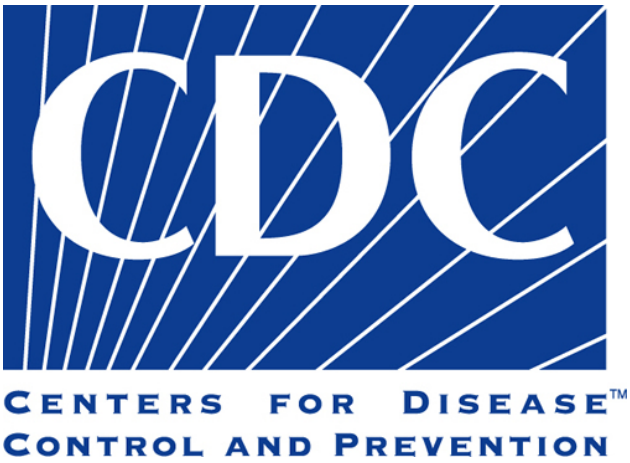


Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes—Subject Matter Expertise, Training, and Technical Assistance

CDC-RFA-DP-23-0021

03/14/2023

Table of Contents

A. Funding Opportunity Description 3
Work Plan 20
B. Award Information 23
C. Eligibility Information 25
D. Application and Submission Information 26
E. Review and Selection Process 37
F. Award Administration Information 42
G. Agency Contacts 49
H. Other Information 50
I. Glossary 51

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-23-0021. 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:

A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes—Subject Matter Expertise, Training, and Technical Assistance

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP-23-0021

E. Assistance Listings Number:

93.988

F. Dates:

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

01/27/2023

2. Due Date for Applications:
03/14/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
January 20, 2023
Time: 3:00-4:00 PM U.S Eastern Time (US and Canada)
Topic: DP-23-0021 Informational Conference Call
ZOOM LINK pending

Please email DP2321TA@cdc.gov to register in advance for this webinar.

After 1/20/2023, the Informational Conference Call will be recorded and added to the NOFO-CDC-RFA-DP23-0021 Information Webpage.
(Not Live).

G. Executive Summary:

1. Summary Paragraph
This NOFO supports the goals of the companion NOFO, CDC-RFA-DP23-0020: A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes. This NOFO prioritizes strengthening the capacity of the DP23-0020 recipients to decrease the risk for type 2 diabetes among adults with prediabetes and improve self-care practices, quality of care, and early detection of complications among priority populations with diabetes. Additionally, this NOFO will support the DP23-0020 recipients in expanding access to and participation in evidence-based, family-centered childhood obesity interventions as a type 2 diabetes risk reduction strategy. One applicant will be funded to 1) provide subject matter expertise through a network of partners and subject matter experts; 2) provide training and technical assistance; and 3) develop guidance documents and resources to ensure the DP23-0020 recipients have relevant knowledge and skills to successfully complete activities across the three components in the DP23-0020 NOFO.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
1

d. Total Period of Performance Funding:
$50,000,000

e. Average One Year Award Amount:
$9,000,000

f. Total Period of Performance Length:

5 year(s)

g. Estimated Award Date:
May 30, 2023

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
Diabetes is the 8th leading cause of death in the US; the number one cause of kidney failure, lower-limb amputations, and adult-onset blindness; and is a leading cause of heart disease and stroke. More than 37 million people in the US have diabetes (1). Medical costs and lost work/wages for people with diabetes total $327 billion yearly (2). Age-adjusted data for 2018–2019 indicated that, for both men and women, prevalence of diagnosed diabetes was highest among American Indian and Alaska Native adults (14.5%), followed by non-Hispanic Black (12.1%), Hispanic (11.8%), non-Hispanic Asian (9.5%), and non-Hispanic White adults (7.4%). Prevalence varied significantly by education level, which is an indicator of socioeconomic status. 13.4% of adults with less than a high school education had diagnosed diabetes versus 9.2% of those with a high school education and 7.1% of those with more than a high school education. Adults with family income below the federal poverty level had the highest prevalence for both men (13.7%) and women (14.4%). Additionally, 96 million US adults—over a third—have prediabetes, and more than 8 in 10 of them don't know they have it (1).

The NOFO strategies aim to increase capacity among the DP23-0020 recipients to improve health equity by increasing access to and delivery of diabetes management and type 2 diabetes prevention and risk reduction interventions for priority populations, defined as those who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

1. Centers for Disease Control and Prevention. National Diabetes Statistics Report website. https://www.cdc.gov/diabetes/data/statistics-report/index.html, Accessed 5/11/22.
2. American Diabetes Association; Economic Costs of Diabetes in the U.S. in 2017. Diabetes Care 1 May 2018; 41 (5): 917–928.

b. Statutory Authorities
Section 301(a) of the Public Health Service Act [42] U.S.C. Section 241(a) 93.426 and Section 317(k)(2) of the Public Health Service Act (PHS Act), 42 U.S.C. 247b (k)(2)

c. Healthy People 2030

Diabetes

- D-01: Reduce the number of diabetes cases diagnosed yearly.
- D-06: Increase the proportion of people with diabetes who get formal diabetes education.
- D-03: Reduce the proportion of adults with diabetes who have an A1c value > 9 percent.
- D-02: Reduce the proportion of adults who don't know they have prediabetes.
- D-D01: Increase the proportion of eligible people completing CDC-recognized type 2 diabetes prevention programs.
- V-04: Reduce vision loss from diabetic retinopathy.

Chronic Kidney Disease

- CKD-01: Reduce the proportion of adults with chronic kidney disease (CKD).
- CKD-02: Increase the proportion of adults with CKD who know they have it.

d. Other National Public Health Priorities and Strategies

National Diabetes Prevention Program (National DPP)

Diabetes Self-Management Education and Support (DSMES): https://doi.org/10.2337/dci20-0023; CDC DSMES Toolkit

Implementing and Evaluating Diabetes Self-Management Education and Support (DSMES) Programs for Underserved Populations/Communities: A Practice-Based Guide (cdc.gov)

CDC National Center for Chronic Disease Prevention and Health Promotion's Social Determinants of Health (SDOH) Framework

National Strategy on Hunger, Nutrition, and Health

e. Relevant Work

This NOFO builds on the accomplishments and lessons learned of CDC-RFA-DP18-1815, CDC-RFA-DP18-1817, and CDC-RFA-DP17-1705; more information is available at:

- CDC-RFA-DP18-1815
- CDC-RFA-DP18-1817
- CDC-RFA-DP17-1705
- Evaluation Resources

This NOFO is associated with a companion NOFO: CDC-RFA-DP23-0020: A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP-23-0021 Logic Model: A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes—Subject Matter Expertise, Training, and Technical Assistance

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
1. Obtain and provide subject matter expertise through networks of sustainable partnerships to ensure relevant knowledge and skills of DP23-0020 recipients to implement evidence-based approaches to diabetes management and type 2 diabetes prevention/risk reduction in priority populations 2. Provide training and technical assistance to ensure relevant knowledge and skills of DP23-0020 recipients to implement evidence-based approaches to diabetes management and type 2 diabetes prevention/risk reduction in priority populations 3. Develop guidance documents and resources for DP23-0020 recipients to ensure relevant knowledge and skills to implement	**Increased access of DP23-0020 recipients to relevantsubject matter expertise to support recipient work across the NOFO strategies** **Increased access of DP23-0020 recipients to training and technical assistance to support implementation of evidence-based approaches to diabetes management and type 2 diabetes prevention/risk reduction among priority populations** **Increased access of DP23-0020 recipients to guidance documents and resources that inform and support recipients' work and capture emerging lessons learned and promising**	**Increased capacity among DP23-0020 recipients to implement and sustain evidence-based approaches to diabetes management and type 2 diabetes prevention/risk reduction in priority populations** **Increased capacity among DP23-0020 recipients to increase access to, participation in, and completion of diabetes management and type 2 diabetes prevention/risk reduction interventions in priority populations**	Increased capacity among DP23-0020 recipients to improve health equity by increasing access to and delivery of diabetes management and type 2 diabetes prevention/risk reduction interventions for priority populations

evidence-based approaches to diabetes management and type 2 diabetes prevention/risk reduction in priority populations	**practices**		

i. Purpose

The purpose of this NOFO is to provide subject matter expertise, training, and technical assistance to ensure DP23-0020 recipients have relevant knowledge and skills to successfully complete activities across the DP23-0020 NOFO components. Component A and B of the DP23-0020 NOFO focuses on evidence-based approaches to diabetes management and type 2 diabetes prevention/risk reduction in priority populations. Component C of the DP23-0020 NOFO will fund 3-4 multisectoral partnership networks to scale and sustain the National DPP to engage, enroll, and retain large numbers of participants.

ii. Outcomes

- Increased access of DP23-0020 recipients to relevant subject matter expertise to support recipient work across the NOFO strategies
- Increased access of DP23-0020 recipients to training and technical assistance to support implementation of evidence-based approaches to diabetes management and type 2 diabetes prevention/risk reduction among priority populations
- Increased access of DP23-0020 recipients to guidance documents and resources that inform and support recipients' work and capture emerging lessons learned and promising practices
- Increased capacity among DP23-0020 recipients to implement and sustain evidence-based approaches to diabetes management and type 2 diabetes prevention/risk reduction in priority populations
- Increased capacity among DP23-0020 recipients to increase access to, participation in, and completion of diabetes management and type 2 diabetes prevention/risk reduction interventions in priority populations

iii. Strategies and Activities

In addition to the work plan, applicants should provide a brief narrative description of their proposed work on the strategies as part of the Project Narrative section of their application. The strategies and activities are as follows:

1. Obtain and provide **subject matter expertise** through a network of sustainable partnerships to ensure relevant knowledge and skills of DP23-0020 recipients to implement evidence-based approaches to diabetes management and type 2 diabetes prevention and risk reduction in priority populations

a. Recipients will be responsible for securing and providing subject matter expertise to support recipient work across all strategies listed in the DP23-0020 NOFO. At a minimum, this includes subject matter expertise in the following areas:
    i. *Diabetes Self-Management Education and Support (DSMES):* Strengthening self-care practices by improving access, appropriateness, and feasibility of DSMES and complementary support programs and services for priority populations; achieving and supporting the uptake of Medicaid and employer health benefit coverage for DSMES; achieving/maintaining American Diabetes Association recognition or Association of Diabetes Care and Education Specialists' accreditation for DSMES services; sustaining program services through billing
    ii. *National Diabetes Prevention Program (National DPP):* Increasing enrollment and retention of priority populations in the National DPP lifestyle intervention and the Medicare Diabetes Prevention Program by improving access, appropriateness, and feasibility of the programs; achieving and supporting the uptake of Medicaid and employer health benefit coverage for the National DPP lifestyle intervention; sustaining program services through billing and umbrella hub arrangements; training and development of lifestyle coaches
    iii. *Type 2 Diabetes Risk Reduction in Youth:* Supporting implementation of 4 evidence-based, family-centered childhood obesity interventions in clinical and community settings. These interventions include: 1. Mind, Exercise, Nutrition…Do It! (MEND); 2. Family Based Behavioral Therapy; 3. Bright Bodies; and 4.Healthy Weight and Your Child. (Note: To support this work, recipients will be required to access subject matter experts that 1) are familiar with implementation science concepts and frameworks; 2) have experience supporting peer learning communities or collaboratives [i.e., groups of individuals representing organizations—clinical and community-based—that are at various stages of family healthy weight program (FHWP) implementation and have varying levels of capacity]; and 3) have knowledge of and experience implementing FHWPs serving families with lower household incomes.)
    iv. *Improving Acceptability and Quality of Care for Priority Populations with Diabetes:* Working with health care organizations/systems to promote team-based care; adopt and use clinical quality measures; and maximize the use of clinical decision support, electronic health records, telehealth technology, and other resources to improve care for people with diabetes and support early detection of diabetes complications, with emphasis on chronic kidney disease and diabetic retinopathy

2.

a.

    v. *Pharmacy:* Working with pharmacy networks [e.g., Community Pharmacy Enhanced Services Networks (CPESN), state pharmacy associations] and chain pharmacies to increase and sustain pharmacy-based DSMES and National DPP delivery sites through involvement in umbrella hub

arrangements, enhancement of billing systems and processes, and implementation of electronic systems that enable exchange of information between pharmacies and primary care [multidirectional e-referral systems]

vi. *Multi-directional E-referral:* Supporting the development and use of electronic referral systems to facilitate exchange of information between health care and community-based programs and services to increase participation in the National DPP lifestyle intervention and DSMES and to help address social determinants of health (SDOH)-related barriers impacting access to and successful participation in these programs and services

vii. *Innovative National DPP/DSMES Payment Models:* Developing/testing innovative payment models that bundle the National DPP lifestyle intervention and/or DSMES with other programs and services that address SDOH-related barriers and needs of priority populations

viii. *Community Health Worker (CHW) Infrastructure:* Building the infrastructure necessary to promote long-term sustainability and sustainable financing for CHWs to expand their involvement in evidence-based diabetes prevention and management programs and services

ix. *Health Equity and SDOH:* Working to reduce barriers to access and participation in diabetes prevention and management programs and services among populations disproportionately impacted by disease burden/risk; tailoring programs and services to better engage and support those populations with support from groups [e.g., historically black colleges and universities, community-based organizations, faith-based organizations, etc.] with this specialized experience; recommending sound strategies to mitigate SDOH-related barriers impacting the ability of priority populations to successfully access and engage in evidence-based diabetes prevention and management programs/services

x. *Collective Impact through Multisectoral Partnerships:* Supporting partners from across sectors (e.g., payers; community-based organizations, or other groups with demonstrated experience reaching and engaging priority populations; CDC-recognized program delivery organizations; health care organizations; and others as needed) in a synchronized effort to scale and sustain the National DPP and engage and enroll large numbers of participants

xi. *Technical writing and editing*: Working with partners to obtain an in-depth understanding of their work and promising approaches; producing well-written, grammatically and stylistically correct, and technically accurate documents and resources appropriate for the intended DP23-0020 recipient audience and CDC

b. Subject matter experts will:

v. Support the planning, implementation, monitoring, and evaluation of this NOFO's strategies and activities.

vi. Work as a team and with partners to collaboratively develop and deliver comprehensive TA services and products tailored to meet DP23-0020 recipient needs, as directed by CDC.
vii. Participate in meetings, events, activities, workgroups, committees, etc. as well as promote training and TA, in partnership with CDC.

c. Partner organizations and subject matter experts need to be funded sufficiently to satisfy the requirements of the NOFO. They should be committed, and accountable for work across the strategies and have a strong background/experience related to the subject matter areas listed.

2. Provide **training and technical assistance** to ensure relevant knowledge and skills of DP23-0020 recipients to implement evidence-based approaches to diabetes management and type 2 diabetes prevention/risk reduction in priority populations.
   a. In consultation with CDC, conduct a rapid assessment to identify the DP23-0020 recipients' training/TA needs.
      i. Develop and conduct a brief needs assessment that yields results to inform training and TA to support and strengthen DP23-0020 recipients' work on the evidence-based strategies in each of the three components (Components A, B, and C).
      ii. The needs assessment should include assessing DP23-0020 recipients' preferred modes of receiving training and TA on these topics.
      iii. In consultation with CDC, use needs assessment results to identify topics for training/TA and appropriate training and TA methods.

   b. In consultation with CDC, develop a DP23-0020 training/TA plan that includes peer learning.
      i. Use findings from the rapid needs assessment to develop a comprehensive training/TA plan.
      ii. Develop specialized training programs* to develop recipient staff skills and build in-depth knowledge of key subject matter and content areas addressed in the DP23-0020 NOFO, with emphasis on the National DPP and DSMES (e.g., State Specialist Trainings, peer learning communities, learning collaboratives, interactive webinars, office hours, etc.).
      iii. The training TA/plan* should:
         1. Specify training types, modes of delivery, training materials that exist or need to be developed, the timeline for delivering training, and staff or subject matter experts who will deliver the training.
         2. Describe the frequency of peer learning meetings (e.g., communities of practice, learning collaboratives) (at least quarterly, but may be more frequent), length of trainings, types of ongoing TA, and focus of peer learning.
         3. Be flexible to allow for changing needs of DP23-0020 recipients or CDC.
         4. Include learning objectives for each specific training.
         5. Be interactive to maximize participation and use multiple methods to reinforce training and TA objectives.

c. In consultation with CDC, establish communities of practice/learning collaboratives to facilitate information sharing and peer learning across DP23-0020 recipients.
    i. Design, implement, and facilitate peer learning activities for DP23-0020 recipients (e.g., Employer Learning Collaborative) to provide a platform to support the exchange of promising practices and lessons learned emerging from the field and to identify solutions to challenges.
    ii. Facilitate topic-focused peer learning sessions, which may consist of multiple sessions focused on different topics, that include both a brief didactic component and an opportunity for peer-to-peer learning. Sessions should occur at least quarterly but allow for more frequency should the DP23-0020 recipients prefer this method of TA provision over others.

d. In consultation with CDC, develop, promote, and deliver/facilitate training and TA for DP23-0020 recipients.
    i. Promote training/ongoing TA for DP23-0020 recipients.
    ii. Deliver training/ongoing TA to DP23-0020 recipients, including ad hoc technical assistance for individual or small groups of recipients related to the relevant subject matter areas to strategize, problem-solve, and advance progress on recipients' work/work plans.
    iii. Communicate, coordinate, and collaborate with other CDC-funded programs operating in the same area to leverage existing federally-funded training and TA and avoid duplication of efforts.
    iv. Include CDC staff supporting the DP23-0020 recipients in training and TA activities as requested to build their subject matter expertise.
    v. Host webinars, office hours, and other virtual events to promote learning and improve recipient capacity and outcomes.
    vi. Design, implement, and facilitate a minimum of two meetings for the DP23-0020 recipients during the period of performance, including an initial orientation meeting during the first 3 months of the cooperative agreement.
        1. The recipient will be responsible for the successful execution of "Recipient Meeting #1." This will serve as a hybrid** orientation meeting for the DP23-0020 recipients. The meeting will be held within 90 days of the start of the budget year. (Final meeting day must terminate on or before September 29, 2023).
        2. Projected attendance is up to 300 persons for 2-3 full meeting days. The applicant should include the details and cost of the following in the Year 1 workplan and budget:
            a. Coordination and facilitation of all meeting activities and sessions (e.g., plenary, breakout, etc.)
            b. Travel, lodging, and per diem for required staff
            c. All meeting venue fees (meeting execution only)
            d. Logistical responsibilities related to participant registration, participant support, meeting preparation, execution, closeout

e. Development of all meeting materials
f. Facilitation of meeting via virtual meeting platform (recipient is responsible for oversight, troubleshooting, participant support and training to ensure seamless participation for virtual attendees)

3. The recipient will be responsible for the successful execution of "Recipient Meeting #2." This will serve as a supplemental technical assistance meeting for the DP23-0020 recipients. The meeting will be held before the start of the Year 5 budget. (Final meeting day must terminate on or before June 29, 2027).

e. In consultation with CDC, evaluate delivery of training, TA, and peer learning activities.
   i. Evaluate all training delivered to assess whether learning objectives were met.
   ii. Use training/TA evaluation results to inform and refine future training, TA, and peer learning activities to ensure continuous quality improvement.
   iii. Track individual TA provided so that the number, type, and extent of TA can be assessed.
   iv. Evaluate the effectiveness of peer learning activities and recipient meetings.
   v. Assess participant uptake and impact of the training on the intended outcomes of the DP23-0020 NOFO.

3. Develop **guidance documents and resources*** for DP23-0020 recipients to ensure relevant knowledge and skills to implement evidence-based approaches to diabetes management and type 2 diabetes prevention/risk reduction in priority populations.
   a. In consultation with CDC, develop guidance documents to support recipients' understanding and implementation of the DP23-0020 strategies. The guidance documents should include but are not limited to the strategy intent, key terms and definitions, examples of allowable and unallowable activities, and relevant resources.
   b. In consultation with CDC, use existing or new material to develop a standard interactive orientation package for new DP23-0020 recipient staff that includes but is not limited to an overview of the DP23-0020 strategies, NOFO basics, development of a budget and work plan, use of CDC's Awards Management Platform, and related topics.
   c. In consultation with CDC, develop resources to demonstrate the value of program activities and showcase recipients' progress, success, capacity, and outcomes related to their work under the DP23-0020 NOFO (e.g., success stories, summation of lessons learned, impact briefs, reports, newsletters, websites, etc.).
   d. In consultation with CDC, develop materials to support the evaluation of program activities and identify promising practices (e.g., case studies, emerging practice examples, etc.) resulting from the DP23-0020 recipients' work.
   e. Develop other resources and documents as identified by CDC.

f. Guidance documents or other resource material/ tools developed will need to be cleared by CDC to be shared on the CDC website and through other relevant CDC-sponsored platforms (e.g., National DPP Customer Service Center, etc.).

*CDC will own all training materials, guidance documents, and resources developed by the recipient and ensure they are available, at no cost, to the DP23-0020 recipients.

**Hybrid Meeting: In a hybrid meeting, a subset of attendees is located in-person (in the same physical location) and the remaining attendees join virtually by conference call or meeting platform tailored to the said meeting.

1. Collaborations

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

Recipients are encouraged to collaborate with other related CDC-funded programs that have a role in achieving the NOFO outcomes. Collaborations may center on shared goals related to health equity or addressing SDOH-related barriers impacting access to and participation in evidence-based chronic disease prevention or management programs and services. Collaborations may also be based on training and technical assistance; subject matter expertise; shared data; partners; intervention settings/locations; marketing approaches/messages; electronic health records or other electronic clinical decision support systems; or shared efforts to reach and engage priority populations of focus.

b. With organizations not funded by CDC:

Recipients are required to collaborate with organizations that have expertise to enhance efforts to complete the required activities for each NOFO strategy. Recipients must establish, build, and manage a network of subject matter experts/partner organizations through sub-awards or contracts to support recipient work across all strategies listed in the DP23-0020 NOFO. This includes the required subject matter areas described in the Strategies and Activities section of this NOFO. **Applicants must submit (up to 10) signed letters of collaboration from partners that will be involved in implementing the strategies.** At least one of the letters should be from a partner that will be involved in efforts to assist DP23-0020 recipients in engaging priority populations and reducing SDOH-related barriers that limit their access to and participation in evidence-based diabetes programs and services. Letters of collaboration should summarize any prior work/accomplishments achieved with each partner, if applicable, indicate the subject matter area(s) the partner will address, and briefly describe work the partner will do to support the DP23-0020 recipients. Applicants must name each letter of collaboration (LOC1_organization name, LOC2_organization name, etc.) and upload it as a PDF file on www.grants.gov as part of the application.

2. Target Populations

The target population for this NOFO is the recipients of the three components of the DP23-0020, which include:

- **Component A Recipients**: One organization in each of the 50 states and the District of Columbia (D.C.) funded to implement and evaluate work on evidence-based strategies to decrease risk for type 2 diabetes among adults with prediabetes or at high risk for type 2

diabetes; improve self-care practices, quality of care, and early detection of complications among people with diabetes; and support implementation of evidence-based, family-centered childhood obesity interventions as a type 2 diabetes risk reduction strategy.

- **Component B Recipients**: Up to 22 organizations funded to implement and evaluate work on evidence-based strategies in US counties identified as "high need" based on diabetes disease burden and social vulnerability. (A list of counties that meet these criteria are provided, along with their populations, in the DP23-0020 NOFO). These strategies aim to decrease risk for type 2 diabetes among adults with prediabetes or at high risk for type 2 diabetes; improve self-care practices, quality of care, and early detection of complications among people with diabetes; and support implementation of evidence-based, family-centered childhood obesity interventions as a type 2 diabetes risk reduction strategy.
- **Component C Recipients**: Three to four multisectoral partnership networks in different locations across the US funded to simultaneously and collaboratively address 4 aspects of work proven necessary to scale up and sustain the National DPP to better engage, enroll, and retain large numbers of participants. The aspects of work are 1) Administrative Infrastructure, 2) Participant Referrals and Enrollment, 3) Program Delivery and Participant Support, and 4) Payment/Coverage.

All DP23-0020 NOFO recipients will focus on priority populations, defined as those who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

a. Health Disparities

This NOFO aims to increase capacity among the recipients of the DP23-0020 to reduce health disparities by improving equitable access to and delivery of diabetes management and type 2 diabetes prevention and risk reduction interventions for priority populations.

This NOFO provides an opportunity to deliver subject matter expertise, training and TA, and relevant resource materials to the DP23-0020 recipients to: 1) strengthen their efforts to reduce barriers to access and participation in diabetes prevention and management programs and services among populations disproportionately impacted by disease burden/risk; 2) tailor activities and approaches to better reach, engage and support priority populations; and 3) address SDOH-related barriers to recruitment, enrollment, and retention of priority populations in the evidence-based diabetes prevention/management programs described in the DP23-0020 NOFO.

The health equity/SDOH subject matter expert(s) identified to support this NOFO are expected to have prior experience providing technical assistance, training, and guidance to organizations to assist in overcoming SDOH-related barriers that negatively impact access to and successful participation in health and wellness programs/services by priority populations. Prior experience working with priority populations or use of participatory approaches that demonstrate involvement and support from these groups for the work proposed, is desirable. Prior experience implementing approaches to reduce SDOH-related barriers that impact access to and participation in diabetes-related programs/services (e.g., DSMES, the National DPP lifestyle intervention) is preferred.

iv. Funding Strategy
N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The table below aligns with the logic model and shows the connection between the overarching focus areas, specific strategies, outcomes, and performance measures.

Strategies	**Short-term Performance Measures**	**Intermediate Performance Measures**	**Long-term Performance Measures**
1. Obtain and provide **subject matter expertise** through a network of sustainable partnerships to ensure relevant knowledge and skills of DP23-0020 recipients to implement evidence-based approaches to diabetes management and type 2 diabetes prevention and risk reduction in priority populations	# of subject matter experts and type of subject matter expertise available within the partnership network to support recipients' work across all strategies listed in the DP23-0020 NOFO (Process)	# of DP23-0020 recipients that increase access to diabetes management and type 2 diabetes prevention and risk reduction programs and/or services serving the selected priority populations (Outcome)	# of DP23-0020 recipients that increase participation in diabetes management programs or services among priority populations (Outcome) # of DP23-0020 recipients that increase participation in type 2 diabetes prevention and risk reduction programs among priority populations (Outcome)
2. Provide **training and technical assistance** to ensure relevant knowledge and skills of DP23-0020 recipients to implement evidence-based approaches to diabetes management and type 2 diabetes	#, mode, and type of training sessions provided for DP23-0020 recipients (Process) # of DP23-0020 recipient staff participating in training per recipient (Process) # and type of		

prevention/risk reduction in priority populations.	technical assistance provided to recipients (Process)		
3. Develop **guidance documents and resources** for DP23-0020 recipients to ensure relevant knowledge and skills to implement evidence-based approaches to diabetes management and type 2 diabetes prevention/risk reduction in priority populations.	# and types of resources disseminated to support recipient work across all strategies listed in the DP23-0020 NOFO (Process) # and type of resources downloaded and/or viewed (Process)		

CDC Evaluation and Performance Measurement Strategy:
The evaluation and performance measurement strategy will help demonstrate program accomplishments and strengthen the evidence for strategy implementation. CDC and the recipient of "A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes: Subject Matter Expertise, Training, and Technical Assistance (DP-23-0021)" will work with recipients of the DP23-0020 NOFO to obtain feedback on and input to inform training and technical assistance activities in this NOFO and assess progress in achieving NOFO outcomes within the five-year period of performance. Formative, process, and outcome evaluations will be conducted. Throughout the five-year period, CDC will work with the recipient to track the implementation of strategies and activities and assess progress on achieving the NOFO outcomes. CDC will use an evaluation approach that consists of (1) ongoing monitoring and evaluation through the collection and reporting of performance measures, (2) a CDC-led national evaluation, and (3) a recipient-led evaluation.

CDC, with input from the NOFO recipient, will produce reports on project accomplishments, annual evaluation reports, and other monitoring and evaluation dissemination materials. Findings may also be reported for policy requests, at national conferences, online, in peer-reviewed journals, and in other public forums. The NOFO recipient will be expected to demonstrate measurable progress toward achieving the intended short and intermediate term outcomes as depicted in the logic model. For each of the NOFO's program strategies, a list of outcomes and performance measures is presented. CDC will work with the recipient to finalize their detailed

Evaluation and Performance Management Plan (EPMP), including a Data Management Plan (DMP), in accordance with CDC program guidance.

A process and outcome evaluation will be employed to respond to the following overarching evaluation questions in the four core evaluation areas, listed below:

Approach:

1. To what extent has the recipient's implementation of training/TA activities resulted in achieving the desired outcomes?
2. To what extent has an environment and capacity-building infrastructure to improve the implementation of diabetes management and type 2 diabetes prevention and risk reduction programs and/or services for priority populations been created?

Effectiveness:

1. To what extent have recipient-driven training/TA activities to improve the implementation of diabetes management and type 2 diabetes prevention and risk reduction programs and/or services serving the selected priority populations been effective and resulted in desired outcomes?
2. To what extent have the training/TA activities implemented met the needs of DP23-0020 recipients?
3. To what extent have the training/TA activities implemented contributed to a measurable change in health, behavior, or environment in defined communities, populations, organizations, or systems supported by DP23-0020 recipients?

Sustainability:

1. To what extent have DP23-0020 recipients demonstrated sustained knowledge and skills to inform and support the implementation of diabetes management and type 2 diabetes prevention and risk reduction programs and/or services serving the selected priority populations?

Impact:

1. To what extent have the training/TA activities implemented increased the likelihood of enrollment and participation in diabetes management and type 2 diabetes prevention and risk reduction programs and/or services serving the selected priority populations?
2. To what extent have DP23-0020 recipients adopted effective practices learned and achieved desired results?

CDC will use an evaluation framework that facilitates a recipient-conducted rigorous evaluation of capacity building strategies, as well as collection and reporting of data that assess efforts across DP23-0020 recipients. This will include collection and reporting of performance measures, a CDC-led national evaluation, and use of recipient-led evaluation data. Performance measures developed for this effort correspond to the strategies and outcomes described in the logic model. Performance measures that the recipient will be responsible for collecting and reporting are noted in the table in this section. Performance measures will be reported annually, and CDC will manage and analyze the data to identify recipient program improvements, respond

to broader technical assistance needs, and report to stakeholders. CDC will develop annual, aggregate performance measure reports to be disseminated to the recipient and other key stakeholders, including federal partners, non-funded partners, and policy makers, as appropriate. These aggregate findings may also be presented during recipient meetings.

CDC will lead the design, data collection, analysis, and reporting for a national evaluation. DP23-0020 recipients will participate in evaluation activities such as surveys, interviews, case studies, and other data collection efforts. CDC will use findings from these evaluation efforts to refine its technical assistance, in turn maximizing and sustaining program outcomes.

CDC will only collect data that will be analyzed and used. All evaluation findings produced by CDC and the NOFO recipient will contribute to: (1) continuous program and quality improvement of program efforts; (2) the evidence base; (3) documentation and sharing of lessons learned to support replication and scaling of these program strategies; and/or (4) future funding opportunities supported by CDC.

The NOFO recipient will develop and implement an Evaluation and Performance Measure Plan that is useful for program improvement and measuring the impact of capacity-building strategies. The NOFO recipient will be expected to conduct rigorous evaluation of all strategies and activities outlined in the NOFO and noted in the required Evaluation and Performance Measurement Plan. The evaluation plan should include a program logic model specific to the recipient's strategies and activities and specify process and outcome evaluation questions based on the core evaluation areas,), methods, analysis, and how results will be used and disseminated.

Applicants must include a Data Management Plan (DMP) that includes, but is not limited to, the type of data that will be collected, procedures for collecting the data, how data will be stored, procedures for providing access to the data, provisions for maintaining data privacy, confidentiality, and data security. If all of these items cannot be addressed comprehensively, applicants should include a DMP that is as complete as possible.

ii. Applicant Evaluation and Performance Measurement Plan

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

- How the applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to

DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

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

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

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

The recipient evaluation plan should include a program logic model specific to the recipient's strategies and activities and specify process and outcome evaluation questions (see CDC Evaluation and Performance Measurement Strategy section, core evaluation areas), methods, analysis, and how results will be used and disseminated.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must describe the expertise, experience, and capacity of their organization and each proposed subject matter expert or partner organization to carry out the required activities of the NOFO. Organizational capacity will be weighed heavily during the Phase II review. Applicants should describe their capacity to work on the strategies, including:

- Prior experience consulting with and providing subject matter expertise, training, and TA for a diverse array of organizations (e.g., state health departments, national organizations, community-based organizations, 501c3 organizations, others), including planning and facilitating peer learning. Prior experience providing subject matter expertise and training/TA relevant to the National DPP and/or DSMES is highly desirable. Demonstrated outcomes related to the subject matter expertise and training/TA provided should be described.
- Prior experience providing technical assistance to support a multisectoral partner network or coalition focused on achieving a common goal using a collective impact approach. This should include a description of strategies and activities conducted and outcomes resulting from the support provided to the network or coalition.
- Demonstrated ability to establish, build, and manage a network of subject matter experts/partner organizations through sub-awards or contracts to support recipient work across all strategies listed in the DP23-0020, as evidenced by signed letters of collaboration with these partners (see specific requirements for letters of collaboration with key partners in the Collaboration section of this NOFO).
- A staffing plan that demonstrates the applicant has access to staff or contractors/consultants with relevant subject matter expertise to lead work on the DP23-0020 strategies. At a minimum, the staffing plan should include:

- A description of staff responsible for leading the project. These individuals should have prior experience with grants administration; program planning and implementation; partnership development; and staff/contractor supervision/oversight.
- A description of how relevant diabetes management/prevention expertise will be accessed.
- A description of staff who will have the day-to-day responsibility for key tasks such as leadership of work on the NOFO strategies; monitoring of the project's ongoing progress; preparation of reports; program evaluation; and communication with partners and CDC.
- A leadership and management plan demonstrating capacity to facilitate coordination, communication, and collaboration across the network of subject matter experts/partner organizations to achieve the NOFO outcomes and ensure quality, consistency, and continuity of the support provided.
- A description of how the recipient will coordinate and consult with CDC in providing subject matter expertise to support the work of the DP23-0020 recipients.
- A description of how each collaboration will assist the DP23-0020 recipients in implementing activities and achieving the NOFO outcomes, including approaches for maintaining regular and effective communication and coordination across collaborating partners.

- Ability to manage the required procurement efforts, including the ability to write and award contracts efficiently, in accordance with applicable grant regulations and in a reasonable timeframe.
- Prior experience providing TA that enables tailoring of work/approaches to reach priority populations and enable their successful access to and participation in disease prevention or management programs and services.
- Prior experience providing technical assistance, training, and guidance to organizations to assist in overcoming SDOH-related barriers that negatively impact access to and successful participation in health and wellness programs/services by priority populations.
- Prior experience conducting a needs assessment and developing and executing training and TA plans, including facilitation of webinars, peer learnings, and communities of practice.
- Ability to evaluate and improve delivery of training and TA offerings to meet the needs of the DP23-0020 recipients.
- Prior experience producing well-written, grammatically correct, and technically accurate guidance/resource documents tailored to a target audience. (Examples may include orientation packages, success stories, websites, newsletters, case studies, etc).

d. Work Plan

Applicants should complete a work plan to include the information described below. For convenience, a Word version of the work plan is available for download at: NOFO-CDC-RFA-DP23-0021 Information Webpage.

In addition to the work plan, applicants should provide a brief narrative description of their proposed work on the strategies as part of the Project Narrative section of their application.

Work Plan

A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes: Subject Matter Expertise, Training, and Technical Assistance (CDC-RFA-DP23-0021)

Instructions: *Applicants may use the below template to complete their Year 1 Work Plans. If applicants choose to use a different format for the work plan, they must include all the required elements in the sample work plan.* ***The final work plan should be saved as "Work Plan_Applicant Organization Name" and uploaded as a PDF to www.grants.gov.*** *Italicized text represents instructions for completing the Work Plan template. Applicants may remove this text as necessary.*

Strategies and Supporting Information:

Use the table below to complete your work plan for each of the NOFO strategies.

Applicant Name: ***Enter your organization's name in the box below.***

INSTRUCTIONS: *Fill in the requested information for each strategy.*
Writing SMARTIE Objectives: *SMARTIE objectives are "Specific," "Measurable," "Attainable," "Relevant," "Time-based," "Inclusive," and "Equitable." Include* ***supporting activities*** *that describe the work you will do to achieve each SMARTIE objective. Additional information on writing SMARTIE objectives is available on the NOFO-CDC-RFA-DP23-0021 Information Webpage.*

Strategy 1: Obtain and provide subject matter expertise through networks of sustainable partnerships to ensure relevant knowledge and skills of DP23-0020 recipients to implement evidence-based approaches to diabetes management and type 2 diabetes prevention/risk reduction in priority populations.

Key Deliverables Proposed:				
Outcomes:				
SMARTIE Objectives and Supporting Activities	**Lead Personnel Assigned**	**Contributing Partners/SMEs**	**Start Date**	**End Date**
Objective 1:				
Objective 2:				
Objective 3:				
Objective 4:				
Objective 5:				
Etc.				

<u>Strategy 2:</u> Provide training and technical assistance to ensure relevant knowledge and skills of DP23-0020 recipients to implement evidence-based approaches to diabetes management and type 2 diabetes prevention/risk reduction in priority populations.

Key Deliverables Proposed:				
Outcomes:				
SMARTIE Objectives and Supporting Activities	**Lead Personnel Assigned**	**Contributing Partners/SMEs**	**Start Date**	**End Date**
Objective 1:				
Objective 2:				
Objective 3:				
Objective 4:				
Objective 5:				
Etc.				

<u>Strategy 3:</u> Develop guidance documents and resources for DP23-0020 recipients to ensure relevant knowledge and skills to implement evidence-based approaches to diabetes management and type 2 diabetes prevention/risk reduction in priority populations.

Key Deliverables Proposed:				
Outcomes:				
SMARTIE Objectives and Supporting Activities	**Lead Personnel Assigned**	**Contributing Partners/SMEs**	**Start Date**	**End Date**
Objective 1:				
Objective 2:				
Objective 3:				
Objective 4:				
Objective 5:				
Etc.				

Work Plan: Years 2-5

Provide a general summary of work plan activities proposed for Years 2-5 of the cooperative agreement. This summary should describe how work in years 2-5 will build on the year 1 objectives/activities and ultimately result in accomplishment of NOFO outcomes. (maximum one page narrative)

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.

Collaboration with CDC is required to maintain alignment with the overall mission and to track progress and performance. The proposed work plan and performance measures will be reviewed by CDC and may need to be altered to better reflect program activities as outlined in the recipient NOFO. CDC will analyze programmatic and performance measure data to assess areas of improvement, identify technical assistance needs, and report progress and outcomes. CDC will review and approve the recipient's monitoring and evaluation plan to ensure it is appropriate for the activities to be undertaken as part of the agreement and for compliance with the monitoring and evaluation guidance established by CDC or other guidance otherwise applicable to this cooperative agreement.

CDC will monitor the cooperative agreement in partnership with the awarded recipient. Collaboration with CDC is essential to ensure the services and products provided are consistent with CDC standards and guidance. Collaboration with DP23-0020 recipients is essential to achieve the goals and outcomes of this cooperative agreement. To accomplish the strategies and activities, the recipient is expected to:

- Work closely with recipients funded under the DP23-0020 NOFO and extensively with CDC to provide subject matter expertise, training, and TA and to develop and disseminate relevant guidance documents and resources.
- Participate in meetings, events, activities, workgroups, committees, etc. as well as promote training and TA, in partnership with CDC.
- Work extensively with its network of partners to provide subject matter expertise, TA and training, and resource documents consistent with CDC standards and guidance; and
- Practice effective and regular communication, collaboration, and coordination with DP23-0020 recipients, the CDC, and its network of partners.

f. CDC Program Support to Recipients

CDC will work in partnership with the recipient to ensure the success of the cooperative agreement by:

- Supporting the recipient in implementing cooperative agreement requirements and meeting program outcomes;
- Assisting the recipient in advancing program activities to achieve project outcomes;
- Providing technical assistance on the recipient's evaluation and performance measurement plans;
- Providing technical assistance to define and operationalize performance measures;
- Providing technical guidance on professional development and training opportunities, either in person or through virtual, web-based training formats, for the purpose of sharing the latest science, best practices, success stories, and program models;
- Collaborating with the recipient to compile and publish accomplishments, best practices, and lessons learned during the period of performance;
- Sharing relevant tools, guidance documents, and resources to facilitate the sharing of information among recipients;
- Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes;
- Fostering communication, coordination, and collaboration to ensure provision of needed subject matter expertise, TA and training, and resource documents to the DP23-0020 recipients;
- Working with the recipient to identify and address challenges that may impede the success of the project; and
- Providing technical guidance on the planning of a meeting/training for the DP23-0020 recipients during the first year of the period of performance and later in the period of performance (for a total of 2 meetings/trainings for recipients).

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:
2023

4. Approximate Total Fiscal Year Funding:
$10,000,000

5. Total Period of Performance Funding:
$50,000,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$50,000,000

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

year(s)

7. Expected Number of Awards:
1

8. Approximate Average Award:

$9,000,000
Per Budget Period

9. Award Ceiling:
$10,000,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$8,000,000
Per Budget Period

11. Estimated Award Date:
May 30, 2023

12. Budget Period Length:
12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown

in the “Notice of Award.” This information does not constitute a commitment by the federal government to fund the entire period. The total period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

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)

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

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

State controlled institutions of higher education

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

N/A

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

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

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and designate an E-Biz 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.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https:// fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI number to become an Authorized Organization Representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password	It takes one 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.

		4. This authorizes the AOR to submit applications on behalf of the organization		

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 01/27/2023

01/27/2023

b. Application Deadline

Due Date for Applications 03/14/2023

03/14/2023
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
January 20, 2023
Time: 3:00-4:00 PM U.S Eastern Time (US and Canada)
Topic: DP-23-0021 Informational Conference Call
ZOOM LINK pending

Please email DP2321TA@cdc.gov to register in advance for this webinar.

After 1/20/2023, the Informational Conference Call will be recorded and added to the NOFO-CDC-RFA-DP23-0021 Information Webpage.
(Not Live).

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award

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

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

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

The purpose of a Letter of Intent (LOI) is to allow CDC to estimate the number of and plan for the review of submitted applications. LOIs are requested, not required, as part of the application for this NOFO. Non-submission will not impact the review of applications.

LOIs must be received by email no later than 11:59 PM EST on 1/20/2023.
The LOIs should include:

- Number and title of this notice of funding opportunity
- Name, address, telephone number, and email address of the primary contact for writing and submitting the application
- Applicant's organization type
- Participating partners or organizations, if known

Letters of Intent must be sent via email to:
Leslie Harrison
State and Local Consultation Team Lead
Program Implementation Branch
Division of Diabetes Translation
CDC, National Center for Chronic Disease Prevention and Health Promotion
Email address: DP2321TA@cdc.gov

8. Table of Contents

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

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

9. Project Abstract Summary

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

10. Project Narrative

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

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the

program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

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

12. Budget Narrative

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

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

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

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

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed

activities must be included in the budget narrative and must indicate which standards will be addressed.

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

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

The budget should follow CDC fiscal policy. Refer to CDC's budget preparation guidelines.

13. Funds Tracking

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

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

14. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing

(in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

15. Copyright Interests Provisions

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

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

16. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:

- publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
- the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

17. Data Management Plan

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

18. Other Submission Requirements

a. Electronic Submission:

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

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

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred.

Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

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

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

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

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

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

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

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application 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
A review panel will evaluate complete, eligible applications in accordance with the criteria below.

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

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

i. Approach **Maximum Points:** 40

Background, Purpose, and Outcomes
Evaluate the extent to which the applicant:

- Describes specifically how they will address the required activities described in the NOFO **(3 points)**

Target Population and Health Disparities
Evaluate the extent to which the applicant:

- Describes how they will deliver subject matter expertise, training and TA, and relevant resource materials to the DP23-0020 recipients to: **(7 points)**
    - strengthen their efforts to reduce barriers to access and participation in diabetes prevention and management programs and services among populations disproportionately impacted by disease burden/risk;
    - tailor activities and approaches to better reach, engage and support priority populations; and
    - address SDOH-related barriers to recruitment, enrollment, and retention of priority populations in the evidence-based diabetes prevention/management programs described in the DP23-0020 NOFO.

Collaborations
Evaluate the extent to which the applicant:

- Describes how they will establish, build, and manage a network of subject matter experts/partner organizations through sub-awards or contracts to support recipient work across all strategies listed in the DP23-0020 NOFO. **(4 points)**
- Describes how they will work extensively with their network of partners to provide subject matter expertise, TA and training, and resource documents consistent with CDC standards and guidance, and practice effective and regular communication, collaboration, and coordination with their partners. **(3 points)**
- Describes how they will work closely and consult with recipients funded under the DP23-0020 NOFO and with CDC to provide subject matter expertise, training, and TA and to develop and disseminate relevant guidance documents and resources. **(5 points)**
- Provides up to 10 letters of collaboration from partners that will be involved in implementing the strategies. At least one of the letters should be from a partner that will be involved in efforts to assist DP23-0020 recipients in engaging priority populations

and reducing SDOH-related barriers that limit their access to and participation in evidence-based diabetes programs and services. Letters of collaboration should: **(5 points)**

- Summarize any prior work/accomplishments achieved with partner, if applicable.
- Indicate the subject matter area(s) the partner will address.
- Briefly describe work the partner will do to support the DP23-0020 recipients.

Strategies and Activities
Evaluate the extent to which the applicant:

- Provides a narrative description of how they will implement the three strategies described in the strategy list to achieve the 5-year outcomes. **(5 points)**

Work Plan
Evaluate the extent to which the applicant:

- Presents a work plan that describes the objectives and supporting activities that will be accomplished to address the NOFO outcomes. The work plan should: **(5 points)**
  - Include specific measurable, attainable, achievable, relevant, timebound/time based, inclusive, equitable (SMARTIE) objectives for each strategy for the first year and supporting activities that describe the work that will be done to achieve each objective.
- Provides a narrative summary of activities planned for each strategy in years 2-5. This summary should describe how work in years 2-5 will build on the year 1 objectives/activities and ultimately result in accomplishment of NOFO outcomes. **(3 points)**

ii. Evaluation and Performance Measurement **Maximum Points:** 25
Evaluate the extent to which the applicant:

- Provides an evaluation plan/strategy that includes key evaluation questions and potential data sources to demonstrate the impact and effectiveness of training and TA delivery. **(10 points)**
- Describes the ability to collect data on the process and outcome performance measures specified by CDC. **(5 points)**
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of training and TA activities. **(5 points)**
- Describes how performance measurement and evaluation findings will be reported and used to achieve the outcomes of the NOFO and for continuous program quality improvement. **(5 points)**
- Includes a preliminary Data Management Plan, describing, at a minimum, required information as outlined in the NOFO. **(not scored)**

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

- Describes prior experience consulting with and providing subject matter expertise, training, and TA for a diverse array of organizations (e.g., state health departments, national organizations, community-based organizations, 501c3 organizations, others), including planning and facilitating peer learning. Prior experience providing subject matter expertise and training/TA relevant to the National DPP and/or DSMES is highly desirable. Demonstrated outcomes related to the subject matter expertise and training/TA provided should be described. **(6 points)**
- Describes prior experience providing technical assistance to support a multisectoral partner network or coalition focused on achieving a common goal using a collective impact approach. This should include a description of strategies and activities conducted and outcomes resulting from the support provided to the network or coalition. **(5 points)**
- Describes their ability to establish and manage a network of subject matter experts/partner organizations through sub-awards or contracts to support recipient work across all strategies listed in the DP23-0020 NOFO, as evidenced by signed letters of collaboration with these partners (see specific requirements for letters of collaboration with key partners in the Collaboration section). **(4 points)**
- Provides a staffing plan that demonstrates the applicant has access to staff or contractors/consultants with relevant subject matter expertise to support work on the DP23-0020 NOFO strategies. At a minimum, the staffing plan should include: **(6 points)**
    - A description of staff responsible for leading the project. These individuals should have prior experience with grants administration; program planning and implementation; partnership development; and staff/contractor supervision/oversight.
    - A description of how relevant diabetes management/prevention expertise will be accessed.
    - A description of staff who will have the day-to-day responsibility for key tasks such as leadership of work on selected strategies; monitoring of the project's ongoing progress; preparation of reports; program planning, implementation, and evaluation; and communication with partners and CDC
- Describes the ability to manage the required procurement efforts, including the ability to write and award contracts efficiently, in accordance with applicable grants regulations and in a reasonable timeframe. **(3 points)**
- Describes prior experience providing technical assistance, training, and guidance to organizations to assist in overcoming SDOH related barriers that negatively impact access to and successful participation in health and wellness programs/services by priority populations. (Note: This may be the applicant's direct experience or that of their partner(s)/subject matter experts.) **(4 points)**
- Describes prior experience providing training and TA, including conducting a needs assessment; developing and executing training and TA plans; and facilitating webinars, peer learning, and communities of practice. Prior experience providing training and TA should also outline previous work evaluating TA offerings for continuous quality improvement. **(4 points)**
- Describes prior experience producing well-written, grammatically correct, and technically accurate resource documents tailored to a target audience. (Examples may

include orientation packages, success stories, websites, newsletters, case studies, etc.) **(3 points)**

Budget **Maximum Points:** 0

- Evaluate the extent to which the proposed budget is reasonable and consistent with the stated objectives and planned program activities. Although not scored, applicants must ensure their proposed budget aligns with their proposed work plan and NOFO objectives.

c. Phase III Review

All eligible applications will be reviewed and scored in accordance with the "Phase II Review" criteria above. Applications will be funded in order by score and rank determined by the review panel. Only one award will be made.

Review of risk posed by applicants.

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

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

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

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

(1) Financial stability;

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

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if

applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

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

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

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

2. Announcement and Anticipated Award Dates

Announcement date: January 13, 2023
Informational webinar: January 20, 2023
Letters of intent due: January 27, 2022
Application submission due date: March 14, 2023
Anticipated award date: May 30, 2023
Anticipated start date: June 30, 2023

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.

The following Administrative Requirements (AR) apply to this project:

AR-1: Human Subjects Requirements

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2030

AR-12: Lobbying Restrictions

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

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

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

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

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

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

AR-31: Research Definition

AR-32: Appropriations Act, General Provisions

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

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

Organization Specific ARs:

AR-8: Public Health System Reporting Requirements

AR 23: Compliance with 45 C.F.R. Part 87

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office

for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider- obligations/index.html and https://www.hhs.gov/civil-rights/for- individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement	6 months into award	Yes

Plan, including Data Management Plan (DMP)		
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of 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 target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a 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 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

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

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

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1)

information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

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

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

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

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

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

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

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

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

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative

agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Leslie
Last Name:
Harrison
Project Officer

Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
National Center for Chronic Disease Prevention and Health Promotion
Division of Diabetes Translation

Telephone:

Email:
DP2321TA@cdc.gov

Grants Staff Contact

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

First Name:
Stephanie

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

Address:
CDC, Office of Financial Resources (OFR)
Branch 5 Supporting Chronic Diseases and Injury Prevention

Telephone:

Email:
fzv6@cdc.gov
For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

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

Position descriptions

Letters of Support

Organization Charts

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

The project narrative should be a maximum of 25 pages, not including the work plan.

See the NOFO-CDC-RFA-DP23-0021 Information Webpage for important updates, resources, etc.

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 project period. Traditionally, budget periods are 12 months or 1 year.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Priority Populations: Those who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. Refer to the CDC National Center for Chronic Disease Prevention and Health Promotion's Health Equity Guiding Principles for Inclusive Communication for guidance on addressing all people inclusively and respectfully: https://www.cdc.gov/healthcommunication/Health_Equity.html.

Social Determinants of Health: The conditions in which we live, learn, work, and play—have a significant impact on health. They influence the opportunities available to practice healthy behaviors, enhancing or limiting the ability of individuals to live healthy lives. More information on the CDC National Center for Chronic Disease Prevention and Health Promotion's SDOH Framework can be found at https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm.

Social Vulnerability: The resilience of communities (the ability to survive and thrive) when confronted by external stresses on human health.
https://www.atsdr.cdc.gov/placeandhealth/svi/at-a-glance_svi.html.