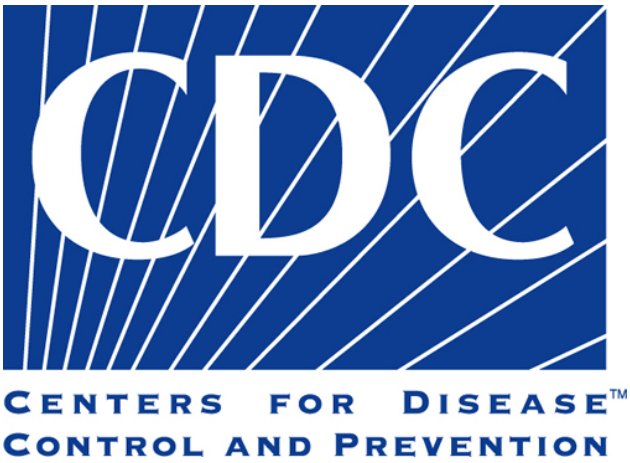


Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Closing the Gap with Social Determinants of Health Accelerator Plans

CDC-RFA-DP22-2210

07/08/2022

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP22-2210. 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:

Closing the Gap with Social Determinants of Health Accelerator Plans

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-DP22-2210

E. Assistance Listings Number:

93.945

F. Dates:

1. Due Date for Letter of Intent (LOI):
06/08/2022

2. Due Date for Applications:

07/08/2022
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
Date: June 09, 2022
Time: 3:00p.m - 4:30p.m Eastern Standard Time
Topic: Closing the Gap: Social Determinants of Health-DP22-2210

Register in advance for this webinar:
https://cdc.zoomgov.com/webinar/register/WN_WdEyIDGHQbWSZcsfQWhH-A

Or an H.323/SIP room system:
H.323: 161.199.138.10 (US West) or 161.199.136.10 (US East)
Meeting ID: 160 559 8999
Passcode: 42885676
SIP: 1605598999@sip.zoomgov.com
Passcode: 42885676

After registering, you will receive a confirmation email containing information about joining the webinar.

G. Executive Summary:

1. Summary Paragraph
The Centers for Disease Control and Prevention (CDC) announces the availability of funds to develop multisector action plans to address the social determinants of health (SDOH). The purpose of the NOFO is to accelerate action in state, local, territorial, and tribal jurisdictions that lead to improved chronic disease outcomes among persons experiencing health disparities and inequities.

Collaborative planning among public health, government, business, non-profit organization, and healthcare partners is essential for addressing SDOH. Through community health assessment and long-range planning, policy, system, environmental, and programmatic changes can improve SDOH in communities with the poorest health outcomes.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
G (Grant)

c. Approximate Number of Awards
40

d. Total Period of Performance Funding:
$5,000,000

e. Average One Year Award Amount:
$125,000

f. Total Period of Performance Length:
1

g. Estimated Award Date:
September 29, 2022

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
Health equity is achieved when every person has the chance to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances" (WHO). Achieving health equity can be realized by addressing the social determinants of health (SDOH) such as systemic racism, poverty, poor access to quality healthcare, transportation, housing insecurity, nutrition insecurity, commercial tobacco-free policies, safe spaces for physical activity, and social connectedness.

SDOH are conditions in the places where people are born, live, learn, work, play, and worship which influence the availability of fair and just opportunities and resources needed to live healthy lives and to improve a wide range of social, mental, and physical health outcomes. Through community health needs assessment, multi-sector partnerships, and improvement planning, federal, state, local, tribal, and territorial governments can invest in long-range strategies to address and improve SDOH in communities with the poorest health outcomes.

Chronic diseases such as heart disease and stroke, cancer, diabetes, and obesity are the leading causes of death and disabilities. Inequities in SDOH contribute to stark and persistent chronic disease disparities among population groups based on race, ethnicity, socioeconomic status, and other characteristics, systematically limiting opportunities and resources needed to live healthy lives.

To maximize public health impact, policy, systems, environmental, and programmatic strategies that address SDOH have the potential to narrow disparities in many chronic diseases by removing systemic and unfair barriers to practicing healthy behaviors. Sustaining positive health outcomes requires a focus not just on individual behaviors and patient care, but on root causes of disparities and community-wide approaches aimed at improving population health. Healthy People 2030 categorizes SDOH into five domains: 1) Economic Stability; 2) Education Access and Quality; 3) Health Care Access and Quality; 4) Neighborhood and Built Environment; and 5) Social and Community Context.

Based on the five domains of Healthy People 2030, CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) developed an integrated framework to address SDOH (https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm) with a specific focus on five determinants that impact chronic disease risk factors and health outcomes:

1) Built Environment
2) Community-Clinical Linkages
3) Food and Nutrition Security
4) Social Connectedness
5) Tobacco-Free Policy

Leadership from public health officials, multi-sector partners, and community representatives is essential to developing an action plan and implementing strategies that address SDOH in diverse sectors such as housing, healthcare, transportation, and human services. Planning and collaboration across multiple areas within and outside these sectors is required, including governments, private businesses, non-profit and community organizations and residents, hospitals, and clinical delivery systems. Creating sustainable partnerships with public health, healthcare, human services, and the community are critical to ensure individuals have equitable access to chronic disease prevention services, treatment, and care.

b. Statutory Authorities
This program is authorized under Section 301(a) of the Public Health Service Act, 42 U.S.C. 241(a).

c. Healthy People 2030
This funding opportunity supports Healthy People 2030 objectives in the topic area of Social Determinants of Health. For specific objectives, please visit Browse Objectives - Healthy People 2030 | health.gov.

d. Other National Public Health Priorities and Strategies
The Guide to Community Preventive Services
The National Partnership for Action to End Health Disparities: Toolkit for Community Action
Thriving Together: A Springboard for Equitable Recovery and Resilience in Communities Across America - Community Commons
COVID-19 Health Equity Strategy
National Stakeholder Strategy for Achieving Health Equity
Active People, Healthy Nation
Surgeon General Priority: Community Health and Economic Prosperity
Agency for Healthcare Research and Quality Social Determinants of Health and Practice Improvement
Centers for Medicare & Medicaid Services Innovation Center Strategic Objectives

e. Relevant Work
This NOFO builds on and supports the following funding opportunities.
Closing the Gap with Social Determinants of Health Accelerator Plans (CDC-FRA-DP21-2111)
National Breast and Cervical Cancer Early Detection Program (CDC-RFA-DP17-1701)
State Physical Activity and Nutrition Program (CDC-RFA-DP18-1807)
High Obesity Program (CDC-RFA-DP18-1809)
State Actions to Improve Oral Health Outcomes (CDC-RFA-DP18-1810)
Racial and Ethnic Approaches to Community Health (CDC-RFA-DP18-1813)
Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke (CDC-RFA-DP18-1815)
Well-Integrated Screening and Evaluation for Women Across the Nation (CDC-RFA-DP18-

1816)
Good Health and Wellness in Indian Country (CDC-RFA-DP19-1903)
Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees (CDC-RFA-DP19-1908)
National and State Tobacco Control Program (CDC-RFA-DP20-2001)
Networking2Save (CDC-RFA-DP18-1808)
State-based Perinatal Quality Collaboratives (CDC-RFA-DP17-1702)

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP22-2210 Logic Model: Closing the Gap with Social Determinants of Health (SDOH) Accelerator Plans
Bold *indicates period of performance outcome*

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Convene and coordinate a Leadership Team consisting of multisectoral partners Develop an implementation ready SDOH Accelerator Plan	**Increased collaboration and engagement across multisectoral partners** **Completed implementation ready SDOH Accelerator Plan, including all required components**	Implementation of the SDOH Accelerator Plan among multisectoral partners Establishment of infrastructure and funding to support SDOH Accelerator Plan implementation	Improved health and social outcomes for people experiencing health disparities and inequities Reduced health disparities and increased health equity

i. Purpose

Approximately 40 applicants will be funded to collaborate with multisectoral partners to develop implementation ready SDOH Accelerator Plans to reduce disparities in health outcomes related to chronic disease within a state, local, territorial, and tribal jurisdiction, community,* or catchment area.**

**A community within the state could be defined as a city, county, parish, or jurisdiction/sub-jurisdiction.*
***Catchment areas are defined in this NOFO as a county, metropolitan statistical area(s) or a group of contiguous counties.*

ii. Outcomes

The recipient is expected to complete activities that will impact the **bolded** short-term outcomes:

- Increased collaboration and engagement across multisectoral partners
- Completed implementation ready SDOH Accelerator Plan, including all required components

iii. Strategies and Activities

Strategy 1: Convene and Coordinate a Leadership Team Consisting of Multisectoral Partners

Prior to convening and coordinating the Leadership Team and developing the SDOH Accelerator Plan, applicants are required to describe the community, population(s), and priority SDOH selected.

1. Identify and describe the tribe, community, or catchment area

Applicants are required to identify and describe the location disproportionately affected by disparities in chronic disease outcomes (e.g., name, affiliation, location, size, geopolitical and historical context, etc.)

- NOTE: Applicants are expected to identify and define their community as appropriate to their needs and priorities of the jurisdiction; defining at the tribal, territorial, and sub-jurisdictional levels are consistent with the expectations of this grant.

2. Identify the population(s) disproportionately affected by chronic disease and related risk factors Applicants are required to identify and describe the population(s) affected by poverty, lack economic resources, including communities with high rates of income inequity or low employment opportunities. Population description should include:

- Results from a community health needs assessment (CHA) and/or state health needs assessment (SHA). The assessments should have been completed within the last five (5) years. Using the CHA and/or SHA and other data sources, the applicant should include:
    - Demographic characteristics
    - Health status
    - Community profile
    - Chronic disease burden
    - Available health care systems
- Evidence of disproportionate vulnerability to adverse health outcomes by poverty rate and CDC Social Vulnerability Index (SVI) score
- How the SDOH Accelerator Plan will improve disparate chronic disease health outcomes related to the social determinant and contribute to enhancing resiliency of the tribe, community, or catchment area.
- Other data sources to define and describe the population(s). Examples of cited data sources include:
    - County Health Rankings
    - City Health Dashboard
    - PLACES
    - Census
    - American Community Survey
    - Community Commons

- CARES HQ – Center for Applied Research and Engagement Systems
- Behavioral Risk Factor Surveillance Systems (BRFSS)
- Youth Risk Behavior Surveillance System (YRBSS)
- Nutrition, Physical Activity, and Obesity: Data, Trends and Maps
- Pregnancy Risk Assessment Monitoring System
- Centers for Medicare & Medicaid Services Medicare Current Beneficiary Survey (MCBS)
- Centers for Medicare and Medicaid Services Innovation Center Data & Reports
- Substance Abuse and Mental Health Services Administration (SAMHSA): Racial/Ethnic Differences in Mental Health Service Use Among Adults

3. Identify Leadership Team

Applicants will provide evidence of an existing or newly established Leadership Team that will advise on the development of the SDOH Accelerator Plan. In developing the plan, the Leadership Team should employ a community based participatory approach that includes shared decision making and builds upon the collective assets of the community. The Leadership Team should have diverse and inclusive membership consisting of the following:

- At least two (2) members of the community that understand the distinct characteristics and culture of the selected population(s) and are recognized by their peers as trusted voices for the community.
- A minimum of five (5) additional representatives from different sectors (e.g., healthcare, human services, housing, transportation, food systems, etc.) with the expertise and authority to accomplish the development of the implementation ready SDOH Accelerator Plan in the selected SDOH priority areas.
- Examples of potential members to recruit for the multisector Leadership Team include:
- Accountable care organizations (ACOs)
- Health care systems
- Health care providers and related professionals (e.g., physicians, nurses, community health workers, pharmacists)
    - Health care related organizations, (e.g., pharmacies, testing centers; urgent care clinics)
    - Healthcare facilities (e.g., Critical Access Hospitals (CAHs), children's hospitals, urgent care clinics)
    - Social services providers and organizations, including those that address social determinants of health (e.g., community transportation; anti-discrimination organizations legal services; service providers for persons with disabilities)
    - Asian American, Native Hawaiian, and Pacific Islander Serving Institutions (AAPI)
    - Tribes, Tribal organizations and health systems, Urban Indian organizations
    - Community and economic development organizations and programs
    - State and locally funded recipients of Federal Programs including:
        - Administration for Children and Families (ACF) (e.g., Social Services and Childcare)
        - Administration for Community Living (ACL) (e.g., Area Agencies on Aging, Meals on Wheels)

- Health Resources and Services Administration (HRSA) (e.g., Health Service Centers, FQHCs, State Offices of Rural Health (SORH), State Rural Health Associations (SRHAs)
- Centers for Medicare and Medicaid Services (CMS)
- Centers for Disease Control and Prevention (CDC) (e.g., CDC-RFA-DP21-2109 - Community Health Workers for COVID Response and Resilient Communities; CDC-RFA-OT21-2103 - National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities; CDC-RFA-TP22-2201 - Public Health Crisis Response Cooperative Agreement)
- Governmental organizations focused on non-health services (e.g., Coordinating Council on Access and Mobility – Department of Transportation, Supportive housing for the elderly – Housing and Urban Development; Community Development Financial Institutions Fund-Department of the Treasury)
- Local governmental agencies and community leaders (e.g., libraries, pools, parks)
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups or associations)
- Labor Unions and other employee organizations
- Community-based and civic organizations (e.g., community gardens, literacy organizations)
- Academic institutions, and universities (e.g., Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs)
- Faith-based organizations
- Public and private non-governmental organizations (e.g., Boys and Girls Club)
- Correctional facilities and institutions

- The recipient should strive to integrate innovative or best practices for establishing, expanding, and coordinating, diverse and inclusive multisectoral and community partnerships.
- Applicants are required to collaborate with state and local healthcare providers, hospitals, and related health systems as appropriate to ensure that activities and plans are coordinated and synergistic.
- The applicant is required to submit a letter of support that describes how they will collaborate with relevant the health care providers, i.e. Federal Qualified Health Centers, hospitals, insurance plans, Medicaid, Medicare). The letter (s) must be signed by the applicant and the related partner's organizational leader. Applicants must name the file **"Healthcare Sector_Letter_of_Support"** and upload it to www.grants.gov.
- The applicant is required to submit at least four letters of support from Leadership Team members detailing their commitment to the development of the SDOH Accelerator Plan. The applicant will name the file "**Leadership_Team_Letters_of_Support**" and upload it to www.grants.gov.
- If the applicant is **NOT** a health department, the applicant is required to submit a letter of participation from the community's jurisdictional health authority outlining their specific

role in the development of the SDOH accelerator plan and their relationship to the "Community Health Needs Assessment (CHA)". The applicant will name the file "**Health_Authority_Letter_of_Participation**" and upload it to www.grants.gov.

- The recipient will be responsible for managing and facilitating Leadership Team activities, including convening the Leadership Team in person or virtually.
- The recipient and the Leadership Team are required to attend three virtual CDC technical assistance convenings: 1) Kickoff meeting, 2) Mid-year progress meeting, and 3) Closeout meeting to share lessons learned and discuss Accelerator Plan Implementation and sustainability strategies. In addition, recipients may be required to participate in other technical assistance calls and or meetings to support their planning throughout the period of performance

4. Select SDOH priority areas

- The applicant is required to select a minimum of two (2) SDOH priority areas that reduce health disparities and inequities and improve health outcomes related to chronic disease. Listed below are the SDOH priority areas. The applicant will plan strategies and activities for the selected SDOH priority areas.

SDOH Priority Areas	Impact	Strategy and Activity Examples to Include in the SDOH Accelerator Plan
Built Environment	A healthy built environment facilitates access to transportation and physical resources that enhance quality of life, minimizes exposures to environmental contaminants, and supports physical activity, safe and accessible recreation, and other protective factor that improve chronic disease outcomes.	• Collaborate with key partners and allies to create and promote activity-friendly, safe routes to everyday destinations (e.g., from home, schools, or work to parks, public spaces, and transit stops). • Develop systems to provide reliable and affordable transportation for essential worker and disadvantaged populations.
Community-Clinical Linkages	Effective community-clinical linkages improve chronic disease outcomes by increasing access to and utilization of preventive services in local communities.	• Provide assistance with disease management (e.g., medication access and education, referrals, keeping people in care, information on when to go to the emergency department, home blood

		pressure monitoring for pregnant and postpartum persons, Community Health Worker (CHW) programs). • Strengthen access to preventive services such as cancer, diabetes, hypertension screening, obesity screening, and screening related to SDOH; access to oral health services; access to behavioral health and substance use services. • Promote clinical Fruit & Vegetable and Physical Activity Rx programs • Strengthen community-clinical collaborations for achieving healthy weight. • Implement clinical linkages to nutrition assistance programs (e.g., Supplemental Nutrition Assistance Program [SNAP]; Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]; and Child and Adult Care Food Program [CACFP]), affordable housing, free tax assistance, and safe transportation programs.

Food and Nutrition Security	Enhancing durable access to and routine consumption of adequate, nutritious food supports overall health, reduces morbidity and mortality associated with chronic disease, and decreases health care utilization.	• Work with community coalitions, food policy councils, and community sites to equitably increase durable access to quality fruits and vegetables (e.g., through retail outlets, farmers markets, food banks, health care systems, traditional foods distribution networks). • Increase acceptance of food assistance and nutrition incentive vouchers in communities that lack equitable access to healthy food. • Implement healthy food service guidelines at institutions such as worksites, early care and education centers, hospitals, and faith-based organizations. • Implement nutrition guidelines and environmental supports for food banks and pantries that account for the cultural preferences of people in the community.
Social Connectedness	Social connectedness is a significant determinant of mental, emotional, and physical health and serves as a key factor in protecting, improving, and maintaining individual and community well-being. A high degree of social connectedness can increase the likelihood of individuals engaging in positive health behaviors, ultimately improving chronic disease outcomes by moderating the negative health effects of psychological adversities such as stress, trauma, adversity, anxiety, and depression.	• Collaborate with key partners and allies to identify community led social activities and support services that encourage personal interaction, connectedness to community, and a sense of identity and belonging. • Implement new or improved community strategies that emphasize and integrate social support services and

		activities for older adults and other populations (e.g., individuals with disabilities) at higher risk for social isolation, loneliness, anxiety, and depression (e.g., congregate and homebound meal programs, home health visits, mental health outreach, or other programs). • Promote participation in low cost or free volunteer programs, walking groups, book clubs, and other community activities that support safe and healthy social activity.
Tobacco-Free Policies*	Commercial tobacco-free policies reduce tobacco initiation and use, promote commercial tobacco cessation, and protect people from exposure to commercial tobacco products and secondhand smoke, protecting all populations.	• Implement commercial tobacco-free policies within worksites and multi-unit housing. • Implement health care system screening for commercial tobacco use, quit advice, and providing comprehensive resources for counseling and medications. • Implement community-based culturally appropriate messages that focus on: harmful effects of tobacco use; exposure to secondhand smoke; encouraging individuals who use commercial tobacco to quit; promoting the Quitline. • Decrease exposure to commercial tobacco marketing and access to

		commercial tobacco products, including e-cigarettes and other emerging commercial tobacco products.

**When CDC references tobacco, the reference is for commercial tobacco and not the sacred and traditional use of tobacco by some American Indian communities*

Strategy 2: Develop an Implementation-Ready SDOH Accelerator Plan
In collaboration with the Leadership Team, the recipient will develop an implementation ready SDOH Accelerator Plan. The recipient is encouraged to collaborate with subject matter experts to assist with the development of the SDOH Accelerator Plan; template will be provided by CDC. **The SDOH Accelerator Plan is due 30 days prior to the end of the Period of Performance.**

1. Create the SDOH Accelerator Plan
The recipient is required to include the following components in the SDOH Accelerator Plan.

- **Background**
  - Community Background
    - Describe and define the tribe, community, or catchment area that the SDOH Accelerator Plan will address. Include any relevant background or historical information that contributes to current health and social community context.
  - Community Health Issues
    - Identify primary health issues in the community and describe how the recipient used data to determine primary health issues in the community including information about the Community Health Needs Assessment (CHA) if relevant.
  - Selected population(s)
    - Describe the population(s) selected and the process by which this population was identified. Include description of data used to identify selected population(s) (e.g., demographic, geographic, political boundaries, size of population).
- **Partnerships**
  - Leadership Team
    - Describe the Leadership Team, including the organizational affiliation of each team member, the community and/or population that each member represents, and the role they will serve in developing and reviewing the SDOH Accelerator Plan.
  - Multisectoral Partners
    - Describe multisectoral partner roles, responsibilities, and goals.

        - Identify potential missing partners that may contribute to improving SDOH.
        - Describe method used to engage diverse and inclusive new and existing partners in program planning and implementation efforts.
        - Describe new partner linkages and how duplication of services across partners was minimized or avoided.
    - Shared Mission and Goal Statement
        - The Leadership Team will articulate a shared mission statement that represents the purpose of the SDOH Accelerator Plan, with mutually agreed upon goals.

- **Programs and Resources for SDOH**
    - Existing Resources and Programs
        - Describe the existing resources and programs available for the selected population(s). If multisectoral intake and referral systems exist, include a description of how the various programs currently work together.

Approach

- SDOH Priority areas
    - Describe the selected SDOH priority areas (a minimum of two (2)) and provide justification for selecting the priority areas.
- Outcomes
    - Describe the short-, intermediate, and long-term outcomes that will result from the planned SDOH strategies and activities.
- Activities
    - Describe the process for identifying and tailoring approaches to the selected tribe, community, or catchment area.
    - Describe the activities required to improve SDOH for the selected population(s).
    - Describe the number and types of evidence-based practices identified and tailored to improve SDOH for the selected population(s).
    - Describe the types of community and systemic barriers encountered and addressed during the plan development process.
    - Describe how policy, systems, environmental, programmatic and infrastructure activities build on each other to sustain health improvements and the achievement of selected outcomes.
- Anticipated reach of the activities
    - Describe the potential reach of the activities for the selected population(s).
- Anticipated policy, systems, environmental, programmatic and infrastructure outcomes
    - Describe sustainable outcomes that will result from implementation of the SDOH Accelerator Plan strategies and activities.

Evaluation of the SDOH Accelerator Plan Strategies

- Describe how the SDOH Accelerator Plan strategies and outcomes will be measured, with particular focus on the social and public health impact on the selected population(s).
- Describe the evaluation purpose, goals, evaluation questions, data collection and methods.
- **Data Integration**
    - Describe existing data sources across partners.
    - Describe process for monitoring and integrating data elements to create a comprehensive system for tracking selected population(s) resource utilization.
- **Responsible Party**
    - Describe how each partner will participate in the planning, implementation, and reporting process.
- **Implementation Plan**
    - Provide a budget for implementing the strategies and activities.
    - Provide a work plan with a timeline to complete proposed strategies and activities.
- **Sustainability/Funding Strategy**
    - Describe strategies to expand, diversify, and sustain implementation efforts, including funding.

2. Success Story

- Complete a success story at the end of the planning process on establishing, expanding, and coordinating multisector partners. The success story is required to include the following components.
    - Title.
    - Problem/Issue.
    - Approach.
    - Achievements and Impact.
    - Challenges.
    - Lessons Learned.
    - Future Direction.

Recipients can use CDC's National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP) Success Stories application to create the success story. This free tool provides step-by-step instructions to create a professionally designed 1-page success story

1. Collaborations

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

To ensure that applicants proposed SDOH Accelerator Planning activities are not duplicative of current ongoing CDC programs; in the event CDC funded state and/or local programs exist, applicants are required to submit at least one letter of support that describes how they will collaborate with CDC-funded chronic disease prevention program(s) as appropriate. The letter(s) must be signed by the applicant and the program director of the CDC-funded program. Applicants must name the file "**CDC_Letter_of_Support**" and upload to www.grants.gov.

CDC-funded chronic disease and health promotion programs include the following.

- Arthritis
- Cancer Prevention and Control
- Diabetes
- Good Health and Wellness in Indian Country
- Heart Disease and Stroke Prevention
- Nutrition, Physical Activity, and Obesity
- Oral Health
- Racial and Ethnic Approaches to Community Health (REACH)
- Reproductive Health
- School Health.
- National Tobacco Control Program.
- Networking2Save

b. With organizations not funded by CDC:
Recipients are required to strengthen existing partnerships, identify, and develop new partnerships, and collaborate with key partners who have existing community or social service delivery programs for population groups experiencing health disparities and inequities. Key partners may include:

- Community health centers (e.g., federally qualified health centers, (FQHCs), Rural Health Clinics (RHCs))
- Community-based and civic organizations (e.g., community gardens, literacy organizations)
- Tribes, tribal or native serving organizations and health systems, urban Indian organizations
- Academic institutions, and universities (e.g., Historically Black Colleges and Universities (HBCUs), Hispanic Association of Colleges and Universities (HACUs), American Indian Higher Education Consortium (AIHEC), Tribal Colleges and Universities (TCUs)
- Asian American, Native Hawaiian, and Pacific Islander Serving Institutions (AAPI)
- Faith-based organizations
- Public and private non-governmental organizations (e.g., Area Agencies on Aging, Boys and Girls Club)
- Correctional facilities and institutions
- Local governmental agencies and community leaders (e.g., libraries, pools, parks)
- Local businesses and business community networks and organizations, (e.g., employers, local chambers of commerce, small business community groups or associations)
- Labor Unions and other employee organizations
- Social services providers and organizations, including those that address social determinants of health (e.g., community transportation; anti-discrimination organizations legal services; service providers for persons with disabilities)
- Health care providers and related professionals (e.g., physicians, nurses, community health workers, pharmacists)

- Health-related organizations, (e.g., pharmacies, testing centers)
- State Offices of Rural Health (SORH) or equivalent, State Rural Health Associations (SRHAs)
- Healthcare facilities (e.g., Critical Access Hospitals (CAHs), children's hospitals, urgent care clinics)
- Governmental organizations focused on non-health services (e.g., Coordinating Council on Access and Mobility – Department of Transportation, Supportive housing for the elderly – Housing and Urban Development; Community Development Financial Institutions Fund - Department of the Treasury)
- Community and Economic Development organizations
- Through this collaborative approach, recipients will be better able to maximize the impact of current sources of federal funding, strengthen any future implementation of strategies and activities outlined in the SDOH Accelerator Plan, align resources, and strengthen their capacity to improve chronic disease health outcomes among populations who are at higher risk and are underserved. **The applicant is required to describe how strategic partnerships will contribute to the development of the SDOH Accelerator Plan.**

2. Target Populations

This NOFO addresses the public health needs of populations that are affected by disparities related to chronic disease and related risk factors which, depending on the needs and priorities of the applicant, may include Black/African American, Hispanic/Latino, and American Indian and Alaska Native people, Asian and Asian-Americans and Native Hawaiian and Pacific Islanders, and other people of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people; people with disabilities; people who live in rural communities; people over the age of 65, and people otherwise adversely affected by persistent poverty or inequality.

Applicants should clearly describe the identified community, population(s), and social determinant(s) of health to be addressed in the SDOH Accelerator Plan. Describe the health disparities and inequities of the identified population and how the strategies and activities proposed in the plan can benefit the identified population(s) within that community.

a. Health Disparities

CDC recognizes that social and economic opportunities, health behavior, and the physical environment in which people live greatly impact health outcomes. Health disparities represent preventable differences in the burden of disease, disability, injury or violence, or in opportunities to achieve optimal health. Applicants must describe the population(s) selected, including relevant health disparities, and how the SDOH Accelerator Plan will improve health and reduce or eliminate one or more identified chronic disease health disparities. This is an opportunity to demonstrate how increased awareness of available community services, navigation assistance to access services, and partner alignment to ensure that available services support tribal, community, or catchment area needs can positively impact chronic disease health outcomes.

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help demonstrate program accomplishments and strengthen the evidence for strategy implementation. CDC will collaborate with recipients individually and collectively to monitor implementation of recipient strategies and activities and assess progress in achieving NOFO outcomes during the period of performance. CDC will seek to answer the following evaluation questions:

- To what extent was the recipient successful in convening and coordinating the Leadership Team?
- To what extent was the recipient successful submitting an implementation ready SDOH Accelerator Plan?
- What obstacles and/or challenges did recipients encounter in building and collaborating with their leadership team and in developing their Accelerator Plan?

Performance measures developed for this NOFO correspond to the high-level broad strategy categories and outcomes described in the logic model.
CDC will monitor performance and respond to broader technical assistance needs and report to partners and allies.

Outcome	Required Performance Measures
Increased collaboration and engagement across multisectoral partners	• Number of partner organizations • Range of partner organization types • Number of meetings and partner attendance • Completed success story on establishing, expanding, and coordinating multisector partners
Completed implementation ready SDOH Accelerator Plan including all required components	• Number of activities and outcomes included in SDOH Accelerator Plans • Completed SDOH Accelerator Plan, including all required components

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

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.

Due to the nature of this grant, applicants are **NOT** required to provide an overall Evaluation and Performance Measurement Plan or a Data Management Plan with their application and should **disregard the standard template language noted under section ii. Applicant Evaluation and Performance Measurement Plan (above).**

Applicants are required to include evaluation plans for the Accelerator plan strategies that will be included in their final Accelerator Plan deliverable, as described in the strategies and activities section of this NOFO.

In their project narrative and work plan, applicants will need to describe an approach to ensure:

- Strategies and activities are implemented as planned.
- Strategy and activity progress is occurring.
- Performance measures data are collected.

Recipients will be strongly encouraged to use evaluation and performance measurement data to monitor, evaluate, and continuously improve program performance. Recipients will be required to report CDC defined performance measures data at the end of the period of performance.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants need to demonstrate the capacity to complete all activities proposed. Organizational capacity demonstrates the applicant's ability to successfully execute the funding opportunity

strategies and meet project outcomes. Applicant should provide a staffing plan, including an organizational chart, CVs/resumes, position descriptions and project management structure that will be sufficient to meet the goals of the proposed project. Applicants must name the files "**Organizational_Chart**," **"Resumes,"** "**Position_Descriptions**," and "**Project_Management_Structure**" and upload them to www.grants.gov.
To ensure that recipients have the capacity to execute CDC program requirements and meet period of performance outcomes, applicants must describe the following:

- Experience engaging communities in public health planning and implementation processes addressing SDOH that improve outcomes for chronic disease, including current activities.
- Readiness and ability to convene leadership team and develop SDOH Accelerator Plan at the time of award.
- Experience developing and maintaining multisectoral partnerships.
- Experience using data to identify populations and tribes, communities, or catchment areas most affected by chronic diseases and SDOH.
- Experience implementing strategies and activities in collaboration with multisectoral partners to reduce health disparities and improve health equity.
- Experience with budget management and administration capacity to establish financial procedures and track, monitor, and report expenditures.
- Ability to virtually attend CDC-sponsored trainings, meetings and events and other training opportunities recommended by CDC.

Applicants are required to include the following collaboration documentation:

- The applicant is required to submit a letter of support that describes how they will collaborate with relevant the health care providers i.e. Federal Qualified Health Centers, hospitals, insurance plans, Medicaid, Medicare). The letter (s) must be signed by the applicant and the related partners organizational leader. Applicants must name the file "**Healthcare Sector_Letter_of_Support**" and upload it to www.grants.gov
- The applicant is required to submit at least four letters of support from Leadership Team members detailing their commitment to the development of the SDOH Accelerator Plan. The applicant will name the file "**Leadership_Team_Letters_of_Support**" and upload it to www.grants.gov.
- If the applicant is **NOT** a health department, the applicant is required to submit a letter of participation from the community's jurisdictional health authority outlining their specific role in the development of the SDOH accelerator plan. The applicant will name the file "**Health_Authority_Letter_of_Participation**" and upload it to www.grants.gov.
- Applicants are required to submit at least one letter of support that describes how they will collaborate with CDC-funded state and/or local chronic disease prevention program(s) as appropriate. The letter(s) must be signed by the applicant and the program director of the CDC-funded program. Applicants must name the file "**CDC_Letter_of_Support**" and upload it to www.grants.gov.

d. Work Plan

Applicants must provide a detailed work plan for one year. Applicants must name the file "Work_Plan" and upload to www.grants.gov. A work plan example is provided below.

The work plan should include the following components:

- Period of Performance Outcome
- Strategies and Activities
- Performance Measure
- Responsible Party
- Completion Date

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

e. CDC Monitoring and Accountability Approach

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.

- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

Additional monitoring activities include identifying obstacles and challenges throughout the period of performance. CDC may conduct virtual site visits and calls with recipients as needed to best facilitate grants management and oversight duties. CDC will collect recipient financial progress reporting at the end of the period of performance.

B. Award Information

1. Funding Instrument Type:
G (Grant)

2. Award Mechanism:
U58

3. Fiscal Year:
2022

4. Approximate Total Fiscal Year Funding:
$5,000,000

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

Estimated Total Funding:
$5,000,000

6. Total Period of Performance Length:
1
year(s)

7. Expected Number of Awards:
40

8. Approximate Average Award:

$125,000
Per Budget Period

9. Award Ceiling:
$125,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$0
Per Budget Period

11. Estimated Award Date:
September 29, 2022

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)

07 (Native American tribal governments (Federally recognized))

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

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

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

Non-government Organizations

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

- Eligibility is limited to State Governments, County Governments, City or Township Governments, Special District Governments, Native American tribal governments (Federally recognized), Native American tribal organizations (other than Federally recognized tribal governments), 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, American Indian or Alaska Native tribal governments (federally recognized or state-recognized) and American Indian or Alaska Native tribal governments (federally recognized or state-recognized).
    - Eligibility limitation is delineated in Division H-Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2022, Joint Explanatory Statement, which provides an increase for these activities started in fiscal year 2021 (Consolidated Appropriations Act 2021), "as directed in House Report 116-450," which directed CDC to establish the Social Determinants of Health Pilot Program: to "award competitive grants to State, local, Territorial, or Tribal jurisdictions to support the development of Social Determinants of Health Accelerator Plans."

- Applicants must be physically located and operate in the state, tribe, locality, or territory for which work is proposed. Applicants must provide a statement that identifies and defines the community in which the applicant will do the proposed work. This documentation must be labeled "**Proposed_Work_Statement**" and uploaded as a PDF file at www.grants.gov. Applicants proposing to work in a state, tribe, locality, territory, or community other than where the applicant is physically located and operates will be considered non-responsive and will not receive further review.
- Recipients under CDC-RFA-DP21-2111 - Closing the Gap with Social Determinants of Health Accelerator Plans - are **NOT** eligible to apply for this NOFO given they were previously funded to complete SDOH plans.
- The award ceiling for this NOFO is $125,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No
Cost sharing or matching funds are not required for this program. Although no statutory matching 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 4. This authorizes the AOR to submit applications on behalf of the organization	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.

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)

Number Of Days from Publication 30

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

b. Application Deadline

Number Of Days from Publication 60

07/08/2022
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
Date: June 09, 2022
Time: 3:00p.m - 4:30p.m Eastern Standard Time
Topic: Closing the Gap: Social Determinants of Health-DP22-2210

Register in advance for this webinar:
https://cdc.zoomgov.com/webinar/register/WN_WdEyIDGHQbWSZcsfQWhH-A

Or an H.323/SIP room system:
H.323: 161.199.138.10 (US West) or 161.199.136.10 (US East)
Meeting ID: 160 559 8999
Passcode: 42885676
SIP: 1605598999@sip.zoomgov.com
Passcode: 42885676

After registering, you will receive a confirmation email containing information about joining the webinar.

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

A letter of intent (LOI) is requested but optional. Applicants should indicate where they are physically located and the community they are proposing to work in.
The purpose of a LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

The LOI must be sent via email to:
Brigette Ulin
CDC, National Center for Chronic Disease Prevention and Health Promotion
Email address: SDOHAccelerator@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.

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:** 35

Applicants will be scored on the extent to which their project narrative and work plan:

- Describes achievable and appropriate strategies and activities that address SDOH to improve health outcomes for the selected population(s) and are consistent with the CDC Project Description, logic model, and short-term outcomes. **(10 points)**
- Proposes an existing or newly established Leadership Team that meets requirements described in the CDC Project Description and Collaboration sections that will advise on the development of SDOH Accelerator Plan. **(10 points)**
- Describes the tribe, community, or catchment area and the selected population(s) disproportionately affected by disparities related to chronic disease. **(5 points)**
- Identifies a minimum of two (2) social determinants of health (SDOH) priority areas (Required). **(5 points)**
- Aligns with the NOFO strategies/activities, outcomes, and performance measures. **(5 points)**

ii. Evaluation and Performance Measurement **Maximum Points:** 15

Applicants will be scored on the extent to which their project narrative and work plan:

- Describes an approach to ensure strategies and activities are implemented as planned. **(5 points)**
- Describes an approach to ensure strategy and activity progress is occurring. **(5 points)**
- Describes an approach to ensure performance measures are collected. **(5 points)**

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 50

Applicants will be scored on the extent to which their project narrative:

Project Management Structure and Staffing (10 points)

- Describes experience and expertise to manage and facilitate Leadership Team activities, including convening the Leadership Team in person or virtually to support attendance at recipient or CDC-sponsored trainings, meetings and events, and other training opportunities recommended by CDC. **(6 points)**
- In addition to the project narrative, provides a staffing plan, including an organizational chart, CVs/resumes, position descriptions and project management structure that will be sufficient to meet the goals of the proposed project. **(4 points)**

Readiness (40 points)

- Describes the ability to readily implement requirements upon receipt of award. **(3 points)**
- Describes previous experience of successfully working with multisectoral partnerships, including approach to engagement of subject matter experts. **(2 points)**
- Describes experience using data to identify populations and tribes, communities, or catchment areas most affected by chronic diseases and SDOH. **(2 points)**
- Describes experience implementing strategies and activities in collaboration with multisectoral partners to reduce health disparities and improve health equity. **(3 points)**
- Describes experience engaging a tribe, community, or catchment area in public health planning and implementation processes addressing SDOH activities that improve outcomes related to chronic disease, including current activities. **(5 points)**
- Describes ability to develop an SDOH Accelerator Plan, coordinating and integrating information from existing strategic planning resources, including community health needs assessment and/or state health needs assessment, if available. **(3 points)**
- Describes budget management and administration capacity to establish financial procedures and track, monitor, and report expenditures. **(2 points)**
- *In addition to the narrative*, application includes: **(20 points)**
    - If applicant is not a Health Department, a letter of support from the community's jurisdictional health authority outlining their specific role in the development of the SDOH accelerator plan.
    - Letters of support from at least four members of the Leadership Team.
    - At least one letter of support that describes how they will collaborate with a CDC-funded chronic disease prevention program(s).

- A letter of support that describes how they will collaborate with relevant the health care providers i.e. Federal Qualified Health Centers, hospitals, insurance plans, Medicaid, Medicare).

Budget **Maximum Points:** 0

Budget will be reviewed but not scored.

c. Phase III Review

Applications will be scored and ranked through a merit review process. The following factors also may affect the funding decision:

- At least one territory and at least two tribes will be funded.
- At least three (3) recipients per HHS region will be funded.
- Applicants proposing to work in a geographic location that they are physically located or operate within will be funded.

CDC will provide justification for any decision to fund out of rank order.

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

09/29/2022

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 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 must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some

circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy).This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. 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.

• Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. 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 taking appropriate steps 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 Plan, including Data Management Plan (DMP)	The recipient is **NOT** required to submit an Evaluation and Performance Measurement Plan and should disregard standard template language under section **a.Recipient Evaluation and Performance Measurement Plan (required) below**. The recipient is **NOT** required to submit a Data Management Plan.	No
Annual Performance Report (APR)	The recipient is **NOT** required to submit an APR a should disregard standard template language under section **b. Annual Performance Report (APR) (required) below.**	No
Data on Performance Measures	Required in the final Performance Report	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
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

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

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

Performance Measurement

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

• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a 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.

Carryover of unobligated funds is **NOT** an option given a 1-year period of performance.

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.

Recipients are **NOT** required to submit an Annual Performance Report.

Recipients are **NOT** required to submit an Evaluation and Performance Measurement Plan as part of their application or a more detailed Evaluation and Performance Measurement Plan within the first six months of the award.

An evaluation plan will be required as part of the SDOH Accelerator Plan.

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).

Final Performance and Financial Report - Additional Information

- Challenges/Obstacles - Recipients are encouraged to describe any challenges and/or obstacles that hindered their ability to complete the work plan activities and achieve the period of performance outcomes.
- A final Data Management Plan is **NOT** required and standard template language under **e. Final Performance and Financial Report (required)** should be disregarded.
- Recipients will submit their SDOH Accelerator Plan 30 days prior to the end of the period of performance. The SDOH Accelerator Plan must include the following.
- **Background**
    - Community Background
        - Describe and define the community that the SDOH Accelerator Plan will address. Include any relevant background or historical information that contributes to current health and social community context.
    - Community Health Issues
        - Identify primary health issues in the community and describe how the recipient used cited data sources to determine primary health issues in the community.
    - Selected population(s)
        - Describe the population(s) selected and the process by which this population was identified. Include a description of data used to identify selected population(s) (e.g., demographic, geographic, political boundaries, size of population).
- **Partnerships**
    - Leadership Team

        - Describe the Leadership Team, including each team member's organizational affiliation, aspect of the community that each member represents, and their role in developing and reviewing the SDOH Accelerator Plan.

    - Multisectoral Partners
        - Describe multisectoral partner roles, responsibilities, and goals.
        - Identify potential missing partners that may contribute to improving SDOH.
        - Describe method used to engage diverse and inclusive existing and new partners in program planning and implementation efforts.
        - Describe new partner linkages and how duplication of services across partners was minimized or avoided.

    - Shared Mission and Goal Statement
        - The Leadership Team will articulate a shared mission statement that represents the purpose of the SDOH Accelerator Plan, with mutually agreed upon goals.

- **Programs and Resources for SDOH**
    - Existing Resources and Programs
        - Describe the existing resources and programs available for the selected population(s). If multisectoral intake and referral systems exist, include a description of how the various programs currently work together.

- **Approach**
    - SDOH Priority areas
        - Describe the selected SDOH priority areas (a minimum of two (2) and provide justification for selecting the priority areas.

    - Outcomes
        - Describe the short-, intermediate, and long-term outcomes that will result from the SDOH strategies and activities.

    - Activities
        - Describe the process for identifying and tailoring approaches to the selected tribe, community, or catchment area.
        - Describe the activities the recipient plans to implement to improve SDOH for the selected population(s).
        - Describe the number and types of evidence-based practices identified and tailored to improve SDOH for the selected population(s).
        - Describe the types of community and systemic barriers encountered and addressed during the plan development process.
        - Describe how policy, systems, environmental, programmatic and infrastructure activities build on each other to sustain health improvements and the achievement of selected outcomes.

    - Anticipated reach of the activities

        - Describe the potential reach of the activities for the selected population(s).
    - Anticipated policy, systems, environmental, programmatic and infrastructure outcomes
        - Describe sustainable outcomes that will result from implementation of the SDOH Accelerator Plan strategies and activities.

- **Evaluation of the SDOH Accelerator Plan**
    - Describe the evaluation purpose, goals, evaluation questions, data collection and methods.
    - Describe how the recipient will measure outcomes of the SDOH Accelerator Plan strategies and outcomes, with particular focus on the social and public health impact on the selected population(s).

- **Data Integration**
    - Describe existing data sources across partners.
    - Describe process for monitoring and integrating data elements to create a comprehensive system for tracking selected population(s) resource utilization.

- **Responsible Party**
    - Describe how each partner will participate in the planning, implementation, and reporting process.

- **Implementation Plan**
    - Provide a budget for implementing the strategies and activities.
    - Provide a work plan with a timeline to complete proposed strategies and activities.

- **Sustainability/Funding Strategy**
    - Describe strategies to expand, diversify, and sustain implementation efforts, including funding.

- **Success Story** (*The success story may be submitted up to 90 days after the end of the period of performance*)
    - Complete a success story on establishing, expanding, and coordinating multisector partners. The success story is required to include the following components.
        - Title
        - Problem/Issue
        - Approach
        - Achievements and Impact
        - Challenges
        - Lessons Learned
        - Future Direction

Recipients can use CDC's National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP) Success Stories application to create the success story. This free tool provides step-by-step instructions to create a professionally designed 1-page success story.

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:
Brigette

Last Name:
Ulin
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 Population Health

Telephone:
770-488-5395

Email:
SDOHAccelerator@cdc.gov

Grants Staff Contact

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

First Name:
Pamela

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

Address:
2920 Brandywine Rd
Atlanta, GA 30341

Telephone:
770-488-2712

Email:
plr3@cdc.gov

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

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

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

H. Other Information

Following is a list of acceptable 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

Bona Fide Agent status documentation, if applicable

Other Attachments

- The applicant is required to submit a letter of support that describes how they will collaborate with relevant the health care providers i.e. Federal Qualified Health Centers, hospitals, insurance plans, Medicaid, Medicare). The letter (s) must be signed by the applicant and the related partners organizational leader. Applicants must name the file **"Healthcare Sector_Letter_of_Support"** and upload it to www.grants.gov.
- The applicant is required to submit at least four letters of support from Leadership Team members detailing their commitment to the development of the SDOH Accelerator Plan. The applicant will name the file "**Leadership_Team_Letters_of_Support**" and upload it to www.grants.gov.
- If the applicant is **NOT** a health department, the applicant is required to submit a letter of participation from the community's jurisdictional health authority outlining their specific role in the development of the SDOH accelerator plan and their relationship to the "Community Health Needs Assessment (CHA)". The applicant will name the file "**Health_Authority_Letter_of_Participation**" and upload it to www.grants.gov.
- To ensure that applicants proposed SDOH Accelerator Planning activities are not duplicative of current ongoing CDC programs; in the event CDC funded state and/or local programs exist, applicants are required to submit at least one letter of support that

describes how they will collaborate with CDC-funded chronic disease prevention program(s) as appropriate. The letter(s) must be signed by the applicant and the program director of the CDC-funded program. Applicants must name the file "**CDC_Letter_of_Support**" and upload it to www.grants.gov.

- The applicant should provide a staffing plan, including an organizational chart, CVs/resumes, position descriptions and project management structure that will be sufficient to meet the goals of the proposed project. Applicants must name the files "**Organizational_Chart**," "**Resumes,**" "**Position_Descriptions**," and "**Project_Management_Structure**" and upload them to www.grants.gov.
- Applicants must be physically located and operate in the state, tribe, locality, or territory for which work is proposed. Applicants must provide a statement that identifies and defines the community in which the applicant will do the proposed work. This documentation must be labeled "**Proposed_Work_Statement**" and uploaded as a PDF file at www.grants.gov.

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

Built Environment: Human-made surroundings that influence overall community health and individual behaviors that drive health.

CDC Social Vulnerability Index (CDC SVI): A score that uses 15 U.S. census variables to help local officials identify communities that may need support before, during, or after disasters.

Community-Clinical Linkages: Connections made among health care systems and services, public health agencies, and community-based organizations to improve population health.

Commercial Tobacco-Free Policies: Population-based preventive measures to reduce commercial tobacco use and dependence and commercial tobacco-related morbidity and mortality.

Commercial Tobacco Use and Dependence: Commercial tobacco is manufactured by companies for recreational and habitual use in cigarettes, e-cigarettes, smokeless tobacco, pipe tobacco, cigars, hookahs, and other products.

Food and Nutrition Security: Exists when all people, at all times, have physical, social and economic access to food, which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life.

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

Multisector Partnerships: Those that meaningfully include partners and allies from across multiple industries and groups (e.g., government, non-profit, private, and public organizations, community groups, and individual community members with lived experience), across geographic sectors (e.g., community/locality, county, multi-county level, state, multi-state) with varying sociodemographic characteristics (e.g., race, ethnicity, age, education, income), perspectives, and approaches to addressing SDOH among disproportionately impacted population groups in a community, tribe, or catchment area.

Social Connectedness: The degree to which individuals or groups of individuals have and perceive a desired number, quality, and diversity of relationships that create a sense of belonging and being cared for, valued, and supported (e.g., community involvement; social involvement for older adults).