



U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE  
CONTROL AND PREVENTION

Division of Cancer Prevention and Control

Notice of Funding Opportunity  
**Application due February 20, 2025**

# Changing Health Systems Using Evidence-based Interventions to Increase Colorectal Cancer Screening

Opportunity number: CDC-RFA-DP-25-0012



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# Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

## **SAM.gov registration (this can take several weeks)**

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

## **Grants.gov registration (this can take several days)**

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

## **Apply by the application due date**

Applications are due by 11:59 p.m. Eastern Time on February 20, 2025.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



## Step 1:

# Review the Opportunity

### In this step

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# Basic information

Centers for Disease Control and Prevention (CDC)

Division of Cancer Prevention and Control

Funding evidence-based interventions to increase colorectal cancer screening in people ages 45 to 75.

## Summary

This announcement funds recipients who will partner with health systems and primary care clinics with low colorectal cancer (CRC) screening prevalence. Recipients will work with their partners to use evidence-based interventions (EBIs) to increase screening in people aged 45 to 75 years old. The focus is on populations that have low screening prevalence and experience barriers to screening.

[Partner clinics](#) must have screening prevalence below the national, [regional](#), or local average. Programs should emphasize identifying populations that have lower screening prevalence or clinic sub-populations who may need more support to complete the screening process.

To implement the program, recipients will do the following:

- Establish partnerships with health systems and primary care clinics to implement multicomponent interventions that combine EBIs recommended in [The Community Guide](#). Recipients should aim to implement at least 3 EBIs. These EBIs must focus on different areas of the clinical system (such as increasing demand, increasing access, and increasing delivery of screening recommendations). The EBIs of priority for this work include: patient reminders, provider reminders and feedback, reducing structural barriers, and patient navigation.
- Establish partnerships with organizations that support implementing EBIs, improving data collection, and enhancing use of electronic health records (EHRs) in primary care clinics to increase CRC screening.
- Conduct a formal readiness assessment of each partner clinic's capacity to implement EBIs. Use this assessment to select EBIs that will support improved CRC screening.
- Make sure clinics have a [CRC screening champion in the clinic](#).

Have questions?  
See [Contacts and Support](#).

## Key facts

**Opportunity name:**  
Changing Health Systems Using Evidence-based Interventions to Increase Colorectal Cancer Screening

**Opportunity number:**  
CDC-RFA-DP-25-0012

**Federal assistance listing:** 93.800

**Statutory authority number:** Authorized under section 301(a) of the Public Health Service Act, [42 U.S.C. section 241(a)], as amended

## Key dates

**Application deadline:**  
February 20, 2025

**Optional letter of intent deadline:** January 13, 2025

**Informational call:**  
January 15, 2025

**Expected award date:**  
May 30, 2025

**Expected start date:**  
June 30, 2025

- Use a limited amount of funding to pay for stool-based testing in partner clinics and ensure follow-up colonoscopies occur after a positive or abnormal screening test, as a payor of last resort.
- Submit [high-quality, clinic-level data](#), including baseline and annual CRC screening prevalence, aggregate data on stool-based tests provided to and returned by patients, and aggregate data on follow-up colonoscopies including those supported by the program.
- Make sure health systems and clinics develop the capacity to collect data and track the entire CRC screening process patients undergo.
- Submit one success story every six months.
- Plan and complete an evaluation of program activities and submit an annual evaluation report.

## Funding details

**Type:** Cooperative Agreement

**Expected total program funding over the performance period:**

\$110,000,000

**Expected total program funding per budget period:** \$22,000,000

**Expected awards:** 38

**Funding range per applicant per budget period:** \$350,000 to \$900,000

**Expected average award amount per budget period:** \$500,000

We plan to award projects for five 12-month budget periods for a five-year period of performance.

The number of awards is subject to available funds and program priorities.

## Funding strategy

Funding will support no more than one applicant per state, tribe, tribal organization, or U.S. territory for up to a maximum of 38 awards. All applicants, including those who are regional or national in scope, must identify one or more populations of focus in one state, tribe, tribal organization, or territory and implement all required program activities in this selected area.

# Definitions of key terms

## Prevalence

The proportion of individuals in a population who have a specific characteristic. An example is the proportion of a population who are up to date with colorectal cancer (CRC) screening, which would be called the CRC screening prevalence.

## Partner clinic

Partner clinics are clinics who partner with you to measure CRC screening in their clinic populations, implement EBIs shown to increase CRC screening, and track changes in screening prevalence over time.

## Supporting partner

Supporting partners are partners that support you and your partner clinics and program implementation by bringing more skills and services to increase CRC screening. This may include things like helping provide technical assistance to partner clinics, helping engage clinics and expand your partnerships, helping clinic teams pull data from the EHR, or supporting patient colonoscopies.

## CRC screening champion

CRC screening champions are clinic or health system staff members who promote and advocate for CRC screening in the clinic. Champions within CRC programs conduct many activities including gaining buy-in and institutional support for CRC screening, motivating team members, providing expertise and facilitation, troubleshooting issues, and promoting activities needed to increase CRC screening.

## High-quality, clinic-level data

High-quality, clinic-level data is reliable so that public health action may be taken based on the data. It reflects what happens in the clinic in an accurate and timely way. Some activities that ensure high-quality data systems include visiting clinics, providing training, using systems with built-in data validation and error checks, providing technical support, and reviewing data before submissions.

# Eligibility

## Who can apply

## Statutory authority

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

## Eligible applicants

This is an open competition award. These types of organizations may apply:

- State governments.
- County governments.
- City or township governments.
- Special district governments.
- Independent school districts.
- Public and state-controlled institutions of higher education.
- Federally Qualified Health Centers.
- Community Health Centers.
- Native American tribal governments (federally recognized).
- Urban Indian Organizations, as defined by 25 U.S.C. 1603(29).
- Public housing authorities and Indian housing authorities.
- Native American tribal organizations, other than federally recognized tribal governments.
- Nonprofits having a 501(c)(3) status, other than institutions of higher education.
- Nonprofits without 501(c)(3) status, other than institutions of higher education.
- Private institutions of higher education.
- For-profit organizations other than small businesses.
- Small businesses.

## Other required qualifying factors

The award ceiling for the first budget period is \$900,000. The floor amount is \$350,000. Applications requesting an award greater than the stated ceiling will be considered non-responsive and will not receive further review.

These are the basic requirements you must meet to move forward in the competition. We won't consider an application that:

- Is from an organization that doesn't meet eligibility criteria. See requirements in [eligibility](#).
- Is submitted after February 20, 2025 at 11:59 p.m.
- Proposes research activities. See [45 CFR 75.2](#) for the definition of research.
- See the [application checklist](#) to understand which elements of your application are part of the responsiveness criteria.
- In addition to the responsiveness criteria, under this Notice of Funding Opportunity (NOFO), you may submit only one application under your organization's UEI.

## Cost sharing and matching funds

This program has no cost-sharing or matching funds requirement. We will not consider cost-sharing fund contributions during your application review.

However, if you choose to submit voluntary cost-sharing funds in your application and we fund the award, we will require you to report on use of these funds.

# Program description

## Background

### Overview

Colorectal cancer (CRC) is the fourth most common cause of cancer in men and women in the United States. Screening provides a way to prevent cancer through the removal of polyps and prevent deaths by early detection of CRC, but many eligible people in the U.S. report having never been screened.

Behavioral Risk Factor Surveillance System (BRFSS) data from 2022 showed that 62.1% of eligible Americans 45 to 75 years old are up to date with colorectal cancer screening and 32.3% have never been screened. The Healthy People 2030 objective for CRC screening is 68.3%.

The Colorectal Cancer Control Program (the program) seeks to increase CRC screening among populations whose screening prevalence is currently low. We are particularly interested in increasing screening among people served by Federally Qualified Health Centers (FQHCs) and community health centers. Population [screening use estimates](#) are about 72% for the general population aged 50 to 75 years old, versus about 40% for people served by FQHCs. Populations with low screening prevalence may also include people with lower incomes or those who are underinsured.

Award recipients will leverage partnerships with organizations with specific technical expertise (for example, primary care associations) to provide extensive technical assistance (TA) to support implementation of EBIs as described in [The Community Guide](#).

This NOFO will build on the program's successes by:

- Encouraging recipients to expand partnerships with clinics to extend the impact and number of patients reached.
- Encouraging recipients to support high-quality TA to partner clinics and engage supporting partners when needed.
- Requiring recipients to complete activities shown to be effective through evaluation.

For colorectal cancer screening to be complete, several things must happen. Screening relies on people being counseled on screening and offered screening tests they are willing to complete, such as stool-based testing and colonoscopy. When a person completes stool-based testing and receives a

positive test result, this patient must then complete a follow-up colonoscopy to complete the screening process. Tracking people with abnormal test results can be challenging, but patient navigation can help, especially for patients who may have more difficulty navigating the healthcare system.

Finally, sustainability is a primary focus of the program. Evaluation has shown that EBIs are more sustainable when they do the following:

- Have a [CRC screening champion](#).
- Integrate EBIs into the EHR.
- Provide free stool-based screening tests.

## Related work

- [CDC Colorectal Cancer Control Program](#)
- [The Community Guide: Colorectal Cancer Screening](#)

## Purpose

This NOFO seeks to increase CRC screening among populations aged 45 to 75 years that have lower colorectal cancer screening prevalence, particularly those served by FQHCs or community health centers. Program recipients will partner with clinics that have patient populations with lower CRC screening prevalence. Program recipients will then work with these clinics to implement EBIs that increase CRC screening and to support clinics by providing technical assistance, implementing activities, and supporting evaluation.

## Approach

### Overview

The following logic model includes the strategies and activities required under this NOFO. It also includes the program's expected outcomes. The asterisked outcomes are those we expect you to achieve during the five-year period of performance.

Outcomes are the results that you intend to achieve and usually show the intended direction of change, such as increase or decrease. You will use these outcomes as a guide for developing performance measures.

All outcomes apply to all strategies.

## Program logic model

The logic model shows the strategies and activities of the program along with the outcomes we expect over time. We will require you to report on the asterisked (\*) outcomes as follows.

**Table: Strategies and outcomes**

Strategies	Short-term outcomes	Intermediate outcomes	Long-term outcomes
<p><b>Strategy 1:</b> Establish and enhance partnerships between primary care clinics, supporting partners, and the community.</p> <p><b>Strategy 2:</b> Support the implementation of evidence-based interventions (EBIs) to increase colorectal cancer (CRC) screening.</p> <p><b>Strategy 3:</b> Conduct monitoring and evaluation that ensure data quality.</p> <p><b>Strategy 4:</b> Support completion of stool-based tests, as well as colonoscopies for positive stool-based tests.</p>	<ul style="list-style-type: none"> <li>Increased implementation and enhancement of EBIs in partner clinics.*</li> <li>Increased stool test kits returned and colonoscopy procedures completed among patients in partner clinics.*</li> <li>Increased CRC screening in partner clinics.*</li> </ul>	<ul style="list-style-type: none"> <li>Increased CRCs prevented.</li> <li>Increased diagnosis of early-stage CRC.</li> </ul>	<ul style="list-style-type: none"> <li>Decreased CRC incidence and mortality.</li> </ul>

\* Indicates outcomes you are required to report on.

## Strategies and activities

This section elaborates on all the required strategies and activities described in the logic model and provides details on expectations of recipients to implement the NOFO.

### Strategy 1

You will establish and enhance partnerships between primary care clinics, supporting partners, and the community, and assess clinic readiness to participate in the program. To accomplish this, you are required to complete the following activities.

#### Activities:

- Use surveillance and other data to identify geographic areas with relatively high CRC incidence or mortality and low screening prevalence among adults who are 45 to 75 years old. You will identify clinics that may benefit from participation in the program. Sources of state and local data to consider include:
  - [Cancer Registry](#)
  - [Behavioral Risk Factor Surveillance System](#)
  - [HRSA Uniform Data System](#)
  - [HRSA FQHC listing](#)
  - [United States Cancer Statistics: Data Visualization](#)
- Identify and engage [supporting partners](#) to provide TA and support to partner clinics. Supporting partners may have expertise in areas including clinic workflow or process mapping, quality improvement, data management, EHR use for population management, data quality improvement, and EBI implementation in clinic settings. Your partners may include groups like primary care associations, quality improvement organizations, nonprofit organizations with expertise in EBI implementation, and academic institutions.
- Collaborate with supporting partners to assist with screening needs and help partner clinics with program implementation. This may include identifying partners in the community that can provide additional support services (for example, transportation, childcare, or supporting colonoscopies for high-risk patients). The goal of this collaboration is to provide partner clinics and patients with support services from other organizations that may be closer to home, or services that are outside of the scope of the CRCCP but that enhance the patient's ability to complete screenings. This collaboration may also help the program be sustainable

without funding and provide services to communities with lower screening participation.

- Engage clinic leadership and supporting partner clinics to assess their readiness to implement EBIs and participate in the program. Share your readiness assessment and implementation plan with CDC.

## Strategy 2

You will support implementation of EBIs to increase colorectal cancer screening in partner clinics by completing the following required activities.

The EBIs of priority for this work include: patient reminders, provider reminders, provider assessment and feedback, reducing structural barriers, and patient navigation.

### Activities:

- Use EHR systems to develop partner clinics' capacity to monitor screening prevalence and track screening results and completion (using internal and external supports). Use these systems to identify patients due for screening and consider strategies to provide more support, such as patient navigation. Integrate EBIs into clinical workflows to enhance screening uptake. You are required to provide expertise in using EHRs to implement EBIs, calculate clinic CRC screening prevalence, track screening tests and appropriate follow-up, and collect and review data.
- Implement at least three EBIs. This may include helping partner clinics identify existing EBIs that may benefit from enhancement and new EBIs to support screening.
- Make sure that EBIs are multi-component, focusing on different areas of the clinical environment (such as clinician, patient, and process) to increase both community demand for screening and provider delivery of screening.
- Engage and support a CRC screening champion, who is a clinic- or health system-level staff member who advocates for and promotes CRC screening.
- Make sure clinics have an explicit CRC screening policy with specified age categories, methods, and intervals for screening.
- Provide resources, including technical support, to partner clinics to improve EBI implementation.

## Strategy 3

You will conduct monitoring and evaluation activities that ensure [high-quality data](#) are being used to inform activities and assess screening prevalence. You will complete the following activities.

### Activities:

- Monitor clinic-level screening prevalence at least quarterly. Submit data to CDC at baseline and annually.
- Make sure EHRs can capture high-quality data for reporting to CDC.
- Collect and report required program data to CDC.
- Develop, implement, review, and revise your program's evaluation plan.
- Apply lessons learned from evaluation to improve program activities.
- Summarize and share evaluation findings.
- Assess and improve data quality and use data to identify gaps in implementation and patient populations who need more outreach.

## Strategy 4

You will support completion of stool tests and colonoscopies, including tracking and follow-up of colonoscopies for positive stool tests. You will complete the following activities.

### Activities:

- Improve partner clinics' ability to capture data on the number of screening tests provided and completed or returned, as well as the number of people with an abnormal test who are referred to, scheduled for, and complete a colonoscopy. Implement strategies to make sure screening and follow-up are completed. Develop partnerships to help patients who are diagnosed with CRC and who do not have treatment support find resources.
- Facilitate connections to follow-up colonoscopy (for example, through community partnerships or partnerships with endoscopy sites).
- **Optional:** Pay for a limited number of stool-based tests and follow-up colonoscopies for those who have no other source of payment. Make sure to collect aggregate data on patients receiving tests paid for with this program's funding (including stool tests provided and returned, results, follow-up colonoscopies completed, and follow-up results).

## Outcomes

This section includes outcomes you are expected to report progress on and achieve within the performance period.

We will measure your progress toward the following outcomes from the [logic model](#):

- Increased implementation and enhancement of EBIs in partner clinics.
- Increased stool test kits returned and colonoscopy procedures completed in partner clinics.
- Increased CRC screening in partner clinics.

You will be responsible for providing the data needed to calculate these short-term outcomes. We will calculate [intermediate and long-term outcomes](#) using population data.

## Population of focus

The focus population includes people who live in areas with high colorectal cancer mortality and lower screening prevalence, especially people living in areas that have CRC screening below 60%. We are especially interested in funding programs that serve populations with lower screening uptake and that have difficulty accessing healthcare services. This may include people who use FQHCs and community health centers, people with lower incomes, racial or ethnic minorities who are at risk for lower screening uptake, and people who do not have full medical coverage for screening.

## Equal opportunities

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

## Health disparities

The goal of health equity is for everyone to have a fair and just opportunity to attain their highest level of health. Health disparities are often caused by social determinants that influence which populations are most disproportionately affected by health conditions.

A health disparity is a difference in health burdens between groups of people with differing social determinants of health.

[Social determinants of health](#) are conditions in the environments where people are born, live, learn, work, play, worship, and age. These determinants

affect a wide range of health, functioning, and quality-of-life outcomes and risks.

This NOFO focuses on populations that are disproportionately impacted by colorectal cancer incidence and death.

## Organizational capacity

The organizational capacity section of your application tells us about your experience doing work relevant to this program and your ability to implement the required activities.

### History of experience

Describe established relationships with FQHCs, community health centers, and primary care clinics across your state and show your ability to form successful partnerships with [partner clinics](#) and [supporting partners](#).

Describe your ability to leverage these partnerships to support patients in completing screening, including patient navigation and identifying support for treatment when needed.

You should describe your previous relevant work in detail, including the following information:

- When you partnered with clinics and health care systems.
- The role you played in those partnerships.
- What EBIs you implemented, including:
  - The number of people reached.
  - Type of intervention.
  - Type of data collected.
  - The outcomes of the intervention.

An example description could be: "We partnered with clinic A to implement client reminders reaching 1,000 people. We monitored screening in this clinic for six months and found there was an increase in the clinic CRC screening prevalence from 45% to 50%."

You should also include a detailed narrative of how you partnered with supporting partners to help implement a project or program, including the roles of the partners and how the partnership supported implementation and the provision of technical assistance.

## Specific capacities

Describe your expertise and organizational capacity in the following areas, using specific examples where possible.

- **Accessing and using data from EHRs**, either independently or with your supporting partners. Discuss any methods you used to assess data reliability and validity, as well as any data quality improvement activities you implemented.
- **Program evaluation**. Describe project or program evaluations you have done and how you have used the results for program improvement. Include your experience with the following:
  - Using program data for quality improvement.
  - Gathering population data from EHRs and assessing the validity and reliability of those data.
  - Assessing and refining clinic processes.
- **CRC screening**. You should have a deep understanding of screening tests, facilitators and barriers to screening, and how they may vary by subpopulations. You should also have knowledge of CRC incidence, mortality, and screening prevalence in the focus population.
- **Follow-up services**. Describe your ability to track stool-based testing and follow-up colonoscopies to screening completion. Describe the relationships needed to connect patients to follow-up colonoscopy services when needed.

## Staffing

You must identify and maintain staff to manage the program. At a minimum, your application should describe:

- Staff to manage the program.
- Staff with expertise in conducting program evaluation.
- Staff with experience working with primary care clinics and service delivery.
- Staff with appropriate skills to [collect data from EHRs](#) and report clinic data to us. It is important that you identify current staff or supporting partners who can support EHR needs. They should have experience and capacity to do the following:
  - Guide clinics in the integration of EBIs into the EHR (and the use of different EHRs when possible).
  - Modify data collected from the EHR (tracking screening prevalence).

- Use these data to improve processes (tracking screening tests and appropriate follow-up, data validation, and quality improvement).

## Collaborations

We expect you to collaborate with CDC-funded programs that are currently funded in your state, county, city, territory, tribe, or tribal organization to coordinate program activities to avoid duplication of effort. Relevant CDC-funded programs may have established partnerships with organizations that can support your proposed activities or implemented EBIs in health systems. They may also provide data that inform program activities. Relevant CDC-funded programs include:

- [National Breast and Cervical Cancer Early Detection Program](#)
- [National Comprehensive Cancer Control Program](#)
- [National Program of Cancer Registries](#)
- [WISEWOMAN program](#)
- [Health Resources and Services Administration](#)

We also expect you to collaborate with organizations with expertise in EBI implementation in primary care clinics. These organizations may include primary care associations, quality improvement organizations, nonprofit organizations, and academic institutions.

If you plan to have supporting partners from external organizations support particular areas like evaluation or data quality improvement, clearly describe:

- The type of expertise the supporting partner will provide.
- The activities they will implement.
- The supporting partners' organizational capacity and previous experience providing this type of expertise to primary care clinics.

## Data, monitoring, and evaluation

### CDC strategy

We will evaluate the overall Colorectal Cancer Control Program (CRCCP) using a mixed methods approach. We will collect standardized data from all recipients to conduct process and outcome evaluation. You will complete quarterly surveys focused on your program's spending and staffing. You will also complete an annual survey focused on program management, technical assistance resources, and partnerships.

Additionally, you will report baseline and annual clinic data records for all partner clinics participating in the program. Refer to the [CRCCP Clinic Data Dictionary \(Abbreviated Version\)](#) for the baseline and annual clinic data variables you are required to submit to CDC. We use these clinic data to calculate the performance measures specified in the [required performance measures](#) section.

Finally, we will invite you to participate in qualitative case studies and economic studies to examine implementation practices, costs, and cost effectiveness. Participation in these studies will be voluntary.

We will disseminate results of the survey and clinic data to you through data dashboards, presentations, and other reports. Results of case studies and economic studies will be provided to participating recipients and used to develop manuscripts for publication. We will conduct analyses of standardized program data (such as surveys and clinic data) and develop manuscripts for publication.

## Required performance measures

Following are the draft performance measures you will need to report on after award. We may refine the required measures for this program. If so, we will work with you and finalize them before we require you to submit any data.

The draft performance measures are:

Short-term outcomes	Performance measures
Increased implementation and enhancement of EBIs in partner clinics.	Percent of partner clinics implementing at least three EBIs.*
Increased stool test kits returned and colonoscopy procedures completed in partner clinics.	Stool test return prevalence.* Colonoscopy completion prevalence.*
Increased CRC screening in partner clinics.	Colorectal cancer screening prevalence.*
Intermediate outcomes	
Increased CRCs prevented.	Number of CRCs averted.
Increased diagnosis of early-stage CRC.	Number of early-stage CRCs detected.

\*We will use required clinic data to calculate these measures.

## Evaluation and performance measurement plan

You must provide an evaluation and performance measurement plan. Use the measures required under the CDC strategy.

Include the following elements:

### Methods

Describe the following:

- The evaluation questions to be included in your evaluation plan.
- The methods you will use to address your evaluation questions.
- How you will collect [high-quality baseline and annual clinic data](#) for reporting to CDC. CDC will use these data to calculate the performance measures.
  - Address how you will make sure high-quality screening prevalence data are extracted from the clinics' EHR systems.
  - Describe how you will collect data on stool kit distribution, kit return, and colonoscopy completion.
- How you will use evaluation findings for continuous program quality improvement.
- How you will incorporate evaluation and performance measurement into planning, implementing, and reporting on project activities.
- How findings will contribute to reducing or eliminating health disparities, if relevant.
- How key partners will participate in the evaluation and performance measurement process.
- How you will share evaluation findings with communities and populations of interest in a way that meets their needs.

### Data management

For all public health data you plan to collect, describe:

- The data you plan to collect in addition to the required clinic data, if relevant, and their available data sources.
- The feasibility of collecting appropriate evaluation and performance data.
- Other relevant data information, such as performance measures you propose.

For a definition of “public health data” and other key information, see [AR 25: Data Management and Access](#) on our website.

## Evaluation activities

You must take on specific evaluation activities. Describe:

- The type of evaluations, such as process, outcome, or both.
- Key evaluation questions to be answered by these evaluations.
- Other information such as measures and data sources.

An initial draft of your evaluation and performance measurement plan should be submitted with your application. You must submit a more detailed plan within the first six months of the award. See [reporting](#).

## Work plan

You must provide a work plan for the first year of your project. The work plan connects your period of performance outcomes, strategies, activities, and measures. In addition, the work plan details how you plan to achieve the performance outcomes, strategies and activities, and evaluation and performance measurement. It also provides more detail on how you will measure outcomes and processes.

You should use SMARTIE (specific, measurable, attainable, relevant, time-bound, inclusive, equitable) objectives for the first year of the five-year period of performance and a project narrative for subsequent years. Plans should also detail the program-specific activities that will help you accomplish your objectives.

You are not required to use a specific work plan format. A sample format is provided below.

**Table: Sample format**

Activities to be implemented	Progress or process measures (From Data, Monitoring, and Evaluation section)	Relevant period of performance outcomes (From Outcomes section)	Responsible position or party	Completion date
Strategy 1:				
1.				
2.				

Activities to be implemented	Progress or process measures (From Data, Monitoring, and Evaluation section)	Relevant period of performance outcomes (From Outcomes section)	Responsible position or party	Completion date
3.				
<b>Strategy 2:</b>				
1.				
2.				
3.				

If you decide to use another template, make sure your work plan includes all of these required elements:

- **Strategies and activities to be implemented**
  - Refer to [strategies and activities](#) or [logic model](#).
- **Process measures**
  - Refer to [evaluation and performance measurement](#).
- **Period of performance outcomes**
  - Refer to [outcomes](#) or [logic model](#).
- **Outcome measures**
  - Refer to [evaluation and performance measurement](#).
- **Responsible position or party**
  - Refer to [staffing](#).
- **Completion date**
  - Proposed time frame to complete the activity.

As part of the [project narrative](#), your work plan should:

- Include a detailed work plan for Year 1 and a general plan for years 2 through 5.
- Align your activities, outcomes, assessments, and performance measures with the NOFO logic model and project narrative sections.
- Align with proposed strategies and activities, outcomes, and performance measures.

- Describe how you will develop partnerships with [focus populations](#), supporting partners, and other partner organizations.
- Address how your work will reduce health disparities and advance health equity.
- Include the required elements for each [performance outcome](#).
  - If an activity leads to multiple outcomes, describe it under each relevant outcome.

## Paperwork Reduction Act

Any activities involving information collection from 10 or more individuals or organizations may require you to follow the Paperwork Reduction Act (PRA). The Paperwork Reduction Act requires review and approval by the White House Office of Management and Budget. To determine if a proposed activity requires PRA approval, contact your project officer. Collection includes items like surveys and questionnaires. If you have collections requiring PRA approval, CDC is responsible for working with OMB to gain the approval. For more information about CDC's requirements under PRA, see [CDC Paperwork Reduction Act Compliance](#).

## Funding policies and limitations

### General guidance

- Your budget is arranged in eight categories: salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual.
- You may use funds only for reasonable program purposes consistent with the award, its terms and conditions, and federal laws and regulations that apply to the award. Questions about this determination should be posed to the grants management specialist.
- You may spend a small amount of your funding to purchase stool-based screening tests to support partner clinics that may not have the ability to provide free stool-based screening to patients who don't have insurance coverage. If funds are used for this purpose, you will also report data on these tests as part of your data sharing.
- Generally, you may not use funds to purchase furniture or equipment. Clearly identify and justify any such proposed spending in the budget.

## Unallowable costs

You may not use funds for:

- Research.
- Clinical care except as allowed by law. Exceptions include stool testing and follow-up colonoscopy as covered costs, as described in the activities for [strategy 4](#).
- Pre-award costs unless CDC gives you prior written approval.
- Other than for normal and recognized executive-legislative relationships:
  - Publicity or propaganda purposes, including preparing, distributing, or using 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 [Anti-Lobbying Restrictions for CDC Recipients](#).
- The direct and primary recipient in this cooperative agreement 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.

For guidance on some types of costs that we restrict or do not allow, see 45 CFR part 75, [General Provisions for Selected Items of Cost](#).

## Indirect costs

Indirect costs are those for a common or joint purpose across more than one project and that cannot be easily separated by project.

To charge indirect costs you can select one of two methods:

**Method 1 — Approved rate.** You currently have an indirect cost rate approved by your cognizant federal agency.

Justification: Provide a summary of the rate. Enclose a copy of the current approved rate agreement in the Attachments.

**Method 2 — *De minimis* rate.** Per [2 CFR 200.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you are awaiting approval of an indirect cost proposal, you may also

use the *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See [2 CFR 200.1](#) for the definition of MTDC.

### Other indirect cost policies

- As described in [45 CFR 75.403\(d\)](#), you must consistently charge items as either indirect or direct costs and may not double charge.
- Indirect costs may include the cost of collecting, managing, sharing, and preserving data.
- Salary rate limitation: The salary rate limitation in the current appropriations act applies to this program. As of January 2024, the salary rate limitation is \$221,900. We will update this limitation in future years.

## National public health priorities and strategies

### Healthy People 2030

This funding opportunity is related to the following measurable objectives under the Healthy People 2030 initiative:

- Increase colorectal cancer screening in adults 45 to 75 years old. ([C-07](#))
- Reduce the age-adjusted annual rate of cancer mortality. ([C-01](#))
- Reduce colorectal cancer death. ([C-06](#))
- Increase the proportion of cancer survivors who are living five years or longer after diagnosis. ([C-11](#))
- Quality of life for cancer survivors. ([C-R01](#))
- Informatics in public health. ([PHI-R06](#))



## Step 2:

# Get Ready to Apply

### In this step

Get registered

[28](#)

# Get registered

While you can review the requirements and get started on developing your application before your registrations are complete, you must be registered in both SAM.gov and Grants.gov to apply.

## SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier. SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and select **Get Started**. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register.

When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations. You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

## Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

## Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number CDC-RFA-DP-25-0012.

If you can't use Grants.gov to download application materials or have other technical difficulties, including issues with application submission, [contact Grants.gov](#) for assistance.

To get updates on changes to this NOFO, select **Subscribe** from the View Grant Opportunity page for this NOFO on Grants.gov.

Need help? See [Contacts and Support](#).

## Help applying

For help related to the application process and tips for preparing your application see [How to Apply](#) on our website. For other questions, see [Contacts and Support](#).

## Join the informational call

Join our online informational call for this NOFO:

- Date: Wednesday, January 15, 2025
- Time: 3 p.m. ET
- [Join on Microsoft Teams](#).
- Meeting ID: 234 338 672 083
- Passcode: gR3KK6jm

You can also dial in by phone:

- +1 404-718-3800,,195250164# United States, Atlanta
- (888) 994-4478,,195250164# United States (Toll-free)
- [Find a local number](#).

Phone conference ID: 195 250 164#



## Step 3:

# Prepare Your Application

### In this step

Application contents and format

31

# Application contents and format

Applications include five main elements. This section includes guidance on each. Make sure you include each of the following:

**Table: Application contents**

Element	Submission form
<a href="#">Project abstract</a>	Use the Project Abstract Summary form.
<a href="#">Project narrative</a>	Use the Project Narrative Attachment form.
<a href="#">Budget narrative justification</a>	Use the Budget Narrative Attachment form.
<a href="#">Attachments</a>	Insert each in the Other Attachments form.
<a href="#">Other required forms</a>	Upload using each standard form.

See requirements for the optional [letter of intent](#) and [other submissions](#).

Your organization's authorized official must certify your application.

We will provide instructions on document formats in the following sections. If you don't provide the required documents, your application is incomplete.

See [responsiveness criteria](#) and [initial review](#) to understand how this affects your application.

**Required format for project abstract, project narrative, and budget narrative**

**Font:** Calibri

**Format:** PDF

**Size:** 12-point font

Footnotes and text in graphics may be 10-point.

**Ink color:** Black

**Spacing:** Single-spaced

**Margins:** 1-inch

Include page numbers.

# Project abstract

**Page limit:** 1

**File name:** Project Abstract Summary

Provide a self-contained summary of your proposed project, including the purpose and outcomes. Do not include any proprietary or confidential information. We use this information when we receive public information requests about funded projects.

# Project narrative

**Page limit:** 20

**File name:** Project Narrative

Your project narrative must use the exact headings, subheadings, and order as follows. See the [merit review criteria](#) to understand how reviewers will evaluate your project narrative.

## Background

Describe the problem you plan to address. Be specific about your focus population and geographic area including information about colorectal cancer screening prevalence, populations with lower screening uptake, incidence of colorectal cancer diagnosis, and mortality. Include the number of clinics and organizations you plan to partner with to complete the strategies and activities and achieve outcomes. See the [background section of the program description](#).

## Approach

### Strategies and activities

Describe how you will implement the proposed strategies and activities to achieve performance outcomes. Explain whether they are:

- Existing evidence-based strategies.
- Other strategies

Note where in your [evaluation and performance measurement plan](#) you describe how you will evaluate them.

Make sure to cover all four of the strategies listed in the [program description](#) and explain in detail how you will complete each activity.

## Outcomes

Using the [logic model](#) in the program description, identify outcomes you expect to achieve or make progress on by the end of the performance period.

## Evaluation and performance measurement plan

You must provide an evaluation and performance measurement plan. This plan describes how you will fulfill the requirements in the [data, monitoring, and evaluation section of the program description](#).

Be sure to explain how you will make sure that your data are [high quality](#). See the [Guidance for Developing a CRCCP Evaluation and Performance Measurement Plan](#) for additional information about how to develop your plan.

## Work plan

Include a work plan using the requirements in the [work plan section of the program description](#).

## Focus populations and health disparities

Describe the specific population or populations you plan to address under this award. Explain how you will include them and meet their needs in your project. Describe how your work will benefit public health and the populations and alleviate health disparities.

See the [focus populations section of the program description](#).

## Organizational capacity

Describe how you will address the organizational capacity requirements in the [organizational capacity](#) section of the program description.

You must provide attachments that support this section, including:

- [Resumes and job descriptions](#)
- [Organizational chart](#)

## Collaborations

Describe how you will collaborate with programs and organizations, either internal or external to CDC. Explain how you will address the requirements in the [collaborations section of the program description](#).

You must include [letters of support](#) in your attachments to support this section.

# Budget narrative

**Page limit:** None

**File name:** Budget Narrative

The budget narrative supports the information you provide in Standard Form 424-A. See [other required forms](#).

As you develop your budget, consider if the costs are reasonable and consistent with your project's purpose and activities. CDC will review and must approve costs prior to award.

The budget narrative must explain and justify the costs in your budget.

Provide the basis you used to calculate costs. It must follow this format:

- Salaries and wages.
- Fringe benefits.
- Consultant costs.
- Equipment.
- Supplies.
- Travel (including travel for two to three staff members to attend a reverse site visit in Atlanta, GA or another designated location).
- Other categories.
- Contractual costs.
- Total direct costs (total of all items).
- Total indirect costs.

HHS now uses the definitions for [equipment](#) and [supplies](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

See [funding policies and limitations](#) for policies you must follow.

## Attachments

You will upload attachments in Grants.gov using the Other Attachments Form. When adding the attachments to the form, you can upload PDF, Word, or Excel formats.

## Table of contents

Provide a detailed table of contents for your entire submission that includes all the documents in the application and headings in the [project narrative section](#). There is no page limit.

**File name:** Table of Contents

## Indirect cost agreement

If you include indirect costs in your budget using an approved rate, include a copy of your current agreement approved by your [cognizant agency for indirect costs](#). If you use the *de minimis* rate, you do not need to submit this attachment.

**File name:** Indirect Cost Agreement

## Proof of nonprofit status

If your organization is a nonprofit, you need to attach proof. We will accept any of the following:

- A copy of a current tax exemption certificate from the IRS.
- A letter from your state's tax department, attorney general, or another state official saying that your group is a nonprofit and that none of your net earnings go to private shareholders or others.
- A certified copy of your certificate of incorporation. This document must show that your group is a nonprofit.
- Any of these for a parent organization. Also include a statement signed by an official of the parent group that your organization is a nonprofit affiliate.

**File name:** Nonprofit status

## Resumes and job descriptions

For key personnel, attach resumes for positions that are filled. If a position isn't filled, attach the job description with qualifications and plans to hire.

**File name:** Resumes and job descriptions

## Organizational chart

Provide an organizational chart that describes your structure. Include any relevant information to help understand how parts of your structure apply to your proposed project.

**File name:** Organizational Chart

## Letters of support

Attach either of the following:

- Two separate letters of support, one each from two primary care clinics you plan to work with during this funding cycle. Both clinics must provide services to adults.
- One letter of support from a health care system that provides services to adults. For example, an FQHC could be considered a health system and may have multiple primary clinic sites.

Each letter must describe:

- The approximate number of adults aged 45 to 75 years currently served by the clinic.
- The clinic's current CRC screening prevalence (the percentage of its patients who are up to date with CRC screening).
- The clinic's willingness to participate in a detailed readiness assessment and to implement the recommended EBIs.
- The clinic's ability and willingness to submit required data to you.

**File name:** Letter of Support (if you upload each letter separately, add the organization's name to each letter)

## Report on overlap

You must provide this attachment only if you have submitted a similar request for a grant, cooperative agreement, or contract to another funding source in the same fiscal year and it may result in any of the following types of overlap:

### Programmatic

- They are substantially the same project, or
- A specific objective and the project design for accomplishing it are the same or closely related.

## Budgetary

- You request duplicate or equivalent budget items that already are provided by another source or requested in the other submission.

## Commitment

- Given all current and potential funding sources, an individual's time commitment exceeds 100%, which is not allowed.

We will discuss the overlap with you and resolve the issue before the award.

File name: Report on Overlap

## Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO [application package](#) or review them and their instructions at [Grants.gov Forms](#).

**Table: Required standard forms**

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable. With the application or before award.



## Step 4:

# Learn About Review and Award

### In this step

Application review [39](#)

Award notices [43](#)

# Application review

## Initial review

We review each application to make sure it meets [responsiveness requirements](#). These are the basic requirements you must meet to move forward in the merit review phase. We won't consider an application that:

- Is from an organization that doesn't meet eligibility criteria. See requirements in [eligibility](#).
- Is submitted after the [deadline](#).
- Proposes research activities. See [45 CFR 75.2](#) for the definition of research.
- Requests funding above the award ceiling.
- Does not include all of the required application components.

We will not review any pages that exceed the page limit.

## Merit review

A panel reviews all applications that pass the initial review. The members use the following criteria.

**Table: Criteria and total points**

Criterion	Total number of points = 100
1. Background and approach	30 points
2. Evaluation and performance measurement	25 points
3. Organizational capacity	45 points

## Criteria

### Background and approach (Maximum points: 30)

Ensure that responses are consistent with the [program description](#) requirement sections shown in the following table.

**Table: Background, purpose, and approach criteria**

Evaluate the extent to which the applicant provides:	Consistent with:	Points:
A background and purpose that support a clear problem to address.	<a href="#">Background</a>	5
Strategies and activities consistent with the program's logic model. Outcomes consistent with the period of performance outcomes in the program's logic model.	<a href="#">Approach, Logic model</a>	5
Strategies and activities that are achievable and appropriate to accomplish the project outcomes. Strategies and activities that are evidence-based.	<a href="#">Strategies and activities</a>	5
At least one focus population for the project consistent with the applicant's background and purpose. Partner clinics have a focus population with screening prevalence below 60%. Clear description of how they will consider and address health disparities in designing and implementing their strategies and activities.	<a href="#">Focus populations, Health disparities</a>	10
A work plan aligned with the strategies, activities, outcomes, and performance measures in the approach and consistent with the content and format proposed by CDC. Proposed use of funds that aligns with the work plan and is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes.	<a href="#">Work plan</a>	5

## Evaluation and performance measurement (Maximum points: 25)

Ensure that responses are consistent with the program description's [data, monitoring, and evaluation](#) section generally, including any subsections shown in the following table.

**Table: Evaluation and performance measurement criteria**

Evaluate the extent to which the applicant describes:	Consistent with:	Points:
Their ability to monitor screening prevalence quarterly.	<a href="#">Methods, Strategy 3</a>	4
Their ability to collect the required information from the EHR for reporting of evaluation and performance measurement.	<a href="#">Data management, Methods</a>	5

Evaluate the extent to which the applicant describes:	Consistent with:	Points:
Clear monitoring and evaluation procedures and how they will develop, implement, review, and revise program evaluation plans.	<a href="#">Methods</a>	4
How they will report and use performance measurement and evaluation findings to demonstrate outcomes and for continuous program quality improvement.	<a href="#">Methods</a>	4
How they will translate and share evaluation findings.	<a href="#">Methods</a>	4
How they will assess and improve data quality and use data to identify gaps in implementation and patient populations who need additional outreach.	<a href="#">Data management</a> , <a href="#">Methods</a> , <a href="#">Strategy 3</a>	4

## Organizational capacity (Maximum points: 45)

Ensure that responses are consistent with the program description's [organizational capacity](#) section generally, including any subsections or required attachments shown in the following table.

**Table: Organizational capacity criteria**

Evaluate the extent to which the applicant describes:	Consistent with:	Points:
Established relationships with FQHCs, community health centers, and primary care clinics across their state and shows their ability to form successful partnerships with partner clinics and supporting partners.	<a href="#">Organizational capacity</a> , <a href="#">Collaborations</a>	10
The ability of supporting partners to provide technical assistance and guidance to partner organizations as described in letters of support.	<a href="#">Organizational capacity</a> , <a href="#">Collaborations</a>	5
Their ability to select clinics and leverage partnerships to support patients in completing screening. Includes the ability to implement the readiness assessment to assess clinic suitability and areas that may need more support.	<a href="#">Organizational capacity</a> , <a href="#">Collaborations</a>	5
Their ability to successfully implement EBIs within health systems and primary care clinics, assess their effectiveness in improving screening, and implement strategies to improve the EBIs when needed. This should include their ability to use data from EHRs either themselves or through partnerships.	<a href="#">Organizational capacity</a>	10

Evaluate the extent to which the applicant describes:	Consistent with:	Points:
Their ability to track stool-based testing and follow-up colonoscopies to screening completion and demonstrate the relationships needed to connect patients to follow-up colonoscopy services when needed.	<a href="#">Organizational capacity</a> , <a href="#">Collaborations</a>	5
Their experience and capacity to implement the evaluation plan.	<a href="#">Organizational capacity</a>	5
A staffing plan sufficient to achieve the project outcomes that clearly defines staff roles, provides resumes for key positions, and provides an organizational chart that supports the structure.	<a href="#">Resumes and job descriptions</a> , <a href="#">Organizational chart</a>	5

We do not consider **voluntary** cost sharing as part of the merit review process.

## Risk review

Before making an award, we review the risk that you will not prudently manage federal funds. We need to make sure you've handled any past federal awards well and demonstrated sound business practices. We use SAM.gov [Responsibility / Qualification](#) to check this history for all awards likely to be over \$250,000. We also check Exclusions.

You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

We may ask for additional information prior to award based on the results of the risk review.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

## Selection process

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor. We may fund applications out of the merit review order to reach populations who are experiencing the greatest risk of colorectal cancer.
- The results of the risk review.

- Risk of colorectal cancer varies by geographic and other factors that may result in lower colorectal cancer screening rates. Therefore factors such as geographic areas with low colorectal cancer screening rates may also result in funding out of rank order.

We may:

- Fund application out of the rank order to ensure maximum U.S. coverage. No more than one application per state will be funded.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Our ability to make awards depends on available appropriations.

## Award notices

If you are successful, we will email a Notice of Award (NoA) to your authorized official.

We will email you or write you a letter if your application is disqualified or unsuccessful.

The NoA is the only official award document. The NoA tells you about the amount of the award, important dates, and the terms and conditions you need to follow. Until you receive the NoA, you don't have permission to start work.

Once you draw down funds, you have accepted all terms and conditions of the award.

If you want to know more about NoA contents, go to [Understanding Your Notice of Award](#) at CDC's website.



## Step 5:

# Submit Your Application

### In this step

Application submission and deadlines [45](#)

Application checklist [47](#)

# Application submission and deadlines

See [Find the Application Package](#) to make sure you have everything you need.

You must obtain a UEI number associated with your organization's physical location. Some organizations may have multiple UEI numbers. Use the UEI number associated with the location of the organization receiving the federal funds.

Make sure you are current with SAM.gov and UEI requirements. See [Get registered](#).

You will have to maintain your registration throughout the life of any award.

## Deadlines

### Optional letter of intent

Due on January 13, 2025.

### Application

Due on February 20, 2025 at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.

The grants management officer may extend an application due date based on emergency situations such as documented natural disasters or a verifiable widespread disruption of electric or mail service.

## Submission methods

### Grants.gov

You must submit your application through Grants.gov. See [Get registered](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure your application passes the Grants.gov validation checks. Do not encrypt, zip, or password-protect any files.

See [Contacts and Support](#) if you need help.

# Other submissions

## Intergovernmental review

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

To find out your state's approach, see the [list of state single points of contact](#). If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you don't need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

## Optional letter of intent

We ask that you let us know if you plan to apply for this opportunity. We do this to plan for the number of reviewers we will need to evaluate applications. You do not have to submit a letter of intent to apply.

Please email the notice to [DP25-0012@cdc.gov](mailto:DP25-0012@cdc.gov).

In your email, include:

- The funding opportunity number and title.
- Your organization's name and address.
- A contact name, phone number, and email address.

See the [deadline for letters of intent](#).

## Mandatory disclosure

You must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. See Mandatory Disclosures, [45 CFR 75.113](#).

Send written disclosures to Grants Management Specialist, LaToya Donaldson, [ygj0@cdc.gov](mailto:ygj0@cdc.gov) and to the Office of Inspector General at [grantdisclosures@oig.hhs.gov](mailto:grantdisclosures@oig.hhs.gov).

# Application checklist

Make sure that you have everything you need to apply:

Item	How to upload	Page limit
<input type="checkbox"/> <a href="#">Project abstract</a>	Use the Project Abstract Summary Form.	1 page
<input type="checkbox"/> <a href="#">Project narrative</a>	Use the Project Narrative Attachment form.	20 pages
<input type="checkbox"/> <a href="#">Budget narrative</a>	Use the Budget Narrative Attachment form.	None
<a href="#">Attachments</a> (7 total)	Insert each in a single Other Attachments form.	
<input type="checkbox"/> 1. Table of contents		None
<input type="checkbox"/> 2. Indirect cost agreement		None
<input type="checkbox"/> 3. Proof of nonprofit status		None
<input type="checkbox"/> 4. Resumes and job descriptions		None
<input type="checkbox"/> 5. Organization chart		None
<input type="checkbox"/> 6. Letters of support		None
<input type="checkbox"/> 7. Report on overlap		None
<a href="#">Other required forms</a> (3 total)	Upload using each required form.	
<input type="checkbox"/> Application for Federal Assistance (SF-424)		None
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)		None
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL) (if applicable)		None



## Step 6:

# Learn What Happens After Award

### In this step

Post-award requirements and administration [49](#)

# Post-award requirements and administration

We adopt by reference all materials included in the links within this NOFO.

## Administrative and national policy requirements

There are important rules you need to read and know if you get an award.

You must follow:

- All terms and conditions in the Notice of Award. The NoA includes the requirements of this NOFO.
- The rules listed in [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, or any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
  - [2 CFR 200.1](#), Definitions, Modified Total Direct Cost.
  - [2 CFR 200.1](#), Definitions, Equipment.
  - [2 CFR 200.1](#), Definitions, Supplies.
  - [2 CFR 200.313\(e\)](#), Equipment, Disposition.
  - [2 CFR 200.314\(a\)](#), Supplies.
  - [2 CFR 200.320](#), Methods of procurement to be followed.
  - [2 CFR 200.333](#), Fixed amount subawards.
  - [2 CFR 200.344](#), Closeout.
  - [2 CFR 200.414\(f\)](#), Indirect (F&A) costs.
  - [2 CFR 200.501](#), Audit requirements.
- The HHS [Grants Policy Statement](#) (GPS). This document has policies relevant to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including the cited authority in this award, the funding authority used for this award, and those highlighted in the [HHS Administrative and National Policy Requirements](#).
- The following [CDC's Additional Requirements](#) (AR) apply to this NOFO's awards:

- [AR-7: Executive Order 12372, Intergovernmental Review of Federal Programs](#)
- [AR-9: Paperwork Reduction Act Requirements](#)
- [AR-10: Smoke-Free Workplace Requirements](#)
- [AR-11: Healthy People 2030](#)
- [AR-12: Lobbying Restrictions](#)
- [AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities](#)
- [AR-14: Accounting System Requirements](#)
- [AR-24: Health Insurance Portability and Accountability Act Requirements](#)
- [AR-25: Data Management and Access](#)
- [AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009](#)
- [AR-31: Research Definition](#)
- [AR-34: Accessibility Provisions and Non-Discrimination Requirements are incorporated into CDC General Terms and Conditions](#)
- [AR-35: Protecting Life in Global Health Assistance \(AR-35\) waived effective January 28, 2021](#)
- [AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020](#)

# Reporting

If you are successful, you will have to submit financial and performance reports. These include:

**Table: Financial and performance reports**

Report	Description	When
Recipient Evaluation and Performance Measurement Plan	<ul style="list-style-type: none"> <li>Builds on the plan in the application.</li> <li>Includes measures and targets.</li> <li>Shows how data are collected and used.</li> </ul>	Six months into award. Evaluation report should be submitted yearly with the Annual Performance Report.
Annual Performance Report	<ul style="list-style-type: none"> <li>Serves as yearly continuation application.</li> <li>Includes performance measures, successes, challenges.</li> <li>Updates work plan.</li> <li>Includes how CDC could help overcome challenges.</li> <li>Includes budget for the next 12-month budget period.</li> </ul>	No later than 120 days before the end of each budget period.
Federal Financial Report	<ul style="list-style-type: none"> <li>Includes funds authorized and disbursed during the budget period.</li> <li>Indicates exact balance of unobligated funds and other financial information.</li> </ul>	90 days after the end of each budget period.
Data on Performance Measures	<ul style="list-style-type: none"> <li>Includes information on each of your performance measures.</li> </ul>	Yearly, submitted with the Annual Performance Report.
Final Performance Report	<ul style="list-style-type: none"> <li>Includes information similar to the Annual Performance Report.</li> </ul>	120 days after the end of the period of performance.

Report	Description	When
Final Financial Report	<ul style="list-style-type: none"> <li>Includes information in Federal Financial Report.</li> </ul>	120 days after the end of the period of performance.

To learn more about these reporting requirements, see [Reporting](#) on the CDC website.

## CDC award monitoring

Monitoring activities include:

- Routine and ongoing communication between CDC and recipients.
- Site visits.
- Recipient reporting, including work plans, performance reporting, and financial reporting.

We expect to include the following in post-award monitoring:

- Tracking recipient progress in achieving the outcomes.
- Ensuring the adequacy of your systems to hold information and generate data reports.
- Creating an environment that fosters integrity in performance and results.

We may also include the following activities:

- Ensuring that work plans are feasible based on the budget.
- Ensuring that work plans are consistent with award intent.
- Ensuring that you are performing at a level to achieve outcomes on time.
- Working with you to adjust your work plan based on outcome achievement, evaluation results, and changing budgets.
- Monitoring programmatic and financial performance measures to ensure satisfactory performance levels.
- Other activities that assist CDC staff to identify, notify, and manage risk, including high-risk recipients.

## CDC's role

This is a cooperative agreement, and we will maintain a substantial role in guiding and providing technical assistance for the NOFO. In addition to regular calls, site visits, regular performance and financial monitoring during the period of performance, other types of substantial involvement may

include technical assistance including the commitment of personnel and resources, subject matter expertise, evaluation support, performance measurement support, guidance in workplan development, program planning, and capacity building. The program will regularly share information, practices, lessons learned and evaluation results through conferences, webinars, guidance, material development, websources, data sharing publications, participation in meetings, conference calls, and working groups.

## Non-discrimination and assurance

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



# Contacts and Support

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# Agency contacts

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## Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email [support@grants.gov](mailto:support@grants.gov). Hold on to your ticket number.

## SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

## Reference websites

- [U.S. Department of Health and Human Services \(HHS\)](#)
- [Grants Dictionary of Terms](#)
- [CDC Grants: How to Apply](#)
- [CDC Grants: Already Have a CDC Grant?](#)
- [Grants.gov Accessibility Information](#)
- [Code of Federal Regulations \(CFR\)](#)
- [United States Code \(U.S.C.\)](#)
- [Colorectal Cancer Control Program \(CRCCP\)](#)