public health programs and activities	organizations across the Area.	public health programs and managing grants.
Support Component A Awardees to Engage in Sustainability Activities	**Increased collaboration and training among tribes, tribal organizations and urban Indian organizations** on identifying and securing funding and managing grants. **Increased numbers of grant writing trainings** for tribes, tribal organizations and urban Indian organizations.	**Increased numbers of grants applied for and received.** **Increased financial support for chronic disease prevention and health promotion activities** by tribes, tribal organizations and urban Indian organizations.	**Increased access to chronic disease prevention and health promotion activities** by tribes, tribal organizations and urban Indian organizations.
Coordinate an evaluation approach with Component A awardees that monitors accomplishments in achieving FOA outcomes	Finalized evaluation plan in collaboration with CDC and Component A Awardees. Set of performance measures finalized in collaboration with CDC and Component A Awardees.	Findings utilized to monitor accomplishments in achieving FOA outcomes and to inform program strategies.	Role of Tribal Epidemiology Centers in building capacity demonstrated.

i. Purpose

This FOA is intended to contribute to reductions in chronic diseases and risk factors, reductions in disparities in health outcomes, and improvements in overall health by building public health capacity and infrastructure in Indian Country for disease surveillance, epidemiology, prevention and control of disease, injury, or disability, and program monitoring and evaluation. With this funding support, TECs will increase their capacity to deliver public health functions to and with the tribes/villages in their IHS Area (including the Urban Area).

ii. Outcomes

As shown in the Logic Model, a series of short and intermediate-term outcomes to reduce chronic disease and related risk factors are expected to be achieved as a result of awardee efforts. With the long-term outcomes of 1. Improving surveillance, data collection and monitoring of health status; 2. Delivering effective chronic disease prevention and health promotion programs; and 3. Developing sustainable public health capacity and infrastructure, awardees will work with their tribes, tribal organizations and urban Indian organizations in their

IHS Area to accomplish the following **short term** outcomes from each strategy. Through their respective work, Component A awardees design and implement the work and increase their public health capacity, while the Component B awardee facilitates program implementation and accelerates progress toward program goals by coordinating a Community of Practice for sharing knowledge, collaborating on problem solving and engaging in quality improvement efforts with Component A awardees. Thus, both Components are working toward the same outcomes.

Strategy: Strengthen Public Health Capacity and Infrastructure

Short term outcomes:

- Increased collaboration and training on surveillance, epidemiology and data collection among tribes, tribal organizations and urban Indian organizations.
- Enhanced collaboration and delivery of training on the development or strengthening of culturally-relevant, evidence-based processes to identify health status objectives and the programs needed to meet those objectives, related to disease prevention and health promotion programs to tribes, tribal organizations and urban Indian organizations
- Increased communication and partnership among partners outside the health sector on chronic disease prevention and other priority areas at the Area and/or tribal levels

Strategy: Implement Activities to Improve Effectiveness of Health Promotion and Disease Prevention

Short term outcomes:

- Increased understanding by tribes, tribal organizations and urban Indian organizations of the needs and resources in the area related to chronic disease prevention and other priority health issues.
- Increased collaboration among tribes, tribal organizations and urban Indian organizations on planning, implementing and evaluating public health programs and activities

Strategy: Engage in Sustainability Activities

Short term outcomes:

- Increased collaboration and training among tribes, tribal organizations and urban Indian organizations on identifying and securing funding and managing grants.
- Increased numbers of grant writing trainings for tribes, tribal organizations and urban Indian organizations.

These short-term outcomes are intended to contribute to the accomplishment of the following intermediate-term outcomes, organized by the same strategies:

Strategy: Strengthen Public Health Capacity and Infrastructure

Intermediate term outcomes:

- Improved monitoring of health status (e.g., improved surveillance, surveys, access to and use of public health data)
- Coordinated communication with public health workers, health care professionals, and the public about chronic diseases and other heath priorities (e.g., publication of reports, data summaries, issue briefs, program evaluation findings and other communication products).

Strategy: Implement Activities to Improve Effectiveness of Health Promotion and Disease Prevention

Intermediate term outcomes:

- Increased sustained implementation of programs identified from local and Area-wide assessments
- Increased capacity among tribes, tribal organizations and urban Indian organizations to incorporate evaluation results into program plans
- Increased capacity for disease prevention and health promotion by tribes, tribal organizations and urban Indian organizations across the Area.

Strategy: Engage in Sustainability Activities

Intermediate term outcomes:

- Increased numbers of grants applied for and received
- Increased financial support for disease prevention and health promotion activities by tribes, tribal organizations and urban Indian organizations.

iii. Strategies and Activities

The **Strategies and Activities** section builds on the **Outcomes** section outlined previously. Awardees are expected to implement strategies outlined in the Logic Model, utilizing the activities below. As depicted in the Logic Model, awardees will engage in assessment and planning with tribes, tribal organizations and urban Indian organizations to identify the priorities/gaps related to the activities and outcomes supported under this FOA. Awardees will implement the following strategies and activities:

Strengthen Public Health Capacity and Infrastructure

- Collect and monitor data on health status objectives of tribes, tribal organizations and urban Indian organizations.
- Evaluate delivery and data systems that impact Indian health.
- Assist tribes, tribal organizations and urban Indian organizations to determine health status objectives and services needed to meet those objectives.
- Provide technical assistance to tribes, tribal organizations and urban Indian organizations to effectively apply surveillance data and epidemiology to determine local health priorities and to plan and monitor interventions to address them.
- Provide technical assistance to tribes, tribal organizations and urban Indian organizations on chronic disease prevention and other health priority areas.

- Cultivate multi-sector collaborations at Area tribe, state, and federal levels

Implement Activities to Improve Effectiveness of Health Promotion and Disease Prevention

- Identify public health priorities by conducting community health assessments (CHA) or using previous CHAs or other available data.
- Identify community strengths, resources, and needs
- Develop and support implementation of culturally-relevant evidence-based activities to address identified needs.
- Evaluate Area and tribal efforts to address chronic diseases and other priority health conditions.

Engage in Sustainability Activities

- Identify possible sources for financial support that align with program priorities
- Create a plan to sustain program efforts after grant period ends

1. Collaborations

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

Collaboration with programs funded by CDC is encouraged, particularly those that are working to mitigate risk factors associated with diabetes, heart disease, stroke, cancer and obesity. National initiatives, guidelines, and policies have been identified from The Community Guide and CDC's Division of Nutrition, Physical Activity, and Obesity; Division of Diabetes Translation; Division for Heart Disease and Stroke Prevention; Division of Cancer Prevention and Control and the Office on Smoking and Health that may complement and build on effective, culturally-grounded activities. In addition, CDC's Center for Surveillance, Epidemiology, and Laboratory Services is a valuable resource for support for epidemiology, surveillance, health communication and public health training. Examples of CDC tribal programs that may provide collaboration opportunities to support achievement of FOA outcomes include Good Health and Wellness in Indian Country and the National Native Network for Tobacco Control.

b. With organizations not funded by CDC:

Awardees are expected to collaborate with organizations external to CDC, such as those listed below, that are necessary to achieve project outcomes or that can enhance and accelerate achievement of project outcomes. Relationships with other potential partners, such as local and state health departments and relevant non-profit and provider groups, are encouraged. Building and/or continuing strategic partnerships and collaborations with organizations that have a role in achieving the long-term outcomes of this FOA are encouraged.

- Indian Health Service (Health Promotion Disease Prevention - https://www.ihs.gov/hpdp/;
- Indian Health Service Special Diabetes Program for Indians - https://www.ihs.gov/sdpi/

)

- USDA (Rural Development grants: support housing, community facilities, and community and economic development projects in rural areas.: https://www.rd.usda.gov/programs-services/rural-community-development-initiative-grants ;
- Land Grant University (LGU) system: https://nifa.usda.gov/land-grant-colleges-and-universities-partner-website-directory ; FDPIR nutrition education http://www.fns.usda.gov/fdpir/fdpir-nutrition-education-grant-awards)
- National Park Service: https://www.nps.gov/thpo/
- NIH (Multilevel Program and Policies to Reduce Chronic Disease for American Indians, Johns Hopkins Center for American Indian Health and NIH. Launched in 2015 and set to expire in 2020);
- HHS (Child Care and Development Block Grant- reauthorization permitted healthy eating/exercise funding provisions. Funds also available to Tribes)
- Department of Treasury - Community Development Financial Institutions Fund (CDFI Fund) https://www.cdfifund.gov/programs-training/Programs/Pages/default.aspx ; http://ofn.org/cdfi-locator -- locator for CDFIs
- National Council for Urban Indian Health (http://www.ncuih.org/index)
- Healthy Native Communities Partnership - http://www.hncpartners.org/

2. Target Populations

Applicants are expected to design their activities to have an impact on public health capabilities of tribal epidemiology centers and the health outcomes of the American Indians and Alaska Natives they serve. Applicants must represent or serve at least 60,000 American Indians and Alaska Natives.

a. Health Disparities

American Indians and Alaska Natives experience health disparities in chronic diseases (e.g. diabetes, heart disease, stroke, cancer) and their underlying risk factors, as well as injuries and infectious diseases. Specifically, American Indians and Alaska Natives have higher rates of chronic disease, injury, and premature death than other racial and ethnic groups in the United States. Tribal public health capacity and infrastructure are correspondingly under-resourced and under-developed to address these disparities and improve health outcomes. This FOA is focused exclusively on American Indians and Alaska Natives and the tribes, tribal organizations and urban Indian organizations that serve them, in order to reduce disparities in chronic disease prevention and related risk factors, and public health capacity and infrastructure.

iv. Funding Strategy

Component A award amounts are based in part on the number of federally recognized Indian tribes or villages (or urban Indian health centers) in the area the applicant serves. In the first year of this FOA, a base amount of about **$230,000** (depending upon quality and scope of work, and government resources) will be provided to all Component A awardees, with an incremental increase for the number of tribes/villages (or centers, in the case of urban Indians) in the area and served by the program, and for the extent and reach of the proposed program.

Specifically, applicants serving one tribe may apply for up to **$330,000**; applicants serving at

least two and up to 19 tribes may apply for up to **$610,000**; applicants serving at least 20 and up to 49 tribes may apply for up to **$750,000**; applicants serving 50 or more tribes may apply for up to **$850,000**. Up to one Component A award will be made in each IHS Area. The Component B applicant may apply for up to **$600,000**.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and Performance Measurement: 1) help demonstrate achievement of program outcomes; 2) build a stronger evidence base for specific program interventions; 3) clarify applicability of the evidence base to different populations, settings, and contexts; and 4) drive continuous program improvement. Evaluation and performance measurement can also determine whether program strategies are scalable and effective at reaching the target or intended populations.

CDC Evaluation and Performance Management Strategy

Throughout the five year project period, CDC will work individually and collectively with awardees for components A and B to answer the following evaluation questions based on the program Logic Model and activities:

Component A awardees:

1. To what extent has the capacity of TECs to collect and monitor data on health status of tribes, tribal organizations and urban Indian organizations increased?
2. To what extent has the capacity of TECs to evaluate delivery and data systems that impact Indian health increased?
3. To what extent has technical assistance been delivered by TECs to tribes, tribal organizations and urban Indian organizations to develop local health priorities and disease incidence and prevalence rates, with a focus on surveillance and epidemiology, including data collection for planning and monitoring?
4. To what extent has technical assistance been provided by TECs to tribes, tribal organizations and urban Indian organizations on chronic disease prevention and other health priority areas?
5. To what extent have multi-sector collaborations at Area, state, and/or tribal levels been established and implemented effectively?
6. To what extent have additional sources for financial support that align with program priorities been identified and secured?
7. To what extent has the program effectively engaged in the Network Coordinating Center activities and community of practice?
8. Is there a plan to sustain program efforts after grant period ends?

Component B awardee (NCC):

1. Has the structure and management of an ongoing Network of Component A awardees been successfully established or strengthened and maintained?
2. To what extent has coordination of collaborative activities of the Network been accomplished?

3. Has a coordinated and collaborative Community of Practice to facilitate knowledge-sharing, problem-solving and communication across the Network been established; is it meeting monthly and is attended by a majority of Component A awardees; and is it demonstrating value to Component A awardees and CDC, as demonstrated by specific instances of additional collaborations, sharing of practices and joint problem-solving that result from participation in the Network?
4. Have virtual and in-person meetings for Component A awardees and CDC project officers and project leadership been routinely planned and conducted?
5. To what extent has an internal and external website as described in this FOA to serve as a key communication and Network hub for Component A awardees been established and demonstrated value to Component A awardees and CDC?
6. Has a plan for tracking and disseminating Network-related publications, presentations, products, and other materials been developed and implemented?
7. Has an evaluation plan to coordinate monitoring of Component A and Component B accomplishments in achieving the outcomes of the FOA been developed and implemented?

Though performance measures will be finalized in the first year of the program, a sample of proposed process and outcome measures for Components A and B are listed below:

Component A – Process Measures

- Proportion of Area tribes, tribal organizations and urban Indian organizations that have received technical assistance on chronic disease prevention and other health priority areas
- Number of tribes, tribal organizations, and urban Indian organizations being assisted by Component A awardee to evaluate efforts to address chronic diseases and other priority health conditions
- Number of possible sources for financial support that align with program priorities identified in the Area.

Component A – Outcome Measures

- Proportion of Area tribes whose health data are routinely collected, analyzed and utilized to monitor health status;
- Proportion of Area tribes implementing culturally-relevant, evidence-based chronic disease prevention programs;
- Number of funded and in-kind grants or collaborations in the Area that were achieved, at least in part, through Component A technical assistance.

Component B- Process Measures

- Number of **new** collaborations among Component A awardees focused on improving data collection, surveillance and epidemiology among respective Area tribes;
- Number of **new** collaborations among Component A awardees focused on implementation of culturally-relevant, evidence based chronic disease prevention programs;

- Existence of final evaluation plan, including set of performance measures, available data sources and a preliminary analysis and dissemination plan.
- Number of Component A funded organizations engaged in monthly NCC meetings.
- Number of Component A awardees and other partners using Internal and external NCC website.

Component B – Outcome Measures

- Number of Component A awardees that collaborate regularly to identify and share resources for providing technical assistance on the strategies of the FOA;
- Existence of an evaluation report that demonstrates Component A awardees' collective achievement toward FOA outcomes.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

Throughout the five year project period, CDC will work individually and collectively with awardees for components A and B to answer the preceding evaluation questions based on the program Logic Model and activities.

To answer these questions, CDC will use a three-pronged evaluation approach. Component A and Component B awardees will be required to: 1) report on outcome performance measures; 2) develop awardee-specific and Area-specific evaluation plans (that is, conduct evaluation on selected strategies and activities implemented with tribes and villages in the area, as applicable) and conduct the evaluation; and 3) participate as requested in national evaluation activities.

CDC will work with the Component B awardee as the Network Coordinating Center for evaluation to select performance measures, operationalize the performance measures, and assist with identification of available and feasible data sources for these measures. Both Components will be responsible for gathering and analyzing the data for the performance measures and their awardee- and Area-specific evaluations. With these measures, the awardees and CDC will track the implementation and the achievement of the intended outcomes. CDC, in collaboration with awardees, will develop annual awardee- and Area-specific performance measure reports. Awardee- and Area-specific performance measure reports will be used for program monitoring and for targeting areas for program quality improvement. CDC will develop annual, aggregate performance measure reports to be disseminated by multiple methods to awardees and other key stakeholders, including federal partners, non-funded partners, and policy makers, as appropriate. These aggregate findings may also be presented during site visits and awardee meetings.

As resources permit, CDC will also identify and collaborate with Component B awardee to coordinate additional national evaluation projects to evaluate program activities and outcomes. CDC will collaborate with Component B in the design, data collection, analysis, and reporting for these national evaluation efforts in collaboration with all awardees.

Applicants must provide an overall evaluation and performance measurement plan that is consistent with the CDC evaluation and performance measurement strategy. The plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Describe the population(s) that will be the focus of the work.
- Describe the type of evaluations to be conducted (i.e., process and/or outcome).
- Describe examples of data collection instruments related to the intended populations and respective interventions planned.
- Describe key evaluation questions to be answered.
- Describe potentially available data sources.
- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how collaboration across sectors will be evaluated.

Awardees will be required to submit a more detailed Evaluation and Performance Measurement

plan (including the Data Management Plan elements) within the first 6 months of award, as described in the Reporting Section of this FOA.

Awardees are encouraged to budget up to 10% of the total funding award to evaluation activities.

c. Organizational Capacity of Awardees to Implement the Approach

Applicants must describe their organizational capacity to carry out the activities, strategies, performance measures, and evaluation requirements as outlined in the FOA. CDC anticipates that all applicants will demonstrate capacity to carry out the activities and evaluation over the 5-year project period.

General Capacity: All applicants must describe their organizational capacity to carry out CDC program requirements and meet the project period outcomes. Day-to-day responsibilities for key tasks such as leadership of project, monitoring of the project's ongoing progress, preparation of reports, program evaluation, communication with partners and CDC, and timely, effective expenditure of funding should be outlined.

Applicants must provide evidence of:

- An adequate staffing plan to carry out the project (program coordinator dedicated to this program, experienced evaluator, other staff with expertise in the areas of work, as appropriate, including surveillance, epidemiology, training, program planning and implementation, as appropriate). An organizational chart and CV/resume for all project staff or position description (if position is vacant) should be provided.
- Component B applicants should include staff necessary to establish and maintain a robust network of Component A awardees to collaborate on program implementation and evaluation, knowledge-sharing and problem-solving. Experience and expertise in program planning, performance management and monitoring.
- Evaluation experience and expertise.
- Ability to travel (using Cooperative Agreement funds) to grantee and Network meetings.
- Full capacity to manage the required procurement efforts, including the ability to write and award subcontracts in accordance with 45.C.F.R. 75, as applicable.
- Experience with financial reporting, budget management and administration systems and methods.
- Personnel management experience (including developing staffing plans, developing and training workforce, managing Direct Assistance and developing a sustainability plan).
- Roles and responsibilities of existing and/or proposed partnerships.
- Successful collaboration with the community served, including, for Component A applicants, demonstration of representing or serving at least 60,000 American Indians and Alaska Natives.
- Additionally, Component B applicants should demonstrate capacity to support videoconferencing for NCC participants, as well as develop and maintain the NCC

website described below, or contract for such services.

d. Work Plan

Work plans for all Component A and Component B applicants must include, at a minimum:

- Identification of the Component for which the applicant is applying. If applying for both Component A and Component B, two separate applications must be submitted.
- A detailed, descriptive year-one work plan, including intended outcomes, strategies and activities, and timelines to support the achievement of FOA outcomes. Strategies must be in alignment with the FOA Logic Model and should have appropriate milestones or outputs for accomplishing tasks. A high-level work plan for years two through five should address how progress will continue.
- Target population served is the American Indian and Alaska Native population in the IHS Area served by the applicant. The Component A work plan should specify the tribes, tribal organizations or urban Indian organizations to be served and generally describe the American Indian and Alaska Native population to be served by the applicant, including anticipated number of tribes and tribal members (including urban Indians, as appropriate) reached by strategies and activities. The target population for the Component B applicant is the Component A awardees and the populations they serve.
- Staff and administrative roles to support the implementation of the proposed activities. Awardee should identify and assign staff, contractors, and/or consultants, sufficient in number and expertise, to carry out the activities of the FOA.
- A description of administration and assessment processes to ensure successful and timely expenditure of funds, implementation of program activities and quality assurance to achieve outcomes.

The Component A and Component B applicants are required to provide a work plan consisting of a narrative for the five-year program and a detailed description of the first year of the award. The work plan should not exceed 10 pages.

Component A: The Component A work plan must, at a minimum, include:

1. Narrative (description) of public health programs, including disease surveillance, epidemiology, prevention and control of disease, injury or disability, program monitoring and evaluation, leadership, training, and technical assistance, as appropriate, to be provided; include identification of the program strategies that will be addressed (public health capacity and infrastructure, programs to improve disease prevention and health promotion, sustainability activities).

2. Description of Area tribes, tribal organizations, urban Indian organizations and/or American Indian and Alaska Native populations to collaborate with in order to carry out Component A activities.

3. Intended outcomes for the first year of the project period, as presented in the Logic Model

provided above under each of the three strategies.

4. Program strategies to be used during the first year of the project period, including subawards to Area tribes, tribal organizations or urban Indian organizations, if appropriate.

6. Activities for the first year of the project period (note: activities must be in alignment with chosen program strategies).

7. Description of how applicant will effectively participate in and support the Community of Practice established by the Network Coordinating Center, including attending routine monthly project wide videoconferences and other collaborative efforts.

8. Timeline for the first year of the project period.

Applicants should use the Logic Model provided in this FOA while developing their work plan.

A sample work plan template is provided below for one strategy for Component A. Applicants are required to include all of the elements listed within the sample work plan and should populate the work plan "activity description" column with the relevant activities to accomplish the program of work and the other columns with the associated elements. CDC will provide feedback and technical assistance to awardees to finalize the work plan activities post-award.

Component A Work Plan Template:

Strategy 1: Strengthen Public Health Capacity and Infrastructure

Project Period (5-year) Outcome: [from Logic model]				
Activity Description	Short-term (1-year) Outcome [from Evaluation and Performance Measurement section]	Responsible Position/ Party	Outputs/ Milestones	Due Date
Collect and monitor data on health status objectives of tribes, tribal organizations and urban Indian organizations.				

Evaluate delivery and data systems that impact Indian health				
Assist tribes, tribal organizations and urban Indian organizations to determine health status objectives and services needed to meet those objectives				
Provide technical assistance to tribes, tribal organizations and urban Indian organizations to develop local health priorities and disease incidence and prevalence rates, with a focus on surveillance and epidemiology, including data collection for planning and monitoring.				
Provide technical assistance to tribes,				

tribal organizations and urban Indian organizations on chronic disease prevention and other health priority areas				
Cultivate multi-sector collaborations at Area, state, and/or tribal levels				
(Insert strategy/ activity description)				

Component B: The objective of the Component B Network Coordinating Center (NCC) is to facilitate the interaction, productivity, communication, and project evaluation through of a Community of Practice consisting of Component A awardees. The Component B NCC will support implementation of the selected interventions and conduct program evaluation and quality improvement to maximize the overall impact of the FOA. The Network Coordinating Center is expected to facilitate linkages among the Component A funded organizations and establish and maintain a coordinated, collaborative Community of Practice that will serve as a forum for communication and transfer of subject matter expertise, both virtually and in person.

Activities include the following:

1. Design and implement an approach for establishing an ongoing Network of Component A funded organizations and partners.
2. Coordinate collaborative activities that will optimize the ability of the Network to develop and use evidence-based, culturally driven approaches in the development, implementation, and evaluation of public health capacities and programmatic interventions.
3. Develop and implement a plan for establishing coordinated, collaborative Community of Practice to facilitate knowledge-sharing, problem-solving and communication across the Network.
4. Engage the Network of Component A funded organizations and CDC in preparing meetings (virtual and in-person) for the project. Routine project wide videoconferences will occur monthly and PIs and project managers will attend.
5. Develop and maintain an internal and external website for the Network. Project website

must be password protected for Network members and include a section that can be accessed by the public. The website will serve as a key communication and Network link for Component A funded organizations and will be one key dissemination element to share learnings internally and with the public.

6. Develop and implement a plan for tracking and disseminating Network-related publications, presentations, products, and other materials. This should include measures of use from the internal and external website.
7. Develop and implement an evaluation plan to coordinate monitoring of Component A and Component B accomplishments in achieving the outcomes of the FOA.

Component B Work Plan Template:

Strategy 1: Strengthen Public Health Capacity and Infrastructure

Project Period (5-year) Outcome: [from Logic Model]				
Activity Description	Short-term (1-year) Outcome [from Evaluation and Performance Measurement section]	Responsible Position/ Party	Outputs/ Milestones	Due Date
Coordinate collaborative activities to optimize the ability of the Network of Component A awardees to strengthen public health capacity and infrastructure				
Develop and implement an evaluation plan to coordinate monitoring of Component A and Component B				

accomplishments in achieving the outcomes of the FOA.				
(Insert activity description)				

e. CDC Monitoring and Accountability Approach
Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee 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 awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee 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 awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees 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 grantees.

CDC will monitor cooperative agreements in partnership with the awarded applicants. Monitoring milestones and performance measures ensures the mutual success of CDC and the awardees in achieving the FOA outcomes. The awarded applicant and CDC staff will work

together to assess key capacity areas aligned with strategies to establish a baseline for monitoring program improvement over time. The proposed work plan will be reviewed by the CDC project officer and/or evaluation staff and may need to be altered to better reflect the recipient program activities as outlined in the FOA. Monitoring will occur routinely through ongoing communication between CDC and awardees, annual site visits, and awardee's reporting (i.e., work plans, performance measures, and financial reporting). Post-award cooperative agreement monitoring and, provision of technical assistance and training will include:

- Ensuring the adequacy of awardees' systems that underlie and generate data and reports;
- Ensuring that awardees' work plans are feasible, fiscally responsible, consistent with the intent of the award, and have acceptable milestones and timelines;
- Ensuring that awardees are conducting activities outlined in the FOA on a routine basis (e.g., data collection and analysis, partnership engagement, strategic communication, etc.);
- Adjusting work plan activities based on achieving objectives and/or budget changes;
- Communicating as needed, or at minimum monthly, with the project coordinator and the project officer on conference calls/webinars;
- Participating in webinars and grantee meetings;
- Providing tools/resources aligned with program activities and FOA outcomes; and assessment and implementation support.

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

In a Cooperative Agreement, CDC and awardees share responsibility for successfully implementing the award and meeting identified outcomes. In addition to routine Cooperative Agreement monitoring, regular calls with awardees, site visits and performance and financial monitoring, the following areas of substantial involvement will be provided by CDC:

- CDC will serve as a technical advisor and consultant for the project activities related to this cooperative agreement overall and monitor its progress, including conducting site visits to awardees.
- Serve as a member, technical consultant and advisor to the Network Coordinating Center.
- Provide scientific and programmatic technical assistance and advice as needed to assist awardees in achieving the project objectives.
- Facilitate distribution and dissemination of information and outcomes.
- Contribute to analyses, publications, technical reports and other products as co-authors within the CDC authorship guidelines, as helpful.
- Work with awardees to identify the best solutions and innovations to support effective, culturally-relevant and respectful program implementation.
- Using webinars and other social media (e.g., PH Connects) for awardees and CDC to communicate and share tools and resources;
- Assist in establishing learning communities to facilitate the sharing of information among grantees;

- Provide professional development and training opportunities – either in person or through virtual web-based training formats – for the purpose of sharing best practices, success stories, and program models;
- Coordinate communication and program linkages with other CDC programs and Federal agencies, such as US Department of Education (USDOE); Health Resources and Services Administration (HRSA), Centers for Medicare and Medicaid Services (CMS), United States Department of Agriculture (USDA), Food and Drug Administration (FDA), Indian Health Service (IHS), and the National Institutes of Health (NIH);
- Translate and disseminate lessons learned through publications, meetings, and other means on promising and best practices to expand the evidence base.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.
2. Award Mechanism: Cooperative Agreement, Activity Code U58	U58
3. Fiscal Year:	2017
4. Approximate Total Fiscal Year Funding:	$8,500,000
5. Approximate Project Period Funding:	$42,500,000
This amount is subject to the availability of funds.	
Estimated Total Funding:	$42,500,000
6. Total Project Period Length:	5 year(s)
7. Expected Number of Awards:	13

This FOA will fund Tribal Epidemiology Centers (TECs) that have been established to serve each Indian Health Service Area. CDC expects to fund up to 12 Component A awards so as to include all IHS Areas, e.g., geographic region served by a TEC. See https://tribalepicenters.org. These areas served by TECs are: Alaska Area, Albuquerque Area, Bemidji Area, Billings Area, California Area, Great Plains Area, Nashville Area, Navajo Area, Oklahoma City Area, Portland Area, Phoenix/ Tucson Area and Urban Area serving Urban Indian Health Centers. This FOA will also fund up to one Component B award: Network Coordinating Center.

If applying for both Component A and Component B, applicants must submit separate applications for Component A and Component B awards. Applicants may submit an application for only a Component A award or only a Component B award. The Component B awardee may or may not also receive a Component A award.

8. Approximate Average Award: $658,000 Per Project Period

Average one year award amount for Component A Awardees: $658,000 (range: $230,000 to $850,000)

Average one year award amount for Component B (Network Coordinating Center) Awardee: $500,000 (range: $400,000 to $600,000)

9. Award Ceiling: $1,450,000 Per Budget Period

This amount is subject to the availability of funds.

Component A ceiling is $850,000, and Component B ceiling is $600,000.

10. Award Floor: $230,000 Per Project Period

Component A floor is $230,000, and Component B floor is $400,000

11. Estimated Award Date: 09/29/2017

12. Budget Period Length: 12 month(s)

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

13. Direct Assistance

Direct Assistance (DA) is available through this FOA.

An application from a tribe, tribal organizations, urban Indian organizations or intertribal consortia may request that the **Centers for Disease Control and Prevention (CDC)** provide direct assistance (DA) in the form of Federal personnel as a part of the grant awarded through this funding opportunity announcement. If the request for direct assistance is approved as a part of the award, CDC may reduce the amount of funding provided directly to the awardee as a part of the award. The amount by which the award is reduced to provide DA shall be deemed as part of the award and shall be deemed to have been paid to the awardee.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

Native American tribal governments (Federally recognized)
Native American tribal organizations (other than Federally recognized tribal governments)
Others (see text field entitled "Additional

Information on Eligibility" for clarification)

Additional Eligibility Category:

Government Organizations:

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

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

Eligibility is limited to American Indian or Alaska Native Tribally-Designated Organizations. The designated organizations for this FOA are Tribal Epidemiology Centers (TECs). The Explanatory Statement to the FY17 Appropriations states that agencies should be guided by HR 114-699, which provides support for CDC's goals under this FOA. HR114-699 provides that, "CDC is expected to build on these existing programs "Good Health and Wellness in Indian Country" (GHWIC) within Indian Country to allow for a more comprehensive public health infrastructure in tribal communities and the ability to develop mechanisms to improve good health and wellness in Indian Country.

3. Justification for Less than Maximum Competition

Public Law 102-573, the Indian Health Care Improvement Act, reauthorized in 2010, designates the TECs as public health authorities for tribes and Urban Indian communities with responsibility for essential public health infrastructure services such as data collection and analysis, evaluation and targeting of services, and provision of technical assistance. (25 USC 1621m) TECs are statutorily authorized to provide these services; other organizations do not have capacity to provide this support. Additionally, like state, local and territorial health departments, TECs have statutory public health authorities as described above and perform public health functions for the Tribes in their administrative Area. They also derive authority from the Tribes they serve to perform these functions. Unlike their counterparts, they have no (or little) funding from their jurisdictional governments to perform these public functions. The purpose of the new FOA is to strengthen public health capacity in Indian Country to better serve the public health needs of tribes, tribal organizations and urban Indian organizations and accelerate improvements in the health of Al/AN populations. TECs provide evaluation support

for the existing project, which lacks resources to fund more robust public health infrastructure improvements. Other entities (e.g., tribes and tribal organizations) implement public health programs as part of the existing GHWIC program. Also, 25 U.S.C. 1621m(c) provides that CDC "shall provide technical assistance to the Centers [TECs] in carrying out this section."

The CDC has determined that the TECs provide the most effective approach to evaluate and assess the implementation of evidence and practice-based strategies to improve good health and wellness in Indian Country. Other entities are not best suited for implementing the activities outlined in the FOA because they would lack the capacity of the congressional intent for the purpose of the new project, which is to strengthen public health capacity in Indian Country to better serve the public health needs of tribes, tribal organizations and urban Indian organizations and to accelerate improvements in the health of AI/ AN populations. Additionally, this FOA will evaluate, assess and build on experiences from DP14-1421, A Comprehensive Approach to Good Health and Wellness in Indian Country, which is to establish or strengthen and broaden the reach and impact of effective chronic disease prevention programs that improve the health of tribal members and communities. The approach includes a combination of policy and environmental approaches, community clinical linkages, and health system interventions, which was approved under a limited eligibility justification.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although there is not a match requirement for this FOA, obtaining other resources and aligning ongoing efforts to promote sustainability is strongly encouraged. Examples include: complementary foundation funding and other US government funding sources. These may include programs supported by the Department of Health and Human Services, and Departments of Agriculture, Education, Interior, Housing and Urban Development, Transportation, and others. Applicants may coordinate with multiple sectors, such as public health, transportation, education, health care delivery, agriculture and others, in order to build and strengthen public health capacity and infrastructure and implement the work of the FOA.

5. Maintenance of Effort

Maintenance of effort is not required for this program

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.
If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls:

	Contractor Registration (CCR)	you will need to have an active SAM account before you can register on grants.gov)		866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **N/A**

b. Application Deadline

Due Date for Applications: **08/07/2017** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.
Due date is an estimate and may change based on when FOA is published.

Date for Information Conference Call

July 14, 2107 at 1:00pm Eastern Time

Conference: 866-709-6010

Passcode: 37005261

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

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

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

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

LOI is not requested or required as part of the application for this NOFO.

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

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 project period 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 awardees should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

Applicants are encouraged to collaborate with other programs funded by CDC and are expected to collaborate with organizations external to CDC, at the local, state, regional or federal levels.

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

Awardees 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 awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

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 awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement. Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov

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 will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).
For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http:// www.cdc.gov /grants /interested in applying /application resources.html.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Applicants must name this file “Budget Narrative” and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file “Indirect Cost Rate” and upload it

at www.grants.gov.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Grantees will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide grantees and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.
Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

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

14. Intergovernmental Review

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

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

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

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees 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 awardee.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition

and additional guidance on lobbying for CDC awardees.

- 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.

18. Data Management Plan

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

19. Other Submission Requirements

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

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov.

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

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

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the

submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

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

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach	Maximum Points:35

Evaluate the extent to which the applicant:

- Identifies the component for which the applicant is applying.
- Describes the population served by the proposed activities, including number of tribes or tribal members (including urban Indians, as appropriate) reached by proposed activities.
- Presents a detailed descriptive year-one work plan, including intended outcomes, strategies and activities, staff roles, milestones and a timeline to support the FOA outcomes.
- Provides a narrative description of public health programs, including disease surveillance, epidemiology, prevention and control of disease, injury or disability, program monitoring and evaluation, leadership, training, and technical assistance to be provided; (Component A applicants only)
- Describes how applicant will effectively participate in and support the Community of Practice established by the Network Coordinating Center, including attending routine monthly project wide videoconferences and other collaborative efforts. (Component A applicants only)
- Provides a plan for establishing an ongoing Network of Component A funded organizations and partners. (Component B applicants only).
- Provides a plan for holding routine videoconferences for the Network of Component A funded organizations and CDC. (Component B applicants only)
- Provides a plan for developing and maintaining an internal and external website for the Network. (Component B applicants only)
- Provides a plan for developing and implementing an evaluation plan to coordinate monitoring of Component A and Component B accomplishments in achieving the outcomes of the FOA (Component B applicants only)

ii. Evaluation and Performance Measurement Maximum Points:25

Evaluate the extent to which the applicant:

- Describes how key program partners will be engaged in the evaluation and performance measurement planning process.
- Describes the types of evaluation (e.g., process, outcome) that will be used to demonstrate the effectiveness of planned activities related to outcomes.
- Describes examples of data collection instruments and potentially available data sources (from partners, programs, agencies).
- Lists key evaluation questions to address planned activities to achieve outcomes.
- Describes how evaluation findings will be reported and used to demonstrate the outcomes of the FOA and for continuous local program and quality improvement.
- Describes how collaboration across sectors will be evaluated.

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

Evaluate the extent to which the applicant:

- Provides a staffing plan, including roles and responsibilities, including how each will contribute toward outcomes, and project management structure that will be sufficient to achieve program outcomes.
- Describes staffing plan necessary for establishing and maintaining network of Component A awardees. (Component B applicants only)
- Demonstrates relevant experience, expertise and capacity to provide technical assistance and build capacity, collect and analyze data, and conduct evaluation among tribes, tribal organizations, and urban Indian organizations.
- Documents capacity for developing, awarding and overseeing sub-contracts.
- Provides evidence of timely and accurate financial reporting, budget management, and administrative systems and methods.
- Describes successful collaborations with the community served, including, for Component A applicants, demonstration of representing or serving at least 60,000 American Indians/ Alaska Natives
- Demonstrates capacity to support videoconferencing for NCC participants and developing and maintaining the NCC website. (Component B applicants only)

Budget

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

c. Phase III Review

Applications will be funded in order of ranked score, with score determined by the review panel, recognizing that up to one applicant will be funded in each of the 12 IHS administrative Areas, including an urban Indian health center "Area"(https://tribalepicenters.org/) *for Component A* and up to one applicant will be funded for Component B.
An applicant may or may not be funded for both Component A and Component B. Applicants applying for both Component A and Component B must submit separate applications. For purposes of this application, Phoenix and Tucson Areas are considered a single Area.

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.
In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

The anticipated award date is September 29, 2017.

F. Award Administration Information

1. Award Notices

Awardees 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 awardee and CDC. The NOA will be signed by an authorized GMO and emailed to the Awardee Business Officer listed in application and the Program Director.

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

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

2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the

administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the FOA. All ARs are listed in the Template for CDC programs. Awardees must then comply with the ARs listed in the FOA. Do not include any ARs that do not apply to this FOA. Awardees must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: http://www. access.gpo.gov/ nara/cfr/cfr-table- search.html.

List applicable ARs – Determine which of the ARs apply and DELETE any that do not apply. The following Administrative Requirements (AR) apply to this project: Generally applicable ARs:

- *AR-1: Human Subjects Requirements*
- *AR-3: Animal Subjects Requirements*
- *AR-4: HIV/AIDS Confidentiality Provisions*
- *AR-5: HIV Program Review Panel Requirements*
- *AR-6: Patient Care*
- *AR-7: Executive Order 12372 Review*
- *AR-8: Public Health System Reporting Requirements*
- *AR-9: Paperwork Reduction Act Requirements*
- *AR-10: Smoke-Free Workplace Requirements*
- *AR-11: Healthy People 2020*
- *AR-12: Lobbying Restrictions (June 2012)*
- *AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities*
- *AR-14: Accounting System Requirements*
- *AR-15: Proof of Non-profit Status*
- *AR-16: Security Clearance Requirement*
- *AR-17: Peer and Technical Reviews of Final Reports of Health Studies – ATSDR*
- *AR-18: Cost Recovery – ATSDR*
- *AR-19: Third Party Agreements – ATSDR*
- *AR-20: Conference Support*
- *AR-21: Small, Minority, And Women-owned Business*
- *AR-22: Research Integrity*
- *AR 23: Compliance with 45 CFR Part 87 (faith-based organizations)*
- *AR-24: Health Insurance Portability and Accountability Act Requirements*
- *AR-25: Data Management and Access*
- *AR-26: National Historic Preservation Act of 1966*
- *AR-27: Conference Disclaimer and Use of Logos*
- *AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009*
- *AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973*
- *AR-32: Enacted General Provisions*
- *AR-34: Language Access for Persons with Limited English Proficiency*

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

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

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

For more information on the CFR visit http://www. access.gpo.gov/ nara/cfr/cfr-table-search.html

3. Reporting

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

- Helps target support to awardees;
- Provides CDC with periodic data to monitor awardee 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 project period 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.

General Provisions Title II, Division H, Consolidated Appropriations Act, 2014.

Section 218 - Prevention and Public Health Fund Reporting Requirements

Prevention Fund Reporting Requirements: This award requires the grantee to complete projects or activities which are funded under the Prevention and Public Health Fund (PPHF) (Section 4002 of Public Law 111-148) to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Grantees awarded a grant, cooperative agreement, or contract from such funds with a value of $25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 - June 30 and July 1 - December 31; and email such reports to the CDC website (template and point of contact to be provided after award) no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively). Grantee reports must reference the NoA number and title of the grant, and include a summary of the activities undertaken and identify any sub-awards (including the purpose of the award and the identity of each sub-recipient).

Responsibilities for Informing Sub-recipients: Grantees agree to separately identify each sub-recipient, document the execution date sub-award, date(s) of the disbursement of funds, the Federal award number, any special CFDA number assigned for PPHF fund purposes, and the amount of PPHF funds. When a grantee awards PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental PPHF funds from regular sub-awards under the existing program.

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

• No part of any appropriation contained in this Act or transferred pursuant to Sec. 502(a), (b) and (c) of Title V, Division H, Consolidated Appropriations Act, 2014 and section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

(b) No part of any appropriate contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay 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 the Congress or any State government, State legislature or local legislative body, other than normal and recognized executive-legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

• Sec. 217,Title II, Division H, Consolidated Appropriations Act, 2014. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

• Sec 422, Title IV, Division H. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, made a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that this further action is not necessary to protect the interests of the Government.

• Sec 423, Title IV, Division H. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation with respect to which any

unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsibly for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

Sec 522, Title V, Division H of the Consolidated Appropriations Act, 2014. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

• Recipients may not use funds for research.

• Recipients may not use funds for clinical care.

• Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual agreements for screening services.

• Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.

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

• Reimbursement of pre-award costs is not allowed.

• Funds will not be used to supplant existing state funding for breast and cervical screening services.

a. Awardee Evaluation and Performance Measurement Plan (required)
With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees 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.

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

Performance Measurement

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

• Other information requested as determined by the CDC program.

Evaluation

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

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

b. Annual Performance Report (APR) (required)

The awardee must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.
This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
    - Awardees must report progress on completing activities and progress towards achieving the project period outcomes described in the logic model and work plan.
    - Awardees must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Awardees must describe success stories.
- **Challenges**
    - Awardees must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
    - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**

    - Awardees must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period 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.

Carryover requests ideally will be submitted as part of the Annual Performance Report. For years 2 through 5 of the cooperative agreement, awardees may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period. The carryover request must:

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

Carryover requests may be denied. Awardees should endeavor to spend award funds in the year the funds are provided.

The awardees 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 awardees 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. 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, awardees are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

This report is due 90 days after the end of the project period. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire project period and can include information previously reported in APRs. At a minimum, this report must include the following:

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

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

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

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

B. The U.S. Department of State requires that agencies collect and report information on the

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

1) Annual Report: The grantee 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 grantee did not pay any taxes during the reporting period.]

2) Quarterly Report: The grantee 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. grantee 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 grantee must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Mary Hall, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: (770) 488-5309
Email: mehall@cdc.gov

Grants Staff Contact

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

Ebony Holt, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Telephone: 770.488.5872
Email: eholt@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: ogstims@cdc.gov

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications

- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Organization Charts
- Indirect Cost Rate, if applicable

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; awardees must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium

published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
CFDA Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (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 awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the awardee and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of

operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

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

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.
Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
Project Period Outcome: An outcome that will occur by the end of the NOFO's funding period.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of project period 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

Chronic disease: Chronic diseases and conditions persist for a long time, lasting three months or longer. They generally cannot be prevented by vaccines or cured by medication, nor do they just disappear. Examples of chronic diseases include heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis.