

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Public Health and Health Systems Partnerships to Increase Colorectal Cancer Screening in Clinical Settings

CDC-RFA-DP20-2002

Application Due Date: 03/17/2020

Public Health and Health Systems Partnerships to Increase Colorectal Cancer Screening in Clinical Settings

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TABLE OF CONTENTS

Part I. Overview Information

A. Federal Agency Name
B. Funding Opportunity Title
C. Announcement Type
D. Agency Funding Opportunity Number
E. Assistance Listings (CFDA) Number
F. Dates
G. Executive Summary

Part II. Full Text

A. Funding Opportunity Description
B. Award Information
C. Eligibility Information
D. Application and Submission Information
E. Review and Selection Process
F. Award Administration Information
G. Agency Contacts
H. Other Information
I. Glossary

Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP20-2002. 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:

Public Health and Health Systems Partnerships to Increase Colorectal Cancer Screening in Clinical Settings

C. Announcement Type: New - Type 1

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP20-2002

E. Assistance Listings (CFDA) Number:

93.800

F. Dates:

1. Due Date for Letter of Intent (LOI):	**02/05/2020**
2. Due Date for Applications:	**03/17/2020**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:
01/29/2020

Informational Conference Calls for Potential Applicants: CDC will conduct two (2) informational conference calls for interested applicants on **February 5, 2020** at **11:00 AM and 3:00 PM Eastern Standard Time.** The calls will last no longer than an hour and a half.

Conference call lines are limited, so we encourage those who can to call in together from one line/location.

Call-in information:

Toll-free Number: 1-866-510-1407

Toll Number: 1-517-968-2548

Participant Passcode: 80681704

G. Executive Summary:

1. Summary Paragraph:

This announcement provides funds to recipients to partner with health systems and individual primary care clinics to implement evidence-based interventions (EBIs) to increase colorectal cancer (CRC) screening uptake among applicant defined populations age 50-75 years that have CRC screening rates lower than the national, regional, or local rate. Recipients will: 1) establish partnerships with health systems and primary care clinics to implement at least two of four EBIs recommended in The Community Guide (client reminders, provider reminders, reduction of structural barriers, and provider assessment and feedback); 2) establish partnerships with organizations that provide expertise to support the implementation of EBIs in primary care clinics; 3) conduct a formal assessment of each clinic's capacity/readiness to implement EBIs; 4) utilize the clinic assessment to select appropriate EBIs to implement; 5) provide resources to partner clinics to provide and support completion of follow-up colonoscopies after a positive or abnormal screening test; and 6) collect and submit high-quality clinic-level data including baseline and annual CRC screening rates.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	35
d. Total Period of Performance Funding:	$110,000,000
e. Average One Year Award Amount:	$500,000
f. Total Period of Performance Length:	5
g. Estimated Award Date:	06/30/2020
h. Cost Sharing and / or Matching Requirements:	N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirements for the NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Colorectal cancer (CRC) is the second leading cause of death from cancer in the United States. There is substantial evidence that screening for CRC reduces the incidence of and death from this disease. Screening for CRC can both detect disease early when treatment is more effective and prevent cancer by finding and removing precancerous polyps. Of individuals diagnosed with early stage CRC, more than 90% live five or more years.

The U.S. Preventive Services Task Force recommends screening average risk adults age 50-75 years for CRC with either: 1) fecal occult blood test (FOBT) or fecal immunochemical test (FIT)

annually, 2) multi-target stool DNA (also referred to as FIT-DNA) every 1 or 3 years, 3) colonoscopy every 10 years, 4) computed tomographic colonography (CTC) every 5 years, 5) flexible sigmoidoscopy every 5 years, or 6) flexible sigmoidoscopy every 10 years with FIT annually.

Despite strong evidence that screening for CRC is effective, only 68.8% of age-eligible adults report being up-to-date with CRC screening. Approximately 22 million adults have never been screened or are not up-to-date with screening. Individuals age 50-64 years, men, racial and ethnic minorities, those who do not live in a city, and people with lower educational attainment and annual household income are less likely to be screened. Lower rates of screening directly contribute to disparities in CRC morbidity and mortality.

Barriers to CRC screening include lack of a provider recommendation, lack of awareness, not having a choice of tests, the absence of systematic processes to identify patients due for screening and to support them through the screening process, lack of transportation, language barriers, and lack of access to health care systems during normal working hours. The Community Guide (https://www.thecommunityguide.org/topic/cancer) has identified evidence-based interventions (EBIs) that address many barriers to CRC screening. These include interventions to increase community demand (client reminders), interventions to increase community access (e.g., reducing structural barriers through alternative screening sites or hours, addressing transportation barriers, providing translation services), and interventions to increase provider delivery of screening services (provider reminders, provider assessment and feedback). The Community Guide also recommends multi-component interventions which combine two or more intervention approaches (e.g. combining interventions to increase community demand with interventions to increase provider delivery), or two or more interventions to reduce structural barriers. Patient navigators (people trained to assist patients with navigating the health care system) often provide services that overlap with or support these EBIs, particularly the reduction of structural barriers (e.g., assisting with appointment scheduling, reminding patients to complete tests, arranging transportation or language translation services, providing education about screening).

To address barriers to CRC screening, this program will support public health and health system partnerships to implement EBIs recommended by The Community Guide to increase and improve the quality of CRC screening and follow-up testing. Using data to identify high-need populations and the health systems serving them and implementing combinations of these EBIs will result in increased CRC screening rates and ultimately decreased CRC incidence and mortality.

b. Statutory Authorities

This program is authorized under section 301(a) of the Public Health Service Act, [42 U.S.C section 241(a)], as amended.

c. Healthy People 2030

This program is directly related to the Healthy People 2020 Cancer (HP-C) Focus Area: a) Reduce the age-adjusted annual rate of cancer mortality per 100,000 population; b) Reduce the colorectal cancer death rate (HP-C5); c) Increase the proportion of adults who receive a colorectal

cancer screening based on current guidelines (HPC-16).

d. Other National Public Health Priorities and Strategies

This program supports using evidence-based strategies to increase uptake of colorectal cancer screening tests, particularly among populations with low colorectal cancer screening rates, and that align with the following national plans and guidelines:

The Community Guide https://www.thecommunityguide.org/topic/cancer

The National Partnership for Action to End Health Disparities https://www.minorityhealth.hhs.gov/npa/

e. Relevant Work

The Colorectal Cancer Control Program (CRCCP): In 2015 CDC funded 30 recipients to implement the CRCCP. Recipients partnered with health systems to implement EBIs in primary care clinics serving populations with low annual household incomes and low CRC screening rates. Recipients focused on four priority EBIs from The Community Guide (client reminders, reducing structural barriers, provider reminders, provider assessment and feedback) and several supporting activities (small media, patient navigation, provider education, health information technology). Six of the recipients received funding to provide direct screening services to average risk, low-income, uninsured and underinsured people. https://www.cdc.gov/cancer/crccp/

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Establish partnerships with health system/primary care clinics Establish partnerships to support implementation of evidence-based interventions (EBIs) Conduct implementation	**Increased clinic-level CRC screening rates**	Increased number of cancers prevented Increased diagnosis of early stage CRC	Reduced CRC incidence and mortality

readiness assessment of partner primary care clinics Implement EBIs Facilitate patients' linkage to follow-up colonoscopy Data quality, program monitoring and evaluation			

i. Purpose

The purpose of this program is to implement EBIs in primary care clinics that provide clinical services to populations with low CRC screening rates to increase clinic-level CRC screening rates.

ii. Outcomes

As displayed in the logic model, the key outcome of this program by the end of the period of performance is:

1) Increased clinic-level CRC screening rates.

Over time, increased screening is expected to result in the intermediate outcomes of increased number of cancers prevented, increased diagnosis of early stage CRC, and ultimately the long-term outcomes of decreased CRC incidence and mortality among the population reached by program activities.

iii. Strategies and Activities

Applicants must propose activities for all strategies as outlined in the logic model. All applicants, including those that are regional in scope or are national organizations must identify a target population(s) in **one** state, tribe, tribal organization, or territory, and implement all required program activities in the selected state, tribe, tribal organization, or territory.

1. Establish partnerships with health system/primary care clinics

Primary care clinic partners can include, but are not limited to: Federally qualified health centers (FQHCs), other publicly funded entities that provide primary care services, or private entities that provide primary care services. Recipients are required to collaborate with primary care clinics to implement the recipient's proposed strategies and activities in individual clinics. Recipients may also partner with health systems that are comprised of several primary care clinics (hereafter referred to as health systems), however recipients should plan to implement program strategies and activities at the clinic level.

a. Use data to identify priority populations and select appropriate primary care clinics to

implement the CRCCP

i. Utilize data (e.g., cancer registry, Behavioral Risk Factor Surveillance System, HRSA UDS, other state or local data sources) to identify and describe a defined target population(s) age 50-75 years that has a CRC screening rate lower than the state or national overall screening rate, or known screening rate for that population. Links to some data resources can be found at https://www.cdc.gov/cancer/crccp/dp20-2002.htm

ii. Utilize data (e.g., HRSA UDS, clinic location data, other state or local data sources) to identify primary clinic partners that serve the applicant defined target population.

b. Establish formal agreements with primary care clinics or health systems

i. Strengthen existing or establish new formal partnership agreements (e.g., memorandum of agreement, contract) with identified primary care clinics or health system partners (health system or individual clinic) that serve the applicant's defined target population to facilitate implementation of EBIs to increase CRC screening within the identified clinics. Additional information about memorandums of agreement can be found at https://www.cdc.gov/cancer/crccp/dp20-2002.htm

2. Establish partnerships to support implementation of EBIs

a. Collaborate with partners to support program implementation and data monitoring

i. Partnerships to support clinic implementation of EBIs include but are not limited to: health care plans, health care networks, hospitals, non-profit organizations, primary care associations, health center controlled networks, payers and insurers, regional medical associations, and professional organizations.

ii. Identify partners that have expertise in implementing EBIs in primary care clinics (e.g., expertise in clinic workflow or process mapping, assessment of clinic readiness to implement EBIs, quality improvement, data management, data quality, use of electronic health record data for population management, implementation of EBIs in clinic settings).

iii. Identify partners that have experience implementing interventions for identified target populations and in clinic settings.

iv. Establish formal agreements (e.g., memorandum of agreement, contract) with the identified partners.

3. Conduct implementation readiness assessment of partner primary care clinics

a. Conduct formal assessment of each clinic's capacity/readiness to implement EBIs and identify needed data system improvements and EBIs for implementation

i. Prior to implementation of EBIs, an implementation readiness assessment of each clinic must be performed. The purpose of the implementation readiness assessment is to document the clinic's current CRC screening process, the quality of CRC screening data in the electronic health record (EHR), and available clinic resources in order to 1) guide the selection of EBIs to address identified gaps and opportunities, and 2) identify and conduct any needed quality improvement activities prior to implementation of EBIs (e.g., improving the quality of EHR screening data). CDC will review the results of the implementation readiness assessment prior to the implementation of EBIs in the clinic. Additional information about the clinic implementation readiness assessment can be found at https

://www.cdc.gov/cancer/crccp/dp20-2002

The readiness assessment should include, at a minimum:

1. Calculation of the baseline CRC screening rate in the clinic;

2. Process or workflow mapping of the CRC screening process (e.g., how the clinic identifies who is due or overdue for screening; how patients are notified that they are due for screening; how and by whom CRC screening tests are ordered; how people receive their CRC screening test kit or order; how people are referred for colonoscopy; how the clinic tracks completion of ordered or referred tests; how the clinic ensures that people with an abnormal test receive appropriate follow-up testing);

3. An assessment of the clinic's EHR (e.g., how and where CRC screening test information is captured, how CRC screening rates are calculated, validation of the CRC screening rate through manual record review);

4. An assessment of EBIs currently used by the clinic to determine implementation quality;

5. An assessment of clinic resources and capacity available to support EBI implementation (e.g., staff, leadership support).

ii. The completed assessment should be used in collaboration with clinic staff to identify gaps and opportunities for improving the clinic screening process, identify opportunities to improve EHR data quality, select appropriate EBIs to address identified gaps, and develop a plan to implement the selected EBIs.

iii. Applicants must describe their implementation readiness assessment tool and how they will conduct the clinic implementation readiness assessments.

4. Implement EBIs (evidence-based interventions)

a. Implement multiple EBIs in partner health systems/clinics consistent with clinics' implementation readiness assessments

i. Recipients must implement at least two of the four required EBIs described below in each partner clinic, and should choose interventions based on the results of the clinic implementation readiness assessment.

ii. The required EBIs include:

1.Provider Assessment and Feedback – Interventions that evaluate provider performance in delivering or offering screening to patients (assessment) and presentation of information to providers about their performance in providing screening services (feedback).

2. Provider Reminders – Reminders inform health care providers it is time for a client's cancer screening test (called a "reminder") or that a client is overdue for screening (called a "recall").

3. Client (or patient) Reminders – Written (letter, postcard, email) or telephone messages (including recorded/automated messages) advising people that they are due for screening. Client reminders can be general to reach the overall target population or tailored with the intent to reach one specific person based on characteristics unique to

that person, related to the outcome of interest, and derived from an individual assessment.

4. Reducing Structural Barriers – Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening (e.g., inconvenient clinic hours, lack of transportation).

b. Utilize patient navigation to support delivery of EBIs

i. Patient navigators may be used to help patients overcome barriers and support adherence to screening completion (e.g., ensuring return of FITs), follow-up testing (colonoscopy), and initiation of cancer treatment if relevant, and to support implementation of required clinic-based EBIs.

ii. Existing small media materials may be used, or adapted for use, to support implementation of patient navigation and client reminder interventions.

c. Provide support to clinics to implement EBIs

i. Develop a plan or protocol for how the recipient will provide implementation support to primary care clinics for data monitoring and EBI implementation. The plan/protocol should include, but not be limited to: types of support to be provided, organizations delivering support to primary care clinics, anticipated amount of implementation support to be delivered, and change in types and amount of implementation support over time for a given primary care clinic.

ii. Recipients must monitor and support implementation in each clinic (e.g., bi-weekly conference calls, site visits, or other methods to meet with clinics to assess progress, and identify and resolve problems).

iii. Recipients should identify and collaborate with a CRC screening champion that work within the clinic or parent health system.

5. Facilitate patients' linkages to follow-up colonoscopy

a. Provide resources to partner clinics to pay for follow-up colonoscopies

i. Recipients may use limited funds with CDC approval to pay for follow-up colonoscopies for asymptomatic uninsured or underinsured adults age 50-75 who are screened for colorectal cancer by their partner clinics. Funds may not be used to pay for colonoscopies to evaluate or diagnose symptomatic patients.

ii. Recipients may use awarded funds to pay for a colonoscopy following a positive or abnormal fecal immunochemical test (FIT), fecal occult blood test (FOBT), sigmoidoscopy, computed tomographic colonography (CTC), or multi-target stool DNA test (mts-DNA) if these tests were ordered or performed by a partner clinic (e.g., a clinic in which the recipient is implementing EBIs and clinic-level data are being reported on screening rates) for the purpose of screening asymptomatic adults for CRC. Colonoscopies provided by the program should meet national quality standards.

iii. Reimbursement for colonoscopy may not exceed the Medicare rate (the reimbursement rate by the federal government as established by the Centers for Medicare and Medicaid

Services).

iv. The Federal government is the payor of last resort. Awarded funds must be used as the payment of last resort and may not supplant other available sources of payment for colonoscopy.

v. Recipients must report, in aggregate, for follow-up colonoscopies paid for with CRCCP funds: the number of patients provided a follow-up colonoscopy, the final test results (cancer, adenomatous polyp, non-adenomatous polyp, other abnormal finding, or normal), the number of patients referred for cancer treatment, and the number of patients that start cancer treatment as part of the CDC required clinic data.

vi. Applicants must describe how they will secure treatment resources for patients diagnosed with cancer or those needing additional evaluation or treatment.

vii. All applicants must describe how they will facilitate linkage to follow-up colonoscopy regardless of whether or not the applicant intends to use awarded funds to support this activity.

b. Provide support to patients to facilitate the completion of follow-up colonoscopies

i. Patient navigators may be used to facilitate screening and reduce barriers to colonoscopy completion regardless of the source of payment for the colonoscopy (e.g., educating patients about the procedure, assisting with scheduling, providing instructions for bowel preparation, providing appointment reminders, assisting with transportation or translation services, other related activities).

6. Data quality, program monitoring and evaluation

a. Plan and conduct program monitoring and evaluation

i. Recipients must have staff with expertise in evaluation, data collection, data management, and data reporting.

ii. Participate in an annual CDC-led grantee survey, as directed by CDC.

iii. Conduct process and outcome evaluation to assess all program activities, including clinic-level EBI implementation and screening rate changes. Monitoring implementation can serve as an early detection system to identify implementation problems allowing for mid-course corrections.

iv. Develop and submit annual monitoring and evaluation results in a report that summarizes key findings and describes how results have been used for program improvement, best practices that have been identified, and success stories.

b. Collect high quality clinic-level data on implementation and outcomes

i. Recipients must be able to report a baseline and annual data record, as defined by CDC, for each clinic that includes:

1. Characteristics of health systems/clinics and their patient populations;

2. The EBIs that are implemented;

3. The total number of adults age 50-75 years assigned to the clinic that are eligible for CRC screening;

4. Of the total number of adults age 50-75 years served by the clinic, the number that received an appropriate CRC screening test within the recommended time frame;

5. The CRC screening prevalence (referred to as CRC screening rate) for each clinic (number of adults age 50-75 years that received an appropriate CRC screening test within the recommended time frame/total number of adult age 50-75 years served by the clinic who are eligible for CRC screening) prior to implementation of any EBIs.

6. Annual CRC screening rate for each clinic;

7. The number of patients given a FIT or FOBT kit and the percentage of patients that returned a kit to the clinic;

8. The number of patients with a positive or abnormal screening test and percentage that completed a follow-up colonoscopy;

9. The total number of colonoscopies paid for with CDC CRCCP funds;

10. Final results of colonoscopies paid for with CDC CRCCP funds (in aggregate, the number of colonoscopies provided and the final results [cancer, adenomatous polyp, non-adenomatous polyp, other abnormal finding, or normal], the total number of patients diagnosed with CRC and percent starting treatment).

Additional information about clinic data collection can be found at https://www.cdc.gov/cancer/crccp/dp20-2002

ii. Recipients must have expertise in, or partner with an organization that has expertise in, extracting population health data from electronic health records (EHRs) and in improving the quality of data entered into and extracted from EHRs.

iii. Recipients should validate each clinic's reported EHR CRC screening rate through manual chart review within the first year of a clinic's participation in the program, and if discrepancies exist, identify and address issues to improve data quality.

c. Use monitoring data for quality and program improvement

i. Routinely analyze clinic and other program monitoring data to assess data quality and identify areas for quality improvement.

ii. Regularly review clinic data, including screening rate (e.g., monthly, quarterly), implementation successes and challenges, and other program monitoring data with partner clinics to monitor progress and improve implementation of EBIs.

iii. Participate in CDC-led data review process.

iv. Conduct data-driven planning to maximize program resources.

1. Collaborations

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

Recipients are expected to collaborate with CDC-funded programs that are currently funded in the recipient's state, county, city, Tribe or tribal organization, or territory to coordinate program activities to avoid duplication of effort. Relevant CDC-funded programs may have established partnerships with organizations that can support the applicant's proposed activities, may be

implementing EBIs in health systems, or may provide data that inform program activities. Relevant CDC-funded programs include:

National Breast and Cervical Cancer Early Detection Program (https://www.cdc.gov/cancer/nbccedp/)

National Comprehensive Cancer Control Program (https://www.cdc.gov/cancer/ncccp/)

National Program of Cancer Registries (https://www.cdc.gov/cancer/npcr/)

WISEWOMAN program (https://www.cdc.gov/wisewoman/index.htm)

The Cancer Prevention and Control Network (https://www.cpcrn.org/)

b. With organizations not funded by CDC:

Recipients are required to collaborate with primary care clinics to implement program activities. To demonstrate organizational capacity to establish partnerships with primary care clinics, applicants must provide a signed Letter of Support (LOS) from:

- At least two separate primary care clinics that provide services to adults (applicant will provide two separate LOS);

OR

- One health care system with at least two primary care clinic sites that provide services to adults (e.g., a Federally Qualified Health Center could be considered a health system and may have multiple primary care clinic sites) (applicant may provide one LOS from the health care system describing both clinics).

Each letter from the health system or clinic should describe:

- The approximate number of adults age 50-75 years currently served by the clinic;
- The clinic's current CRC screening rate (the percentage of adults up-to-date with CRC screening);
- The clinic's willingness to participate in a detailed clinic assessment and to implement the recommended EBIs;
- The clinic's ability and willingness to submit required data to the applicant.

The information should be provided for each proposed clinic partner (e.g., if submitting one LOS from a health system, then the information above should be provided for each clinic expected to participate in the program).

Recipients are also expected to collaborate with organizations that support the implementation of EBIs in primary care clinics. If the applicant proposes such collaborations, then a **Letter of Support should be provided for each proposed partner organization**. Each letter should describe the organizations proposed role in implementation of the program and the expertise that they will provide (e.g., using EHR data for population management, data quality improvement, EBI implementation and/or practice quality improvement, evaluation support).

Each letter of support should be dated within 3 months of the application due date. Applicants

must upload the LOS as PDF files at www.grants.gov under “Other Attachment Forms” and name the file “Letters of Support" .

2. Target Populations

The target population is average risk adults age 50-75 years who are eligible for CRC screening as recommended by the U.S. Preventive Services Task Force and have a CRC screening rate that is lower than the average screening rate in the proposed geographic area.

All applicants, including those that are regional in scope or are national organizations, must identify a target population(s) in **one** state, tribe, tribal organization, or territory, and implement all required program activities in the selected state, tribe, tribal organization, or territory.

Applicants must describe:

- The geographic area in which program activities will be implemented (e.g., statewide, a specific region of a state, in a city, in a county, or other geographic unit);
- The approximate number of unscreened (people who have never been screened or are overdue for screening) people age 50-75 years in the proposed geographic area;
- The percentage of the population in the proposed geographic area living in an urban or rural area (as defined by the U.S. Census Bureau at https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural/2010-urban-rural.html) or frontier and remote areas (as defined by the U.S. Department of Agriculture at https://www.ers.usda.gov/data-products/frontier-and-remote-area-codes/).

Recipients must plan to implement the program in primary care clinics that serve adults age 50-75 years and have a CRC screening rate that is lower than the local or state screening rate. Recipients should prioritize clinics with a CRC screening rate of <60%.

The impact of the program is a function of both the number of persons reached and the increase in clinic-level CRC screening rates. Consequently, recipients are encouraged to use resources efficiently by partnering with clinics that serve large numbers of the target population. However, public health is responsible for ensuring appropriate populations in less populated areas also benefit from the program.

a. Health Disparities

Recipients should prioritize clinics that reach populations known to have lower CRC screening rates including, but not limited to, rural populations, racial and ethnic minorities, people with low annual household incomes, people who are uninsured, or people with lower levels of educational attainment. Recipients should also prioritize populations for whom there may be limited data about CRC screening test use but are known to have limited access to care or poorer health outcomes (e.g., non-English speaking populations, sexual and gender minorities, people with physical or mental health disabilities).

iv. Funding Strategy

No more than one applicant per state, tribe, tribal organization, or U.S. territory will be awarded CRCCP funds, up to a maximum of 35 awards. All applicants, including those that are regional in

scope or are national organizations must identify a target population(s) in **one** state, tribe, tribal organization, or territory, and implement all required program activities in the selected state, tribe, tribal organization, or territory.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help demonstrate achievement of project outcomes; build a stronger evidence base for specific interventions; clarify applicability of the evidence base to different populations, settings, and contexts; and, drive continuous improvement. Evaluation and performance measurement can also determine if the intended populations are reached and program impact is achieved. CDC's evaluation strategy is grounded in the CDC Evaluation Framework for Public Health, MMWR, September 18, 1999, Vol. 48 / No. RR-11. CDC requires ongoing evaluation and performance measurement under this NOFO. CDC expects recipients to maintain sufficient staffing and analytic capacity to meet these requirements.

Recipients are required to report data to CDC on a regular basis so that CDC can monitor progress toward achieving specific outcomes of the NOFO. These data include a clinic-level record (data submitted for each clinic) collected at baseline when a clinic is recruited into the program and annually, thereafter. The clinic-level data includes the measure "clinic CRC screening rate among adults age 50-75 years" which will be used to measure progress towards the outcome of interest (increased clinic-level screening rates). Additionally, recipients will complete an annualrantee survey administered by CDC, a quarterly program monitoring update, and an annual evaluation report. Data collected includes information about the characteristics of partner health systems, the number and type of implementation partners, EBIs implemented, linkages to follow-up colonoscopy, and recipient data quality and monitoring activities. These CDC data reporting requests are subject to review and approval by the Office of Management and Budget (OMB). CDC will finalize a set of performance measures in consultation with recipients within 6 months of award.

Based on required data reported to CDC, CDC will calculate performance measures to assess implementation progress and determine whether increases in CRC screening rates are achieved. CDC will produce reports, including comparative reports, based on these data and disseminate them to recipients in a timely manner. CDC will use these reports to foster discussions with recipients about data quality, program challenges and successes, improvements in intervention strategies, and untapped opportunities. CDC will conduct, at a minimum, an annual data review aimed at continuous program quality improvement.

Special Studies

CDC may request that recipients participate in special studies including ones to examine the cost effectiveness of EBIs and other program activities. These studies will require collection of cost data and, in some cases, additional implementation and outcome data. Recipients will also participate in qualitative interview studies to improve understanding of program implementation.

Success Stories

CDC may request that recipients submit success stories periodically describing successful

partnerships, implementation of EBIs, best practices, data quality improvement efforts, and challenges that were successfully addressed. Success stories may also include information about partnerships, strategies or interventions that were not successful and required a redirection of program efforts. The success story template may be found at https://www.cdc.gov/cancer/crccp/dp20-2002

Recipient-specific Evaluation and Monitoring Activities

In addition to reporting clinic data and completing the annual grantee survey, recipients will conduct their own monitoring and evaluation activities to support on-going program improvement and assess program effectiveness. CDC expects all recipients to analyze and use their clinic and other program data for continuous program improvement and to inform replication and sustainability.

Recipients typically collect additional data and information that are not sent to CDC but are critical to tracking EBI implementation and program progress, and informing internal procedures. Recipients should not consider the data required by CDC, or any reports produced by CDC, as sufficient alone for program monitoring and evaluation.

The specific number and types of evaluations conducted by a recipient will vary based on their program scope and approach, but it is expected that major program components will be evaluated during the period of performance. Moreover, recipients are encouraged to conduct or participate in more in-depth evaluations of selected program activities to characterize program efficiencies, effectiveness, and cost-effectiveness. Recipients are encouraged to contribute to the practice-based evidence for CRC screening programs.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

The evaluation plan should include a program logic model specific to the recipient's program, and specify process and outcome evaluation questions, methods, analysis, and how results will be used and disseminated. Ideally, the evaluation plan is updated annually to reflect evaluation findings, current program context, and current priorities.

A DMP will not be required.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must describe their organizational capacity to carry out the strategies and activities outlined in the logic model. At a minimum, applicants must:

• Demonstrate their ability to form successful partnerships with health systems, primary care clinics, and other organizations;
• Demonstrate their ability to implement EBIs within health systems and primary care clinics;
• Have (or have access to) expertise in CRC screening including familiarity with CRC screening tests; the facilitators and barriers to screening; and knowledge of CRC incidence, mortality, and screening rates in the proposed target geographic area;
• Have (or have access to) expertise in quality improvement, data quality improvement, and accessing and using population data from EHRs;
• Have (or have access to) expertise in program evaluation, including use of program data for program quality improvement.

Applicants can describe their organizational capacity to implement the program by providing:

• A description of a program in which the applicant partnered with a health care system or clinic to implement an intervention, including a detailed description of the applicant’s role in the project or program;
• The results of the program or project implemented in the health care system or clinic including the number of people reached, the type of intervention, the type of data collected, and the outcomes. (For example, the applicant partnered with clinic A to implement client reminders reaching 1,000 people which resulted in an increase in the clinic CRC screening rate from 45% to 50%);
• A detailed description of how the applicant has partnered with other organizations to

support the implementation of a project or program, including a description of the role the partner(s) played in implementation;
• A description of how the applicant or their partner has accessed and used data from EHRs and any data quality improvement activities the applicant or partner undertook to improve the quality of the data;
• A description of a project or program evaluation that the applicant conducted and how the results were used for program improvement.

If the applicant proposes partnering with external organizations to provide specific areas of expertise (e.g., evaluation, data quality improvement), the applicant should clearly describe:

• The type of expertise the partner organization will provide;
• The activities the proposed partner will implement;
• The partner organization's capacity and previous experience providing the type of expertise proposed to primary care clinics.

Applicants should identify and maintain staff to manage the program. At a minimum, applicants should identify:

• Staff to manage the program;
• Staff with appropriate experience to conduct program evaluation;
• Staff with experience in working with primary care clinics and service delivery;
• Staff with appropriate skills to collect and report clinic data.

d. Work Plan

Strategy: (Example: **Establish partnerships with health system/clinics)**						
Period of performance outcome:		Outcome measure:				
Objective	Activities	Process Measures	Person Responsible	Deadline for Completion	Baseline *if applicable	Target *if applicable
EXAMPLE: *Recruit two additional clinics to begin needs assessment and implementati*	***EXAMPLE:*** *Identify potential clinics using data* *Work with partners who*	***EXAMPLE:*** *REACH: # of clinics recruited, # patients age 50-75* *CHARACTERISTICS: Size of clinics, Types of clinics,*	***EXAMPLE:*** *Program Director* *Program Manager*	***EXAMPLE:*** *December 2020*	***EXAMPLE:*** *2 current clinics participa-ting*	***EXAMPLE:*** *4 total clinics participa-ting*

on process	*can help broker new relationship* *Prepare recruitment materials* *Schedule and hold initial recruitment meetings with interested clinics* *Begin administrative process for securing formal agreements*	*geographic location, primary test used* *% clinics with MOU or contract*				

Applicants must provide a detailed work plan that covers the first year of the period of performance and a high-level plan for subsequent years. At a minimum, the work plan must demonstrate how the strategies, activities, and staffing/partnerships work together to achieve program outcomes. Information on performance measures, data sources, and data collection should be included. Please use the template above when describing your work plan. A sample work plan template can be found at https://www.cdc.gov/cancer/crccp/dp20-2002

e. CDC Monitoring and Accountability Approach

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.

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

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

CDC will use performance measure and evaluation data/information reported by recipients (aggregate clinic data, recipient surveys, case studies, success stories, and other data) to assess progress towards achieving the priority program outcome, increasing clinic CRC screening rates. CDC will use the clinic and survey data to calculate performance measures to assess implementation progress and determine whether increases in CRC screening rates are achieved. CDC will produce reports, including comparative reports, based on these data and disseminate those to recipients in a timely manner. CDC will use these reports to foster discussions with recipients about data quality, program improvement strategies, opportunities, and successes. CDC will conduct, at a minimum, an annual data review process aimed at continuous program quality improvement.

In addition to periodic conference calls and site visits, CDC will provide, at minimum, annual summary reports of recipient and aggregate program data.

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

CDC will provide technical assistance to recipients through a variety of mechanisms described below.

CDC will:

• Provide a data dictionary of required clinic data elements, related data collection forms, and a guidance document on measuring CRC screening rates;
• Provide a web-based system to enter clinic data;
• Provide training on the clinic data and how to use the web-based data entry system;
• Provide recipient results from CDC monitoring and evaluation activities including updates on key performance and outcome measures;
• Provide technical assistance to improve the quality of EBI implementation and data quality;
• Provide programmatic technical assistance;
• Assign a program consultant to each recipient;
• Work with recipients to solve challenges identified in evaluation and monitoring activities through conference calls, site visits, reverse site visits, and webinars;
• Provide resources to support EBI implementation and high-quality data collection;
• In person trainings and meetings.

CDC will provide opportunities for peer-to-peer information sharing between recipients regarding best practices, lessons learned, and evaluation results through meetings, webinars, sharing of success stories, teleconferences, sharing of materials via webpages, and other mechanisms as appropriate.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U58
3. Fiscal Year:	2020
4. Approximate Total Fiscal Year Funding:	$22,000,000
5. Approximate Period of Performance Funding:	$110,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$110,000,000
6. Approximate Period of Performance Length:	5 year(s)
7. Expected Number of Awards:	35
8. Approximate Average Award:	$500,000 Per Project Period
9. Award Ceiling:	$900,000 Per Project Period

This amount is subject to the availability of funds.

10. Award Floor:	$350,000 Per Project Period
11. Estimated Award Date:	06/30/2020
12. Budget Period Length:	12 month(s)

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

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
County governments
City or township governments
Special district governments
Independent school districts
Public and State controlled institutions of higher education
Native American tribal governments (Federally recognized)
Public housing authorities/Indian housing authorities
Native American tribal organizations (other than Federally recognized tribal governments)
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education
For profit organizations other than small businesses
Small businesses
Others (see text field entitled "Additional Information on Eligibility" for clarification)
Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Additional Eligibility Category:

2. Additional Information on Eligibility

The award ceiling for this NOFO is $900,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirements for the NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on	Register early! Log into grants.gov and check AOR status until it shows you have been approved

			grants.gov)	

2. Request Application Package

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

3. Application Package

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

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: **02/05/2020**

b. Application Deadline

Due Date for Applications: **03/17/2020** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

01/29/2020

Informational Conference Calls for Potential Applicants: CDC will conduct two (2) informational conference calls for interested applicants on **February 5, 2020** at **11:00 AM and 3:00 PM Eastern Standard Time.** The calls will last no longer than an hour and a half.

Conference call lines are limited, so we encourage those who can to call in together from one line/location.

Call-in information:

Toll-free Number: 1-866-510-1407

Toll Number: 1-517-968-2548

Participant Passcode: 80681704

5. CDC Assurances and Certifications

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

Applicants may follow either of the following processes:

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

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

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.
When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts
Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than

one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.
Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

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

The purpose of an LOI is to allow CDC program staff to estimate the number of potential applicants and plan for the review of submitted applications. The LOI is voluntary but strongly recommended.

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

Debra Younginer

CDC, ONDIEH/NCCDPHP/DCPC

4770 Buford Highway NE, S107-4

Atlanta, GA 30341-3717

Phone: 770-488-1074

Email: dcm0@cdc.gov

8. Table of Contents

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

9. Project Abstract Summary

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

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance

Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

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

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

- Describe other information (e.g., measures, data sources).

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

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

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

Applicants should allocate funds to support travel of at least 3 staff to annual reverse site visits at CDC in Atlanta, GA.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as

described 2 CFR 200 which include, but are not limited to, the following:

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

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

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

identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

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

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

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

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

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

that www.grants.gov is managed by HHS.

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

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

i. Approach	Maximum Points:30

Background and Target Population (10 points)

If the applicant identifies more than ONE state, tribe, tribal organization, or territory in which program activities will be implemented then 0 of 10 points will be awarded for this section.

• Provides: (5 points)

o The geographic area in which the program will be implemented and why it was selected;
o A description of the target population(s) in the proposed geographic area;
o A description of the health systems and primary care clinics that serve the target population(s) in the proposed geographic area
o The approximate number of people who have not been screened as recommended for CRC in the proposed geographic area;
o Of the total population in the proposed geographic area, the percentage that live in urban, rural, or frontier areas.

• Provides: (5 points)

o The CRC screening rate in the proposed target population(s) in the proposed geographic area;
o Evidence that the proposed clinic partners deliver primary care services to the proposed target population(s);
o The current CRC screening rate in the proposed partner clinics and the screening rate is <60%.

Strategies and Activities (20 points)

• Describes proposed approach to working with health systems and primary care clinics (10 points):

o Describes how health systems and primary care clinics will be identified and recruited to participate in the program.
o Describes how implementation readiness assessments of participating health clinics will be conducted.
o Describes how selected EBIs will be implemented.
o Describes how implementation support will be provided.

• Identifies partners to support implementation of EBIs in primary care clinics and describes their proposed role(s) in the applicant's approach to implementation of EBIs in primary care clinics. (8 points)

• Describes the sources of treatment for patients diagnosed with cancer, the referral system, and their commitment to provide this treatment. (2 points)

ii. Evaluation and Performance Measurement Maximum Points:25

Data Quality (15 points)

• Describes a feasible plan to collect and report clinic level data including frequency of collection.
• Describes how they will improve quality of data collected from clinics.
• Describes how they will validate clinic-level CRC screening rates.
• Describes how they will monitor and verify data quality.

Program monitoring and Evaluation (10 points)

• Provides a high-level evaluation plan and describes plans to submit a detailed plan within six months of award.
• Describes how data will be used for continuous quality improvement and to improve clinic implementation of EBIs.
• Describes who will be responsible for conducting evaluation activities.

iii. Applicant's Organizational Capacity to Implement the Approach Maximum Points:45

Experience (25 points)

• Clearly describes the applicant's ability to form successful partnerships with health systems, primary care clinics, and organizations that support implementation of EBIs: (7 points)

o Provides a description of an existing or past project or program in which the applicant partnered with a health system or clinic to implement an intervention;
o Describes their role on the project or program.

• Demonstrates the ability to implement EBIs in health systems and primary care clinics; (7 points)

o Describes the EBIs implemented in partnership with a health system or clinic;
o Provides results of the program or project implemented in the health system or clinic including the number of people reached, the type and source of data collected, and the outcomes.

• Demonstrates, or demonstrates access to, expertise in clinic service delivery, quality improvement, data quality improvement, and accessing and using data from EHRs: (6 points)

o A detailed description of how the applicant or their partner has accessed and used data from EHRs;
o A detailed description of any data quality improvement efforts the applicant or partner undertook to improve the quality of data collected through a program or intervention implemented in a health system or clinic;
o A detailed description of any quality improvements efforts the applicant or partner undertook to improve the quality of a health system or clinic intervention.

• Demonstrates, or demonstrates access to, expertise in quantitative and qualitative program evaluation, including the use of program data/information for program quality improvement: (3 points)

o Provides a detailed description of a project or program evaluation that the applicant conducted and how the results were used for program improvement.

• Demonstrates, or demonstrates access to, expertise in CRC screening including familiarity with CRC screening tests and the facilitators and barriers to screening; and knowledge of CRC incidence, mortality, and screening rates in the proposed program intervention area. (2 points)

Partnerships (10 points)

If the applicant does not provide a letter(s) of support from a primary care clinic or health system and/or the letter(s) is not dated within 3 months of the application due date, then 0 of 10 possible points will awarded for Partnerships.

• Applicant provides a signed letter of support from:

o At least two separate primary care clinics that provide services to adults (applicant will provide two separate LOS);
OR
o One health care system with at least two primary care clinic sites that provide services to adults (e.g., a Federally Qualified Health Center could be considered a health system and may have multiple primary care clinic sites) (applicant may provide one LOS from the health care system describing both clinics).

• Each letter describes:

o The approximate number of adults age 50-75 years currently served by the clinic;
o The clinic's current CRC screening rate (the percentage of adults up-to-date with CRC screening);
o The clinic's willingness to participate in a detailed clinic assessment and to implement the recommended EBIs;
o The clinic's ability and willingness to submit required data to the applicant.

• If the applicant proposes partnering or contracting with external organizations to support implementation:

o Describes the type of expertise the partner organization will provide;
o The activities the proposed partner will implement;
o The partner organization's capacity and previous experience providing the type of expertise proposed;

o A letter of support for each proposed organization.

Proposed partners may have expertise in clinic workflow or process mapping, assessment of clinic readiness to implement EBIs, quality improvement, data management, data quality, use of electronic health record data for population management, or implementation of EBIs in clinic settings.

Staffing (10 points)

• Identifies a Program manager with appropriate qualifications
• Identifies a evaluator with appropriate qualifications
• Clearly describes the roles of all program staff (including partner organizations and contractors) and their qualifications

Budget

- Allocates funds to support travel of at least 3 staff to annual reverse site visits at CDC in Atlanta, GA.

c. Phase III Review

The following factors also may affect the funding decision: geographic diversity of applicants; the estimated number of unscreened adults age 50-75 years residing in the proposed geographic implementation area; the percentage of the population in the proposed geographic area living in an urban or rural area (as defined by the U.S. Census Bureau at https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural/2010-urban-rural.html) or frontier and remote areas (as defined by the U.S. Department of Agriculture at https://www.ers.usda.gov/data-products/frontier-and-remote-area-codes/).

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.
In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not

relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Anticipated announcement date: 01/17/2020

Anticipated award date: 06/30/2020

F. Award Administration Information

1. Award Notices

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

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject

to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

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

2. Administrative and National Policy Requirements

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

AR-7: Executive Order 12372 Review

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2030

AR-12: Lobbying Restrictions

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

AR-14: Accounting System Requirements

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

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

AR-31: Research Definition

AR-34: Language Access for Persons with Limited English Proficiency

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

3. Reporting

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting

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

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

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

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

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

Performance Measurement

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

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

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

    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

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

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

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the period of performance. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results

and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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

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

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

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

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

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

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

the reporting period.]

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Djenaba Joseph, MD, MPH, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway

S107-4

Atlanta, GA 30341

Telephone: 770.488.3157

Email: dp20-2002@cdc.gov

Grants Staff Contact

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

Natasha Jones, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Centers for Disease Control and Prevention

Office of Financial Services

Office of Grants Services

2939 Brandywine Road

Atlanta, Georgia 30341

Email: mgz2@cdc.gov

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

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- 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
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, 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; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Assistance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget

period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to

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

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

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

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

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

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

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

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

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

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

morbidity and mortality.
Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.
Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.
Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period
Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the

approved budget.

NOFO-specific Glossary and Acronyms

Client Reminders: Written (letter, postcard, email) or telephone messages (including recorded/automated messages) advising people that they are due for screening. Client reminders can be general to reach the overall target population or tailored with the intent to reach one specific person based on characteristics unique to that person, related to the outcome of interest, and derived from an individual assessment.

The Community Guide: Also referred to as The Guide to Community Preventive Services. It is a collection of evidence-based findings of the Community Preventive Services Task Force (CPSTF). It is a resource to help individuals or organizations select interventions to improve health and prevent disease in their state, community, community organization, business, healthcare organization, or school. https://www.thecommunityguide.org/

CRC: Colorectal cancer.

CRC Screening Champion: Individuals who are passionate about CRC screening and want to increase CRC screening rates in their clinic/setting/community. They are willing to support, market, and drive CRC screening, overcome organizational indifference or resistance to CRC screening, and foster a collaborative learning environment to actively improve CRC screening processes and rates.

CRC Screening Rate: Also referred to as CRC screening prevalence. It is the percentage of age-eligible adults (adults age 50 – 75 years) who are up-to-date with CRC screening (they have received a recommended CRC screening test within the recommended time frame).

EBI: Evidence-based intervention. A practice or program that has peer-reviewed, documented empirical evidence of effectiveness.

Follow-Up Colonoscopy: Some CRC screening tests, if positive or abnormal, must be followed by a colonoscopy to complete the screening process. If the initial test is normal or negative, then a colonoscopy is not required.

Health System: An organization of people, institutions, and resources that deliver health care services to meet the health needs of target populations.

Implementation Support: Activities conducted by the recipient to ensure that their partner primary care clinics have sufficient guidance, oversight, and support to implement the selected EBIs (evidence-based interventions). Activities can include phone calls, on-site visits, or meetings to review process and outcome data, identify and address barriers to implementation, and plan corrective interventions if necessary. Activities should be conducted with sufficient frequency to identify and correct problems prior to the end of the program year or project period.

Patient Navigator: A person who helps guide a patient through the healthcare system. This includes help going through the cancer screening and follow-up process. They assist patients with instructions to complete screening tests, set up appointments for provider visits and tests, help arrange transportation to these visits or tests, and address other structural barriers that may impede the screening process.

Primary Care Clinic: A patient's main source for regular medical care, usually provided by family practice or internal medicine physicians, nurse practitioners, or physician assistants. It provides a broad spectrum of preventive and curative care and coordinates all of the care that a patient receives.

Provider Assessment and Feedback: Interventions that evaluate provider performance in delivering or offering screening to patients (assessment) and presentation of information to providers about their performance in providing screening services (feedback).

Provider Reminders: These reminders inform health care providers it is time for a client's cancer screening test (called a "reminder") or that a client is overdue for screening (called a "recall").

Reducing Structural Barriers: Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening (e.g., inconvenient clinic hours, lack of transportation). Activities to address these barriers include providing evening clinic hours, transportation services, or other interventions that make it easier for patients to be screened.

Small Media: Small media include video and printed materials such as letters, brochures and newsletters that can be used to inform and motivate people to be screened for cancer. Small media materials can provide information tailored to specific individuals or targeted to general audiences.