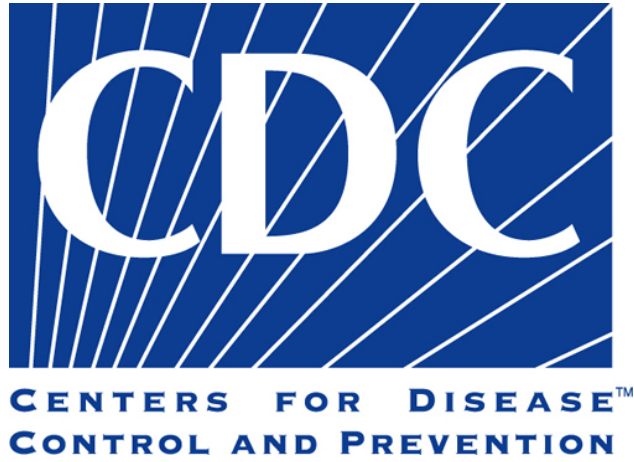




Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH
PROMOTION

Supporting Young Breast Cancer Survivors, Metastatic Breast Cancer Patients, and their
Families

CDC-RFA-DP-24-0061

05/06/2024

Table of Contents

A. Funding Opportunity Description	4
B. Award Information.....	20
C. Eligibility Information	22
D. Application and Submission Information	23
E. Review and Selection Process.....	35
F. Award Administration Information.....	39
G. Agency Contacts	45
H. Other Information	46
I. Glossary.....	47

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP-24-0061. 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:

Supporting Young Breast Cancer Survivors, Metastatic Breast Cancer Patients, and their Families

C. Announcement Type: New - Type 1:

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

New- Type I

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP-24-0061

E. Assistance Listings Number:

93.376

F. Dates:

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

03/29/2024

2. Due Date for Applications:

05/06/2024

11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:

Thursday, March 21, 2024 3:00pm - 4:30pm - EST

Join ZoomGov Meeting

<https://cdc.zoomgov.com/j/1600177451?pwd=QmRHRFY2MzNKT3ZUaXpVeU16Uk9jUT09>

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+16469641167,,1600177451#,,,,*60418845# US (US Spanish Line)

Dial by your location

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- +1 646 964 1167 US (US Spanish Line)
- +1 646 828 7666 US (New York)
- +1 551 285 1373 US (New Jersey)
- +1 669 216 1590 US (San Jose)
- +1 415 449 4000 US (US Spanish Line)

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Passcode: 60418845

Find your local number: <https://cdc.zoomgov.com/u/adEEmovkQg>

Join by SIP

- 1600177451@sip.zoomgov.com

Join by H.323

- 161.199.138.10 (US West)
- 161.199.136.10 (US East)

Meeting ID: 160 017 7451

Passcode: 60418845

Join by Skype for Business

<https://cdc.zoomgov.com/skype/1600177451>

G. Executive Summary:

1. Summary Paragraph

This NOFO will provide support to organizations whose actions will improve the quality of life among young breast cancer survivors (YBCS) and young metastatic breast cancer patients (MBC). Recipients funded under this NOFO will implement proven and innovative strategies to support both YBCS and MBC patients in care and aid in closing the gap in disparities and inequities in the survival and quality of life of women in groups that have been economically and socially marginalized. This NOFO also seeks to leverage the collaborative power of organizations serving YBCS and MBC patients to improve the availability of psychosocial support services and facilitate patient-provider interactions through the education of survivors, their families, healthcare providers, community health workers (CHWs), and patient navigators (PNs).

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

8

d. Total Period of Performance Funding:

\$18,400,000

e. Average One Year Award Amount:

\$460,000

f. Total Period of Performance Length:

5 year(s)

g. Estimated Award Date:

September 30, 2024

h. Cost Sharing and / or Matching Requirements:

No

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

Except for certain types of skin cancer, breast cancer is the most diagnosed cancer and second leading cause of cancer death among women. Breast cancer diagnosed in women younger than 45 is often more aggressive¹, presents at an advanced stage, impacts life expectancy, and oftentimes results in physical, psychosocial, and financial challenges. Additionally, a significant proportion of young women diagnosed with breast cancer will eventually develop metastatic breast cancer (MBC). MBC care is intense and expensive, particularly in younger women with more aggressive and harder to treat tumors. Psychosocial and structural support services, designed to meet mental, emotional, social, and spiritual needs of survivors and their families, have the ability to improve the quality of life among this population^{2,3}. Communities who would benefit from additional survivorship support include, but are not limited to, women in racial/ethnic groups (e.g., African American, Asian/Pacific Islanders, Hispanic, Native American women), Ashkenazi Jewish, LGBTQIA+ communities, low socio-economic groups, rural communities, and women with physical or mental/emotional disabilities.

In response to the 2010 Education and Awareness Requires Learning Young (EARLY) Act, the CDC Division of Cancer Prevention and Control developed a portfolio of research, health promotion campaigns, and traditional public health programs about breast cancer risk and breast health. This Notice of Funding Opportunity (NOFO) marks the fourth YBCS program cycle and is built on the successes and lessons learned from the previous three program cycles. Findings from previous program evaluations showed fostering meaningful collaborative relationships with organizations aided in implementation of interventions, while other lessons learned underscored the importance of educating and providing access to emotional and psychosocial support systems and resources to survivors and their loved ones. This NOFO seeks to use both proven and new innovative program strategies to achieve the goals of the YBCS program.

This NOFO seeks to 1) increase equitable access and availability of psychosocial and structural support services for YBCS, MBC patients, and their families; and 2) improve patient-provider interactions during follow up and subsequent care. This NOFO will require implementation of health equity strategies that will aid in closing the disparity gaps needed to support both YBCS and MBC patients in care, to move beyond just physical treatment of disease. The full integration of psychological and behavioral resources in survivorship care is hindered by complex billing requirements, minimally qualified staff, complex care settings and the wide variety of patient needs¹. This NOFO seeks to leverage the collaborative power of organizations serving YBCS and MBC patients to improve the availability of psychosocial support services and facilitate cultural humility in cancer care.

b. Statutory Authorities

Section 10413 Patient Protection and Affordable Care Act (PPACA), SEC. 399NN.
Young Women's Breast Health Awareness And Support of Young Women Diagnosed
With Breast Cancer

Section 399NN of the Public Health Service Act, 42 U.S.C. 280m, and Section 301 of the Public Health Service Act, 42 U.S.C. 241

c. Healthy People 2030

This NOFO addresses the following Healthy People 2030 topic areas:

- [C-11: Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis](#)
- [C-R01: Increase quality of life for cancer survivors](#)
- [C-04: Reduce the female breast cancer death rate](#)
- [C-01: Reduce the overall cancer death rate](#)

d. Other National Public Health Priorities and Strategies

CDC's Division of Cancer Prevention and Control (DCPC) has identified strategic priorities 1) to ensure the elimination of preventable cancers, 2) that all people get the right care at the right time for the best outcome, and 3) cancer survivors live longer, healthier lives. This NOFO aligns with the DCPC strategic priority to improve health outcomes for cancer survivors.

e. Relevant Work

This NOFO builds upon past and current programs and activities including:

- [Buchanan N, et.al. 2013. Opportunities for Public Health Communication, Intervention, and Future Research on Breast Cancer in Younger Women. Journal of Women's Health; 22 \(4\):293-298.](#)
- Documents and materials shared during public meetings of the Advisory Committee on Breast Cancer in Young Women, 2011-2013.
http://www.cdc.gov/cancer/breast/what_cdc_is_doing/meetings.htm
- [NOFO DP19-1906: Multiple Approaches to Support Young Breast Cancer Survivors and Metastatic Breast Cancer Patients](#)

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA- DP-24-0061

Logic Model: *Supporting Young Breast Cancer Survivors, Metastatic Breast Cancer Patients, and their Families*

Bold indicates period of performance outcome

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Mobilize and foster meaningful collaborative	Improved engagement and contribution of	Increased Health Care Providers knowledge and comprehension of	

relationships with nongovernmental organizations that represent and serve priority populations, with emphasis on those from groups that have been economically and socially marginalized. Foster collaborative relationships with Comprehensive Cancer Control (CCC) coalitions to support the implementation of initiatives that support YBCS across the United States, Tribes and Tribal organizations, US territories, and United States Affiliated Pacific Island Jurisdictions. Educate and inform survivors, caregivers, family members, and friends on 1) assistance in coping with the effects of treatment (e.g., psychosocial health, reproductive health, financial concerns); and 2) provision of cancer care plans (e.g., information about follow-up care, risk of recurrence and new malignancies,	organizations that serve YBCS, MBC patients, caregivers, family, and friends to structural and psychosocial support services. Increased use of culturally appropriate interventions to expand program reach among survivors that come from various cultures, identities, and backgrounds. Increased awareness of successful and sustainable policy, system, and environmental change (PSE) strategies to mitigate sexual dysfunction, fertility, mental health, and healthy lifestyles among cancer survivors, caregivers, and their families. Increased awareness and understanding among health care providers for the physical, emotional, psychological, and	how and where to access emotional/psychosocial support systems among cancer survivors, caregivers, and their families. Improved access and use of lifestyle programs, clinical preventive services, and follow-up cancer care for cancer survivors. Established and maintained structural and psychosocial services in settings that are readily patronized by patients, survivors, caregivers, families, and friends. Improved patient-provider communication and overall health care provider practices. Increased HCP education regarding physical and mental health needs of YBCS	Increased health and quality of life for all YBCS. Increased support for caregivers, family members, and friends of YBCS. Improved reach of patient-provider interactions regarding breast cancer risk, screening, and treatment. Increased equitable access to psychosocial and structural support services for ALL YBCS, including MBC patients, and their families by supporting organizations and entities that serve this population. Improved quality of life among all YBCS
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fertility, psychosocial support, risk of family members developing breast cancer, genetic testing, general health promotion, and including quality of life). Identify and cultivate a sustainable action plan for the policy, systems, and environmental change agenda. Provide innovative educational opportunities for health care providers Mobilize and educate community health workers and patient navigators to reach groups that have been economically and socially marginalized to enhance their access to and utilization of YBCS services and programs. Provide equitable access to psychosocial support for YBCS, MBC patients, caregivers, and multigenerational	social needs of cancer survivors. Increased informed decision making among YBCS and MBC patients as it relates to treatment, follow up, and preventative care.		
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families to manage disease-related emotions, increase social support, enhance relationships with family and physicians, and improve symptom control.			
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i. Purpose

Through the implementation of health equity strategies, activities funded under this NOFO are intended to:

- Increase availability of psychosocial support services for YBCS and MBC patients and their families.
- Establish and provide education opportunities for providers on:
 - Incorporating palliative care early in cancer care trajectory
 - Navigating difficult conversations
 - Cultural awareness, competency, and humility
- Improve post treatment opportunities for YBCS/MBC patient survivor groups that have been economically and socially marginalized.

ii. Outcomes

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

Short-term:

- Improved engagement and contribution of organizations that serve YBCS, MBC patients, caregivers, family, and friends to structural and psychosocial support services.
- Increased use of culturally appropriate interventions to expand program reach among survivors that come from various cultures, identities, and backgrounds.

Intermediate-term:

- Established and maintained structural and psychosocial services in settings that are readily patronized by patients, survivors, caregivers, families, and friends.

Long-term:

- Increased equitable access to psychosocial and structural support services for all YBCS, including MBC patients, and their families by supporting organizations and entities that serve this population.
- Improved quality of life among all YBCS.

iii. Strategies and Activities

Recipients will be required to address the following strategies during the period of performance:

1. **Mobilize and foster meaningful collaborative relationships with nongovernmental organizations that represent and serve priority populations, with emphasis on those from groups that have been economically and socially marginalized.** Examples of organizations that may be uniquely positioned to represent and/or serve priority populations include Faith-Based Organizations, Community Organizations, Historically Black Colleges and Universities, Hispanic Serving Institutions, the Hispanic Association of Colleges and Universities, Tribal Colleges and Universities, the National Pan-Hellenic Council, and the National Association of Latino Fraternal Organizations. Recipients will partner with entities that can employ intercultural strategies that prioritize engagement of young survivors from disparate populations and who are able to maximize reaching young survivors through focused interventions. Activities for this strategy include:
 - a. Conduct partnership assessment.
 - b. Convene a network of providers, survivors, and caregivers to educate and inform key interested parties on health issues that can be addressed through environmental change.
 - c. Conduct a SOAR (strengths, opportunities, aspirations, and results) analysis to identify collaborative activities to engage YBCS and MBC patients.
 - d. Use data to identify 3 - 5 priorities that can be addressed through the partnership network.
 - e. Ensure that the partnership network's priorities and actions align with the program's action plan for PSE interventions.
 - f. Monitor, track, and evaluate partner contributions to collaborative activities that support young breast cancer survivors.
2. **Foster collaborative relationships with CCC coalitions to support the implementation of initiatives that support YBCS across the United States, Tribes and Tribal organizations, US Territories and Freely Associated States.**
 - a. Provide information to CCC coalitions regarding organization mission and efforts to support YBCS and MBC patients.
 - b. Consult CCC coalitions on model cancer plan goals and strategies that support the needs of YBCS and MBC patients.
 - c. Provide model practices/activities/interventions to CCC coalitions that engage and support YBCS and MBC patients.
3. **Educate and inform survivors, caregivers, family members, and friends on 1) assistance in coping with the effects of treatment and 2) provision of cancer care plans.**
 - a. Topics related to the assistance of coping with the effects of treatment could include psychosocial health, reproductive health, and financial concerns.
 - b. Topics related to provision of cancer care plans could include information about follow-up care, risk of recurrence and new malignancies, fertility, psychosocial support, risk of family members developing breast cancer, genetic counseling and testing, general health promotion, and strategies to improve quality of life.
 - c. To reach a broader audience, utilize innovative approaches such as the development of mobile applications, use of social media platforms and TED talk

videos to provide psychosocial support and disseminate relevant health messages to YBCS and MBC patients.

- d. Ensure educational opportunities reach YBCS and young women living with MBC from multiple racial, ethnic, geographic, and socio-economic backgrounds.

4. Identify and cultivate a sustainable action plan for the policy, systems, and environmental change agenda.

- a. Use data to inform the development of an action plan agenda that facilitates policy, system, and environmental changes that supports the unique needs of young breast cancer survivors.
- b. Develop an action plan agenda that supports health systems, institutional/organizational, and policy change strategies. The action plan agenda should reflect recipient's scope of work and commitment to the populations of focus. Possible examples of agenda strategies include: 1) health systems changes requiring use of multi-disciplinary cancer care teams for young women diagnosed with breast cancer; 2) health system changes to provide equitable access to patient navigation (PN) services to support young women diagnosed with breast cancer; and 3) health system policy change to assure that all YBCS have access to electronic/mobile versions of their cancer care plans.
- c. Develop and implement a media plan that will support the implementation of PSE change agenda.
- d. Implement at least one policy, systems, and environmental change intervention based on the action plan agenda annually.

5. Provide innovative educational opportunities for health care providers.

- a. Trainings should relate to the equitable provision of mental/emotional health services, equitable and appropriate use of cancer care plans, and awareness and utilization of appropriate clinical trial resources for all YBCS and eligible young women living with MBC.
- b. Opportunities must allow for the achievement of Continuing Medical Education (CMEs) for practitioners.
- c. Educational opportunities should make use of existing educational resources when available. Recipients are also encouraged to develop new resources as needed.

6. Mobilize and educate community health workers and patient navigators to reach groups that have been economically and socially marginalized to enhance their access to and utilization of YBCS services and programs.

- a. Develop a repository of resources/programs available to YBCS and young women living with MBC to provide to patient navigators and community health workers.
- b. Promote and coordinate existing educational resources to community health workers and patient navigators, as well as develop new resources if needed.
- c. Provide trainings for patient navigators and community health workers to increase their awareness of strategies on how to reach groups that have been economically

and socially marginalized and recommend culturally/medically appropriate resources/programs.

- a. Identify resources available for psychosocial support for these groups, with particular attention to including those from diverse racial, ethnic, geographic, and socioeconomic backgrounds.
- b. Use innovative approaches to reach a diverse population of focus, including those that provide for the widest reach, particularly for those that may have differing access to in person and virtual services.

7. Provide equitable access to psychosocial support for YBCS, young women with MBC, caregivers, and multigenerational families to manage disease-related emotions, increase social support, enhance relationships with family and physicians, and improve symptom control.

- a. Identify resources available for psychosocial support for these groups, with particular attention to including those from diverse racial, ethnic, geographic, and socioeconomic backgrounds.
- b. Use innovative approaches to reach a diverse population of focus, including those that provide for the widest reach, particularly for those that may have differing access to in person and virtual services.

1. Collaborations

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

Applicant must develop and maintain meaningful relationships with entities funded through CDC-funded programs. If funded, the applicant is expected to work collaboratively with other entities funded through this cooperative agreement, thereby forming a partnership network of organizations uniquely positioned to implement interventions for YBCS. Successful applicants are also expected to establish collaborations that include, but are not limited to entities funded by CDC such as: the National Comprehensive Cancer Control Program, the National Breast and Cervical Cancer Early Detection Program, the Provision of Training and Technical Assistance to Enhance Comprehensive Cancer Control Outcomes, and the CDC's National Networks Driving Action: Preventing Tobacco- and Cancer-Related Health Disparities by Building Equitable Communities. Collaborations with CDC and its funded partners should be driven by each organization's capacity to serve the population of focus identified by the applicant, provide subject matter expertise related to risk factors and health behaviors associated with YBCS, and to advance program activities that are of high quality and are non-duplicative. Applicant must provide an MOU/MOA, or letters of support/letters of agreement to verify, or as evidence for collaboration. The collaborations described by the applicant should strive to reduce duplication of initiatives to support YBCS and MBC patients, increase program efficiency, and create program synergy. Applicants must also describe how each collaboration will assist in implementation of activities and achievement of the NOFO performance outcomes.

Applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grants.gov.

Applicants must file letters of support/letters of agreement, as appropriate, name the file "Letters of support/Letters of agreement", and upload as a PDF file at www.grants.gov.

b. With organizations not funded by CDC:

Applicants are required to describe intentions to build and maintain collaborative working partnerships with organizations external to CDC that support implementation of the activities and achievement of the performance outcomes for this NOFO.

Applicant must describe the fostering of new collaborations as well as the sustaining of collaborations that will support the goals of this NOFO. Applicants must describe how each collaboration will assist the applicant in implementing activities and achieving the NOFO period of performance outcomes. Specifically, strategic alliances should be formed with both traditional and non-traditional public health partners (e.g. governmental organizations, professional associations, health plan payers, business owners, decision makers, media, and faith-based organizations) and the level of involvement or collaboration (i.e. networking, cooperating, coordinating, collaborating) should be clearly defined. If applicable, applicants should also describe collaborations with Faith-Based Organizations, Community Organizations, Historically Black Colleges and Universities, Hispanic Serving Institutions, the Hispanic Association of Colleges and Universities, Tribal Colleges and Universities, the National Pan-Hellenic Council, and the National Association of Latino Fraternal Organizations. For each level of involvement describe each partners' exchange of information and resources. For example, an entity forming a partnership with a national medical society may collaborate to provide educational activities for health care providers in this NOFO.

If the applicant forms external collaborations, it must provide evidence of this collaboration through memorandum of understanding, letters of support, or some other written form of partner commitment.

Applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload as a PDF, Word, or Excel file format at www.grants.gov

2. Population(s) of Focus

The population of focus for this NOFO is young breast cancer survivors, defined as 15 to 44 year old women diagnosed with breast cancer and, when appropriate, their caregivers. The NOFO specifically focuses efforts on YBCS and MBC patients in groups that have been economically and socially marginalized that would benefit from additional survivorship support. These include, but are not limited to, women in racial/ethnic groups (e.g. African American, Asian/Pacific Islanders, American Indian, Alaska Natives, Hispanic, American Indian/Alaska Native), young women facing breast cancer in high risk (e.g., Ashkenazi Jewish), LGBTQIA+ communities, low socio-economic groups, rural communities, or women with physical or mental/emotional disabilities.

This NOFO focuses on these populations because young women living with a breast cancer diagnosis have reported experiencing disease that is more aggressive and have a poorer prognosis than older women. They also face medical treatment-related side effects that affect their quality of life (e.g., infertility, cognitive dysfunction, muscular and skeletal symptoms, and cardiac and vascular disease). In addition, this population faces difficult psychosocial and financial challenges related to their breast cancer diagnosis and treatment and often times are at increased risk of developing new malignancies, gaining weight, binge drinking, and using

tobacco. From the perspective of cancer control, YBCS are an important population of focus for interventions that focus on their overall health and well-being, cancer prevention, risk reduction, and other quality of life-related issues (e.g., careers, families, personal relationships, reproduction and family planning, and finances).

Applicants must provide specific information on disparities experienced by the proposed population of focus and justification for focusing on the proposed geographical area(s). Specifically, applicants will identify disparities observed in survival and quality of life among women in groups that have been economically and socially marginalized. Data sources should be cited and used to define and describe the population(s) with descriptions including, but not limited to demographic characteristics, health status, and geographic area. Recipients will use data to identify populations of focus which will inform the development and selection of 3 - 5 priorities that will be addressed through policy, system, and environmental change strategies needed to expand program reach.

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

a. Health Disparities

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

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

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

The NOFO aims to reduce health disparities observed in YBCS and individuals with MBC in groups that have been economically and socially marginalized that would benefit from additional survivorship support. These populations include, but are not limited to, women in racial/ethnic groups (e.g. African American, Asian/Pacific Islanders, American Indian, Alaska Natives, Hispanic, American Indian/Alaska Native) Ashkenazi Jewish, LGBTQIA+ communities, low socio-economic groups, rural communities, or women with physical or mental/emotion disabilities.

Applicants must describe how identified activities will reduce health disparities in populations of focus. Disparities by race, ethnicity, geography, disability, primary language, gender, sexual

orientation, health literacy, and other relevant dimensions (e.g. income) should be considered. Applicants are encouraged to consider people with disabilities in all aspects of the program (e.g., advisory boards, planning committees, programs/interventions). Applicants should ensure that data, including burden data, are used to identify activities to reach the populations of focus.

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

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

Supporting Young Breast Cancer Survivors, Metastatic Breast Cancer Patients, and their Families supports organizations who are positioned to develop services and support for YBCS and MBC patients. This program aims to increase availability of psychosocial support services for YBCS/MBC populations and their families, establish and provide education opportunities for providers, and improve post treatment opportunities for YBCS/MBC survivor groups that have been economically and socially marginalized. This program builds upon the successes of previous programs DP11-1111, DP14-1408, DP19-1906 respectively; however, in order for the program to continue to grow and evolve, an evaluation that articulates outcomes and drives program improvement is required.

The evaluation will assess the extent to which the program: 1) increases equitable access and availability of psychosocial and structural support services for YBCS, MBC patients, and their families and 2) improves patient-provider interactions during follow up and subsequent care.

CDC will conduct a utilization focused evaluation of the overall funded program that will articulate program outcomes and facilitate program improvement. Key evaluation questions to be answered will include (but are not limited to):

1. To what extent do recipients formulate meaningful relationships with organizations to effect change that supports YBCS/MBC patients and their families?
2. To what extent do recipients a) develop and implement a program plan to support YBCS and MBC, b) utilize data to inform program efforts, and c) identify mechanisms to sustain programmatic efforts post funding?
3. To what extent do recipients support/increase the reach of evidence-based and promising practices interventions/strategies for YBCS and MBC patients?
4. To what extent do recipients increase awareness among the YBCS and MBC patients regarding: 1) assistance in coping with the effects of treatment and 2) provision of cancer care plans?
5. To what extent do recipients implement interventions to increase access to support services and resources for YBCS and MBC patients?
6. To what extent do recipients increase awareness among healthcare providers, community health workers, and patient navigators of strategies on how to increase accessibility for YBCS and MBC patients services, especially as it relates to groups that have been economically and socially marginalized?

CDC evaluation efforts will follow the CDC framework for program evaluation and will include the following steps:

- Convene workgroup of interested parties to further define key evaluation questions.
- Design a comprehensive evaluation.
- Collect and analyze data.
- Conduct programmatic review utilizing program plans, evaluation plans and reports, and work plans.
- Conduct key informant interviews and focus groups of program implementers and key interested parties.
- If warranted, utilize electronic survey engine to conduct surveys.

Performance Measures

Recipients will be required to report on the following performance measures:

Outcome	Performance Measure
Short-term Outcomes	
Improved engagement and contribution of organizations that serve YBCS, MBC, caregivers, family, and friends to structural and psychosocial support services.	• Number and type (e.g., information sharing, coordination, cooperation, collaboration) of partner engagement strategy approaches including frequency of interaction and interaction type (e.g., information sharing, coordination, cooperation, collaboration) • Number and type of strategy approaches and interventions partners contribute to
Increase use of culturally appropriate interventions to expand program reach among survivors that come from various cultures, identities, and backgrounds.	• Number of priority populations reached by culturally appropriate intervention (by cultural identity and background)
Intermediate-term Outcome	
Establish and maintain structural and psychosocial services in settings that are readily patronized by patients, survivors, caregivers, families, and friends	• Number of structural and psychosocial services (program name and type) by setting and patronage (patient, YBCS, MBC, caregiver, family member, and friend)

Long-term Outcomes	
Increase equitable access to psychosocial and structural support services for ALL young breast cancer survivors, including metastatic breast cancer patients, and their families by supporting organizations and entities that serve this population	• Number and type of psychosocial and structural support services that Community Health Workers and Patient Navigators refer to young breast cancer survivors and their families
Improved quality of life among all YBCS	• Mental health quality of life (healthy days measure) among breast cancer survivors under 45 years of age • Physical quality of life (healthy days measures) among breast cancer survivors under 45 years of age

Dissemination and Use of Evaluation Findings

CDC will disseminate findings and improve program efforts. Dissemination products that articulate evaluation findings and recommendations include but are not limited to:

- Manuscripts
- Program publications (trend reports, state of the program, program profiles, success stories, etc.)
- Presentations
- Guidance documents describing promising practices with recommendations for scale up.

In addition to conducting a formal evaluation, CDC will use performance measures to assess recipient compliance with the requirements of this funding opportunity. Performance measures will be collected annually and will be used to:

- Make budgeting decisions
- Inform guidance and technical assistance

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement, including, as applicable to the award, how findings will contribute to reducing or eliminating health disparities and inequities.
- How key program partners will participate in the evaluation and performance measurement planning processes.

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

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

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

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

Evaluation plans should also define both process and outcomes (short-term, intermediate and long-term) measures and associated activities. The evaluation plan should consider components identified in the [CCC Program Evaluation Toolkit](#).

At minimum, applicants' annual comprehensive evaluation plan must:

- Identify key evaluation interested parties and describe the interested parties engagement strategy;
- Describe evaluation stakeholder's potential role in evaluation planning and implementation;
- Describe how evaluation interested parties will utilize evaluation findings;
- Include a logic model to illustrate program design;
- Establish specific, measurable, and realistic short-term (one year), intermediate, and long-term program objectives consistent with the purpose of this funding opportunity for the accomplishment of program activities and to ensure sustainability after CDC funding;
- Address how the applicant intends to assess the extent to which recipient activities are implemented appropriately as well as the extent to which these activities yield the intended outcomes;
- Describe available data sources, feasibility of collecting appropriate evaluation and performance data;

- Describe how findings will be disseminated from this program to CDC and key interested parties in order to support the use of evidence-based and practice based strategies/interventions;
- Describe how evaluation findings will be used to enhance program implementation efforts. At the completion of each budget period, recipients will be responsible for submitting an evaluation report that summarizes key findings. The evaluation plan will be updated to reflect evaluation findings and program improvement measures.

CDC and recipients will use evaluation and performance measurement to determine if program activities are scalable and effective at reaching the priority populations. In developing evaluation and performance measurement plans, applicants are encouraged to use: [CDC Framework for Program Evaluation in Public Health](#).

c. Organizational Capacity of Recipients to Implement the Approach

Applicants should describe existing program infrastructure and organizational capacity to develop and implement the strategies as outlined in the NOFO. Applicants should describe the following:

1. A management plan that includes structure/staffing and fiscal management (i.e., organizational charts; curricula vitae).
2. A communication plan that describes engagement with key interested parties about cancer burden, interventions, and impact.
3. Ability to develop a partnership evaluation plan for new partnerships and maintaining existing partnerships.
4. Ability to develop a 5-year program plan that serves as a road map for the achievement of project period goals and objectives.
5. Ability to develop a sustainability plan post CDC funding.
6. Collection of data elements essential to program evaluation and performance measurement.

Applicants should describe organizational capacity and readiness to meet the requirements of this NOFO. Organizational capacity to develop and implement strategies as specified in the NOFO will be evidenced by:

- A description of the applicant's documented history of providing structured support services YBCS (including women with metastatic breast cancer).
- History of reaching young women facing breast cancer in high risk (e.g., Ashkenazi Jewish), racial/ethnic, or groups that have been economically and socially marginalized (e.g., Hispanic, Asian/Pacific Island, Native American/Alaska Native, African Americans, , LGBTQIA+).
- History of formalizing partnerships as evidenced by MOA, MOU, letters of support, or letters of agreement which constitute a formal commitment to contribute to proposed work/initiatives.
- Ability to implement valid promising practices that are sustainable and add to the knowledge base.
- Previous experience identifying innovative methods to promote and disseminate structured support services that saturated the YBCS community.

- Ability to collect relevant data element needed to support program evaluation and performance management.
- Previous experience designing opportunities to educate and build awareness regarding the unique needs of healthcare providers, community health workers, patient navigators, survivors, caregivers, family members, and friends

Applicants must label curricula vitae and organizational chart files as “CVs/Resumes” and “Organizational Charts” and upload it as a PDF to www.grants.gov.

d. Work Plan

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, including key milestones. Applicants are required to provide a workplan for the first program year and a high-level work plan subsequent years which will serve as the foundation for annual workplans for selected cooperative agreement recipients. The workplan should not exceed 20 pages.

Applicants are strongly encouraged to organize period of performance outcomes, annual outcomes, and activities by the strategies under the Strategies and Activities section.

The work plan should provide a description of specific program strategies to be used during the first year of the period of performance that includes 1) specific, measurable, achievable, realistic, time-phased, inclusive, and equitable (SMARTIE) goals and objectives which are linked to and are consistent with the NOFO strategies and outcomes; 2) specific activities/interventions that will be undertaken to address each of the proposed short-term outcomes during the budget period; 3) staff responsible for completion of activities, including the level of effort and allocation of time for each proposed activity; and 4) key partners involved in the development, implementation and evaluation of proposed activities/strategies including a description of their role. At a minimum the work plan must include:

1. A description of the project period outcomes for the 5-year period of performance. Applicants should use long-term outcomes that are specified in the logic model under the “Approach” section.
2. A description of Annual Objectives to be accomplished within year one of the budget period. Applicants should use short-term outcomes that are specified in the logic model under the “Approach” section.
 - a. Quantitative baselines should be provided for each outcome that leads to an increase, decrease, or maintenance over time.
 - b. Applicants should provide timelines for the first year of the period of performance.
3. A description of activities that are in alignment with the proposed objectives and the program strategies and, if applicable, should be based on cited evidence for the first year of the project.

Applicants must label this file “Work Plan” and upload it as a PDF file at www.grants.gov.

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

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

f. CDC Program Support to Recipients

CDC will provide program guidance and technical assistance including:

- Coordinating quarterly teleconferences with the recipients and the directors of the CDC funded National Comprehensive Cancer Control Program (NCCCP) to share information, provide program updates, facilitate peer learning, and provide technical assistance.
- Leading/coordinating learning opportunities to build recipient capacity in the form of face-to-face trainings, webinars, and reverse site visits.
- Creating and disseminating program guidance documents that support the implementation of NOFO strategies that support YBCS, young women living with MBC, and their families, friends, caregivers, and providers.
- Facilitating information sharing and networking among recipients and CDC staff.
- Providing subject matter expertise on select interventions and program strategies.

B. Award Information

1. Funding Instrument Type:

CA (Cooperative Agreement)

CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:

U58

3. Fiscal Year:

2024

4. Approximate Total Fiscal Year Funding:

\$3,680,000

5. Total Period of Performance Funding:

\$18,400,000

This amount is subject to the availability of funds.

Estimated Total Funding:

\$18,400,000

6. Total Period of Performance Length:

5 year(s)

year(s)

7. Expected Number of Awards:

8

8. Approximate Average Award:

\$460,000

Per Budget Period

9. Award Ceiling:

\$460,000

Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:

\$360,000

Per Budget Period

11. Estimated Award Date:

September 30, 2024

12. Budget Period Length:

12 month(s)

Throughout the period of performance, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government.

The total number of years for which federal support has been approved (period of performance) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

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

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

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

State controlled institutions of higher education

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

Other

Ministries of Health

2. Additional Information on Eligibility

This cooperative agreement is open competition with no limited eligibility criteria.

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

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

5. Maintenance of Effort

Maintenance of Effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

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

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number associated with your organization's physical location prior to submitting an application. A UEI number is a

unique twelve-digit identification number assigned through SAM.gov registration. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location of the organization receiving the federal funds.

b. System for Award Management (SAM):

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

c. [Grants.gov](https://www.grants.gov):

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

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

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

		applications on behalf of the organization in their workspace.		
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2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 03/29/2024

03/29/2024

b. Application Deadline

Due Date for Applications 05/06/2024

05/06/2024

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

Due Date for Information Conference Call

Thursday, March 21, 2024 3:00pm - 4:30pm - EST

Join ZoomGov Meeting

<https://cdc.zoomgov.com/j/1600177451?pwd=QmRHRFY2MzNKT3ZUaXpVeU16Uk9jUT09>

Meeting ID: 160 017 7451

Passcode: fFfp^9ge

One tap mobile

+16692545252,,1600177451#,,, *60418845# US (San Jose)

+16469641167,,1600177451#,,, *60418845# US (US Spanish Line)

Dial by your location

• +1 669 254 5252 US (San Jose)

- +1 646 964 1167 US (US Spanish Line)
- +1 646 828 7666 US (New York)
- +1 551 285 1373 US (New Jersey)
- +1 669 216 1590 US (San Jose)
- +1 415 449 4000 US (US Spanish Line)

Meeting ID: 160 017 7451

Passcode: 60418845

Find your local number: <https://cdc.zoomgov.com/join/1600177451>

Join by SIP

- 1600177451@sip.zoomgov.com

Join by H.323

- 161.199.138.10 (US West)
- 161.199.136.10 (US East)

Meeting ID: 160 017 7451

Passcode: 60418845

Join by Skype for Business

<https://cdc.zoomgov.com/skype/1600177451>

5. Pre-Award Assessments

Duplication of Efforts

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

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

A Letter of Intent is recommended but not required. The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of applications submitted under this NOFO. The LOI may include the following information:

- Name, address, telephone number, and email address of the applicant
- NOFO number: CDC-RFA-DP-24-0061

LOI must be sent via email to:

Angela Moore

CDC NCCDPHP

E-mail: DP24-0061@cdc.gov

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description

section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Population(s) of Focus and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to

carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

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

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

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

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation or reaccreditation through the Public Health Accreditation Board (see: <http://www.phaboard.org>). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver essential public health services and ensure foundational capabilities are in place, such as activities that ensure a capable and qualified workforce, strengthen information systems and organizational competencies, build attention to equity, and advance the capability to assess and

respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

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

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

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/subaccounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

14. Employee Whistleblower Rights and Protections

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

15. Copyright Interests Provisions

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

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

16. Funding Restrictions

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

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

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

17. Data Management Plan

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

<https://www.cdc.gov/grants/additional-requirements/ar-25.html>.

18. Intergovernmental Review

You will need to submit application information for intergovernmental review under Executive Order 12372. Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others don't.

To find out your state's approach, see the list of state single points of contact. If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you don't need to do anything further. This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

19. Other Submission Requirements

a. Electronic Submission:

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

package using Workspace, which allows forms to be filled out online or offline. Application attachments can be submitted using PDF, Word, or Excel file formats. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

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

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

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

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

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

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

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

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach

Maximum Points: 35

Problem Statement (5 points):

- Evaluate the extent to which the applicant utilizes available data to describe the populations of focus, risk factors, disease burden, etc.

Purpose (5 points):

- Evaluate the extent to which the applicant describes how they will address the need to provide psychosocial support services for YBCS and MBC populations and their families; educational opportunities for providers ; and support treatment opportunities for YBCS/MBC survivor groups that have been economically and socially marginalized.

Outcomes (5 points):

- Evaluate the extent to which the applicant clearly identifies outcomes (bolded outcomes as shown in the logic model) they expect to achieve by the end of the period of performance.

Strategies and Activities (10 points)

- Evaluate the extent to which the applicant describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (5 points)
- Collaborations: (2.5 points)
 - The extent to which the applicant describes:
 - collaborations that 1) strive to reduce duplication, 2) increase program efficiency, and 3) create program synergy.
 - The extent to which the applicant describe intentions to build and maintain collaborative working partnerships with nontraditional partners, traditional partners, and other organizations who are committed to working with the applicant to achieve a NOFO period of performance outcomes.
- Populations of focus: (2.5 points)
 - The extent to which the applicant describes the specific population(s) of focus in their service area. Based on their service population, the applicant should describe YBCS and young women living with MBC in groups that have been economically and socially marginalized that would benefit from additional survivorship support. These include, but are not limited to, women in racial/ethnic groups (e.g. African American, Asian/Pacific Islanders, American Indian, Alaska Natives, Hispanic, American Indian/Alaska Native), Ashkenazi Jewish, LGBTQIA+ communities, low socio-economic groups, rural communities, or women with physical or mental/emotional disabilities.
 - The extent to which the applicant provides specific information on disparities experienced by the proposed population of focus and justification for focusing on the proposed geographical area(s).

Work Plan (10 points)

- Evaluate the extent to which the applicant provides a work plan that describes specific program strategies to be used during the first year of the project period. The work plan must include:
 - 1) specific, measurable, achievable, realistic time-phased, inclusive, and equitable (SMARTIE) goals and objectives which are linked to and are consistent with the NOFO strategies and outcomes;
 - 2) specific activities/interventions that will be undertaken to address each of the proposed short-term objectives during the budget period;
 - 3) staff responsible for completion of activities, including the level of effort and allocation of time for each proposed activity; and
 - 4) key partners involved in the development, implementation and evaluation of proposed activities/strategies including a description of their role.

ii. Evaluation and Performance Measurement

Maximum Points: 25

Evaluate the extent to which the applicant:

- Provides a description that will inform a comprehensive formal written evaluation plan that defines both process and outcomes (short-term, intermediate and long-term) measures to be evaluated.
- Describes how they will collect and report performance measures specified in this notice of funding opportunity announcement.

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 40

Program infrastructure (15 points)

Evaluate the extent to which the applicant:

- Describes existing program infrastructure needed to implement the program. The applicant must describe efforts to: implement management plan, implement a communication plan, use data to inform programmatic efforts, conduct partnership evaluations, engage in sustainability planning, and develop a program plan.

Organizational capacity to develop and implement strategies (25 points)

Evaluate the extent to which the applicant:

- Describes organizational capacity to develop and implement strategies as specified in the NOFO will be evidenced by:
 - History of providing structured support services to the communities of YBCS (including women with metastatic breast cancer).
 - History of reaching young women facing breast cancer in high risk (e.g., Ashkenazi Jewish), racial/ethnic, or groups that have been economically and socially marginalized (e.g., Hispanic, Asian/Pacific Island, Native American/Alaska Native, African Americans, , LGBTQIA+).
 - Formalized partnership via MOA, MOUs, or letters of agreement, which documents a formal commitment to complete the proposed work.
 - Ability to implement valid promising practices that are sustainable and add to the knowledge base.
 - Previous experience identifying innovative methods to promote and disseminate structured support services that saturate the YBCS community.
 - Ability to collect relevant data element needed to support program evaluation and performance measurement.

Budget

Maximum Points: 0

Assess whether the budget aligns with the proposed work plan.

c. Phase III Review

Applications may be funded out of rank order to ensure reach of metastatic breast cancer patients and young breast cancer survivors who are members of vulnerable populations due to race and

ethnicity (e.g., African American, Asian/Pacific Islanders, Hispanic, American Indian/Alaska Native women), sexual orientation, social economic status, physical disability, or mental/emotional disabilities.

Review of risk posed by applicants.

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

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

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

- (1) Financial stability;
- (2) Quality of management systems and ability to meet the management standards prescribed in this part;
- (3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
- (5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

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

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

2. Announcement and Anticipated Award Dates

Awards will be announced on or about August 30, 2024.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

[AR-9 Paperwork Reduction Act Requirements](#)

[AR-11 Healthy People 2030](#)

[AR-12 Lobbying Restrictions](#)

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

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

3. Reporting

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

- Helps target support to recipients;

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan	6 months into award	Yes
Recipient Evaluation Report	No later than 90 days before end of budget period.	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	Annual Performance Report	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	120 days after end of period of performance	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

This report must include the following:

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

- Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
- Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
- Recipients must describe success stories.
- **Challenges**
 - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
 - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
 - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
 - SF-424A Budget Information-Non-Construction Programs.
 - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
 - Indirect Cost Rate Agreement.

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

c. Performance Measure Reporting (optional)

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

d. Federal Financial Reporting (FFR) (required)

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

e. Final Performance and Financial Report (required)

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

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

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

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

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

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

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.fsrc.gov/documents/ffata_legislation_110_252.pdf
- <http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA>.

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

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

and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

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

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

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

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;

“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

5) Contents of Reports: The reports must contain:

a. recipient name;

b. contact name with phone, fax, and e-mail;

c. agreement number(s) if reporting by agreement(s);

d. reporting period;

e. amount of foreign taxes assessed by each foreign government;

f. amount of any foreign taxes reimbursed by each foreign government;

g. amount of foreign taxes unreimbursed by each foreign government.

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

6. Termination

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

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

- (1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:

Angela

Last Name:

Moore

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

4770 Buford Hwy, MS S107-4

Chamblee Campus 107

Atlanta, GA 30341

Telephone:

Email:

DP24-0061@cdc.gov

Grants Staff Contact

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

First Name:

Barbara

Last Name:

Strother

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

Branch 5 Supporting Chronic Diseases and Injury Prevention

4770 Buford Hwy, MS S102-1

Chamblee Campus 102

Atlanta, GA 30341

Telephone:

404-498-1275

Email:

kty4@cdc.gov

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

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

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

H. Other Information

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

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

For international NOFOs:

- SF424

- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

Resumes / CVs

Letters of Support

Organization Charts

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

I. Glossary

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

Administrative and National Policy Requirements, Additional Requirements (ARs):

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

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

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

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

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

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

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

Community engagement: The process of working collaboratively with and through groups of people to improve the health of the community and its members. Community engagement often

involves partnerships and coalitions that help mobilize resources and influence systems, improve relationships among partners, and serve as catalysts for changing policies, programs, and practices.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Health Equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

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

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

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

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

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

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

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

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

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted

data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

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

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

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

NOFO-specific Glossary and Acronyms