

Centers for Disease Control and Prevention

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Racial and Ethnic Approaches to Community Health (REACH)

CDC-RFA-DP-23-0014

04/11/2023

Table of Contents

A. Funding Opportunity Description 3
B. Award Information 25
C. Eligibility Information 26
D. Application and Submission Information 28
E. Review and Selection Process 39
F. Award Administration Information 43
G. Agency Contacts 51
H. Other Information 52
I. Glossary 54

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP-23-0014. 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:

Racial and Ethnic Approaches to Community Health (REACH)

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)).

New-Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP-23-0014

E. Assistance Listings Number:

93.304

F. Dates:

1. Due Date for Letter of Intent (LOI):
The LOI date will generate once the Synopsis is published if Days or a Date are entered.

2. Due Date for Applications:
04/11/2023
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
Topic: REACH 2314 Informational Conference Call
Time: Feb 22, 2023, 03:00 PM Eastern Time (US and Canada)

Join ZoomGov Meeting
https://cdc.zoomgov.com/j/1619284823?pwd=TGVPbSs1VmlBdzBOdS9wQjFKMGFCUT09

Meeting ID: 161 928 4823
Passcode: 7NniXR4^
One tap mobile
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+16468287666,,1619284823#,,,,*32072966# US (New York)

Dial by your location
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+1 646 828 7666 US (New York)
+1 669 216 1590 US (San Jose)
+1 551 285 1373 US
Meeting ID: 161 928 4823
Passcode: 32072966

G. Executive Summary:

1. Summary Paragraph
CDC announces fiscal year 2023 funds to implement CDC-RFA-DP23-0014: Racial and Ethnic Approaches to Community Health (REACH). Consistent with Congressional intent to focus on racial and ethnic minorities, defined by OMB Policy Directive No. 15, this multi-component 5-year program aims to improve health, prevent chronic disease, and reduce health disparities among racial and ethnic populations with the highest risk, or burden, of chronic disease, specifically African American, Black, Hispanic and Latino, Asian American, Native Hawaiian/Other Pacific Islander, American Indian, and Alaska Native populations. **Component A** is required and focuses on nutrition; physical activity; continuity of care in breastfeeding support; supporting national standards related to nutrition, physical activity, and breastfeeding in early care and education (ECE) programs; supporting implementation of family healthy weight programs; and tobacco prevention and control policies. Applicants must propose work in nutrition and physical activity plus another strategy for **Component A**. **Component B** is optional and focuses on flu, COVID-19, and other adult vaccination programs.

a. Eligible Applicants:
Open Competition

b. Funding Instrument Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
41
Component A = approximately 41 and **Component B** = approximately 41

d. Total Period of Performance Funding:
$228,000,000
Total period of performance amount for **Component A** = approximately $148M; **Component B** = approximately $80M.

e. Average One Year Award Amount:
$1,112,000
The average one year award amount for **Component A** = approximately $722,000; **Component B** = approximately $390,000.

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

g. Estimated Award Date:
August 30, 2023

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
CDC announces the availability of fiscal year 2023 funds to implement CDC-RFA-DP23-0014: Racial and Ethnic Approaches to Community Health (REACH). Consistent with Congressional intent to focus on racial and ethnic minorities, defined by OMB Policy Directive No. 15, this multi-component 5-year program aims to improve health, prevent chronic disease, and reduce health disparities among racial and ethnic populations with the highest risk, or burden, of chronic disease, specifically African American, Black, Hispanic and Latino, Asian American, Native Hawaiian/Other Pacific Islander, American Indian, and Alaska Native populations.

- From 2017 to 2020, the percentage of people with diabetes (diagnosed and undiagnosed) was higher among Hispanic (15.5%) and non-Hispanic Black (17.4%) adults compared to non-Hispanic White (13.6%) adults, after accounting for age differences in the populations.

- From 2018 to 2019, the percentage of American Indian and Alaska Native adults with diagnosed diabetes for both men (14.4%) and women (14.7%) was higher than for people of other race/ethnicities, after accounting for age differences in the populations.
- During 2017-March 2020, hypertension prevalence was higher among non-Hispanic black (56.9%) than non-Hispanic white (43.5%) or Hispanic (42.7%) adults.

The NOFO supports evidence-based, culturally tailored interventions and activities for nutrition, and physical activity, and tobacco collaborations that ultimately lead to reduced health disparities in chronic conditions of hypertension; heart disease; Type 2 diabetes; and obesity, as well as vaccination activities to support the prevention of infectious diseases such as flu, COVID-19 and other adult diseases.

Funding will support recipients that:

- Have a history of successfully working with an established community coalitions to address issues relating to health .
- Select strategies that address the health disparities in the community based on results from a community health needs assessment.
- Have organizational capacity to effectively, efficiently, and immediately implement locally tailored evidence- and practice-based strategies.

This NOFO will fund two components.

Component A (required): Nutrition, Physical Activity, and Other

Applicants must propose work in three strategy areas, which include nutrition, physical activity plus one from the following options:

- Continuity of care in breastfeeding support
- Supporting national standards related to nutrition, physical activity, and breastfeeding in early care and education (ECE) programs
- Supporting implementation of family healthy weight programs
- Tobacco prevention and control policies

Component B (optional): Adult Vaccinations

As an optional component, applicants may propose work that focuses on flu, COVID-19, and other adult vaccination programs.

Evidence-based Strategies: This NOFO incorporates evidence-based nutrition and physical activity strategies from a variety of publications and expert recommendations. See Section H Other Information.

b. Statutory Authorities

This program is authorized under sections 301(a) and 317(k)(2) of the Public Health Service Act 247 (b)(k)(2).

c. Healthy People 2030

This NOFO supports several the following Healthy People 2030 topic areas. See Section H Other Information.

d. Other National Public Health Priorities and Strategies

- HHS Action Plan to Reduce Racial and Ethnic Disparities
- Dietary Guidelines for Americans
- Physical Activity Guidelines for Americans 2nd Edition
- Best Practices for Comprehensive Tobacco Control Programs
- Evidence-based community best practices for obesity prevention such as found in The Community Guide and the Community Preventive Services Task Force
- CDC Adult Immunization Guidance

e. Relevant Work

This REACH NOFO is relevant to past and current REACH Programs (i.e., REACH 2018, REACH 2014, REACH 2010, REACH CORE, REACH U.S., REACH Minority-Serving Organizations, and REACH National Networks) that have addressed health disparities at the community level. A critical REACH program priority is to empower community members in priority populations(s) to seek better health, help change local healthcare practices, and mobilize communities to implement evidence-based public health programs to reduce health disparities across a broad range of health conditions. Examples of relevant work: CDC State-Local-Programs-REACH

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-DP23-0014 Logic Model: *Racial and Ethnic Approaches to Community Health (REACH) High Level Logic Model*
Bold indicates period of performance outcome

<table>
<tr><th>Strategies and Activities</th><th>Short-Term Outcomes</th><th>Intermediate Outcomes</th><th>Long-Term Outcomes</th></tr>
<tr><td colspan="3">Component A – Nutrition and Physical Activity (Required strategy areas)

Applicants must propose work in nutrition and physical activity strategy areas.</td><td rowspan="2">Improved health behaviors and outcomes (e.g., increased healthier food consumption, increased percentage of individuals meeting physical activity guidelines, decreased tobacco use, decreased obesity and increased adult immunizations)

Reduced health disparities in chronic conditions (e.g., hypertension, heart disease, type 2 diabetes, and obesity) as well as immunizations.</td></tr>
<tr><td>Nutrition -

a. Promote food service and nutrition guidelines and healthy associated food procurement in</td><td>Increased access to healthier foods</td><td>Increased purchasing and distribution of healthier foods</td></tr>
</table>

facilities, programs, or organizations where food is sold, served, and distributed b. Coordinate the uptake and expansion of existing fruit and vegetable voucher incentive and/or produce prescription programs			
Physical Activity - Implement local level policies and activities to connect pedestrian, bicycle, or transit transportation networks (e.g., activity-friendly routes) to everyday destinations	***Increased policies, plans, or community design changes that increase access to physical activity***	Increased access to places for physical activity	
Component A – Third Strategy Area Applicants must select one* of the strategy areas from the list below for Component A.			
*Breastfeeding - Implement local level policies and activities that achieve continuity of care for breastfeeding families	***Increased access to programs that provide continuity of care for breastfeeding families***	Increased breastfeeding	
*Early Care and Education - Implement local	***Increased local level ECE policies***	Increased ECE programs	

level policies and activities that improve nutrition, physical activity, and breastfeeding and advance Farm to Early Care and Education (ECE).	***and activities that improve nutrition, physical activity, and breastfeeding standards and Farm to ECE***	meeting nutrition, physical activity, and breastfeeding standards met and Farm to ECE	
*Family Healthy Weight Programs: - Collaborate with partners to implement family healthy weight programs	***Increased supports for family healthy weight programs***	Increased access to family healthy weight programs	
*Tobacco - Adopt or strengthen commercial tobacco prevention and control policies	***Increased access to places that adopt or strengthen commercial tobacco prevention and control policies***	Increased tobacco-free living	
Component B (Optional)			
Flu, COVID-19, and Other Adult Vaccines - Implement practices to increase awareness, confidence, demand, and access for flu, COVID-19, and other routinely recommended adult vaccines.	***Increased demand and access to vaccination opportunities***	Increased flu, COVID-19, and other adult vaccination rates	

i. Purpose
This NOFO supports recipients working to implement evidence-based, culturally tailored strategies at the local level among specific racial ethnic priority populations.

Component A focuses on nutrition; physical activity; continuity of care in breastfeeding; supporting national standards related to nutrition; physical activity; and breastfeeding in existing ECE programs; family healthy weight programs; and/or tobacco prevention and control policies.

Component B focuses on flu, COVID-19 and other adult vaccination program awareness, demand, and access.

ii. Outcomes
Long-Term Outcomes:

- Improved health behaviors and outcomes (e.g., increased healthier food consumption, increased percentage of individuals meeting physical activity guidelines, decreased tobacco use, decreased obesity and increased adult immunizations)
- Reduced health disparities in chronic conditions (e.g., hypertension, heart disease, type 2 diabetes, and obesity) as well as immunizations.

Period of Performance Outcomes
Component A Short-Term Outcomes:

- Increased access to healthier foods
- Increased policies, plans, or community design changes that increase access to physical activity
- Increased access to programs that provide continuity of care for breastfeeding families
- Increased local level ECE policies and activities that improve nutrition, physical activity, and breastfeeding standards and Farm to ECE
- Increased supports to implement family healthy weight programs
- Increased access to places that adopt or strengthen commerical tobacco prevention and control policies

Component B Short-Term Outcomes:

- Increased demand and access to vaccination opportunities

iii. Strategies and Activities
The Division of Nutrition, Physical Activity and Obesity's mission is grounded by State and Local Strategies for healthy eating and active living. This NOFO is in alignment with DNPAO's mission and its Priority Strategies:

- Make physical activity safe and accessible for all
- Make healthy food choices easier
- Make breastfeeding easier to start and sustain
- Strengthen obesity prevention standards in early care and education settings
- Spread and scale family healthy weight programs

In addition, DNPAO is collaborating with the Office on Smoking and Health and the Immunization Services Division to include strategies on tobacco and vaccinations for adults.

The NOFO requires cross sector partnerships relevant to specific strategies (e.g., transportation, charitable food system, housing, parks and recreation, preparedness, healthcare, education, or other sectors). Applicants are encouraged to use a community-based participatory approach that builds on existing community assets and existing coalitions, allowing for the flexibility necessary to tailor interventions that meet the unique needs of their population.

All proposed activities must use local level policy, system and environmental (PSE) approaches that support community level nutrition, physical activity, breastfeeding, ECE, tobacco, family healthy weight program, and vaccine demand and awareness strategies. Community coalitions of diverse and inclusive partners will identify appropriate implementation and/or adaptation of strategies specific to the community culture and linguistic context. All proposed activities must be grounded in health equity and aim to reduce health disparities (CDC Health Equity Guidance) and address factors that influence health. Recipients are expected to conduct health needs assessments and are encouraged to conduct an equity assessment as described in the Target Population section. The NOFO highly recommends health equity training for recipient staff across strategies and/or hiring staff, consultants, and contractors with health equity expertise, including hiring, or retaining diverse staff representing priority population(s). Activities may be supported through community clinical linkages, as appropriate. Community-Clinical Linkages (CCLs) are connections between community and clinical sectors that aim to improve health within a community. CCLs are an effective, evidence-based approach to preventing and managing chronic disease. See CDC Community-Clinical Healthy Equity Guide for more information.

Applicants must include communication activities that will support each of the required and selected program strategies. Recipients should aim for a minimum of one public message and one partner message each month using a mix of earned media news stories, digital/social media posts, paid media (advertising), and partner media.

Applicants must describe how they will leverage the resources of their partners to complete the work, particularly those strategies that may by necessity include both allowable (e.g., planning and design) and unallowable (e.g., construction of sidewalks, construction of running trails, purchase of fruits and vegetables for produce prescription programs, purchasing fruit and vegetable for incentive programs) costs.

Recipients may fund local partners or governmental entities as sub-recipients. Applicants. have the flexibility to select strategies and to define their geographic area(s). It is expected that the applicant will already have in place or will adopt community actions necessary to support local level implementation of the strategies. Once the strategies are implemented in the initial local area identified by the applicant, additional local areas may be addressed in subsequent years. In addition, DNPAO is collaborating with the Office on Smoking and Health and the Immunization Services Division to include strategies on tobacco and vaccinations for adults.

Component A applicants must propose work in nutrition and physical activity plus one more

strategy (e.g., breastfeeding, ECE, family healthy weight programs or tobacco) for a total of three strategies from Component A.

Component A: Required – propose to work in nutrition and physical activity **plus another strategy** (e.g., breastfeeding, ECE, family healthy weight programs or tobacco)

Strategy: *Nutrition (Required)*

The Nutrition strategy must be consistent with the federal Dietary Guidelines for Americans, Federal Food Service Guidelines and Feeding America and Healthy Eating Research's charitable food system guidelines for food banks and pantries. Activities must be collaborative and coordinated through cross sector local level nutrition councils or coalitions.

The NOFO will not support development of state or region-specific nutrition guidelines. Food service guidelines **do not apply** to food served to children in childcare or school settings that are governed by federal laws and regulation, including the National School Lunch Program, the School Breakfast Program, the Child and Adult Care Food Program, and the Summer Food Service Program.

Activities:

- Implement local level policies and activities that:
    1. Promote food service and nutrition guidelines and healthy associated food procurement in facilities, programs, or organizations where food is sold, served, and distributed
        - Proposed activities should value and incorporate cultural food preferences of the underserved communities and priority populations selected.
        - Food service guidelines and procurement strategies should focus on settings such as worksites, hospitals, park and recreation centers, food banks and pantries, youth detention centers, and faith-based organizations.
    2. Coordinate the uptake and expansion of existing fruit and vegetable voucher incentive and/or produce prescription programs.
        - Proposed activities need to coordinate between key partners such as those who oversee screening and eligibility (e.g., healthcare, community health centers, food assistance benefit agencies), retail partners such as farmers markets, retail stores and/or charitable food venues, and non-governmental organizations.
        - Proposed activities need to leverage other federal nutrition assistance programs (e.g., USDA Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children's (WIC)) and other nutrition programs (e.g., USDA Farm to School, Gus Schumacher Nutrition Incentive Program (GusNIP), and fruit and vegetable incentive programs).
    3. All potential activities, resources, and examples can be found on CDC's Nutrition implementation guidance web pages (Food Service and Nutrition Guidelines and Fruit and Vegetable Voucher Incentives and Produce Prescriptions).

Strategy: *Physical Activity (Required)*

The Physical Activity strategy must be consistent with the goals and federal Physical Activity Guidelines. The physical activity strategy must also be consistent with the Active People, Healthy Nation and Community Design for Physical Activity Strategies, which consists of combining activity-friendly routes to everyday destinations, including identifying opportunities for community design improvements for people with disabilities. The physical activity strategy must support community design for physical activity by collaborating with partners to create *proximity of everyday destinations* connected by safer and more accessible pedestrian, bicycle, or transit transportation networks (i.e. *activity-friendly routes*).

Activities:

- Implement local level policies and activities to connect pedestrian, bicycle, or transit transportation networks (e.g., activity-friendly routes) to everyday destinations.
    1. Proposed local activities should be coordinated with cross-sector coalitions and include implementation of enforceable policies and plans, and/or implementation of places, through mechanisms such as Complete Streets, Safe Routes for All, and Vision Zero policies, active transportation, trails, and greenways master plans, zoning reforms like form-based codes and incentives for activity-friendly project evaluation.
    2. Potential activities, resources, and examples can be found on CDC's Increasing Physical Activity through Community Design implementation guidance web pages.

Strategy: *Breastfeeding (Optional)*

Activities:

- Implement local level policies and activities that achieve continuity of care for breastfeeding families.
    1. Proposed activities to improve continuity of care in breastfeeding support should include policy, systems and environmental approaches, and be consistent with the 2020–2025 Dietary Guidelines for Americans and the American Academy of Pediatrics Policy Statement on Breastfeeding.
    2. Proposed activities can be implemented in one or more settings, including maternity hospitals, health clinics, worksites and other community settings.
    3. Potential activities, resources, and examples can be found on CDC's Breastfeeding: Continuity of Care implementation guidance web page.

Strategy: *Early Care and Education (Optional)*

CDC encourages states to use a common framework called CDC's Spectrum of Opportunities to advance their state level ECE work. Communities can build upon these state level ECE activities to improve nutrition, physical activity, breastfeeding, and farm to ECE by working with state and local level ECE partners, ECE programs and ECE providers. Communities should determine which state level assets, resources, and activities they would like to build upon.

It is not expected that local communities will work in all areas, but instead identify priority topics (nutrition, physical activity, breastfeeding support, or Farm to ECE) and work with ECE

programs in their jurisdiction to make improvements. Communities can develop an action plan and engage local partners such as SNAP-ED staff, Head Start programs, Child and Adult Care Feeding Program (CACFP) Sponsoring Organizations, Child Care Resource and Referral Agencies (CCR&Rs), cooperative extension services and ECE programs and providers to advance nutrition, physical activity, breastfeeding support, or Farm to ECE.

Activities:

- Implement local level policies and activities that improve nutrition, physical activity, and breastfeeding and advance Farm to Early Care and Education (ECE).
    1. Proposed activities for the ECE strategy should be consistent with national best practice standards for nutrition, physical activity, and breastfeeding as outlined in Caring for our Children.
    2. Potential activities, resources, and examples can be found on CDC's Early Care and Education (ECE) Policies and Activities implementation guidance web pages.

Strategy: *Family Healthy Weight Programs (Optional)*

Family Healthy Weight Programs (FHWP) are evidence-based, family-centered, intensive lifestyle behavioral treatment programs for children with overweight or obesity. CDC recognized FHWP are consistent with the 2017 USPSTF Recommendation for Child Obesity and many have been tailored for lower income families and are adaptable for a variety of settings and circumstances to address health equity including in rural communities.

Activities:

- Collaborate with partners to implement family healthy weight programs.
    1. Proposed activities should include preparation for FHWP implementation through:
        - Building or strengthening local partnerships;
        - Assessing your community and its child obesity-related needs and assets
        - Assessing partner's technical assistance needs and
        - Assessing readiness to procure, implement, and sustain a best-fit FHWP.
    2. Proposed FHWP implementation activities and strategies should include addressing participant recruitment, retention, community-clinical linkages and referrals, as well as provider training and technical assistance.
    3. Potential activities, resources, and examples can be found on CDC's Family Healthy Weight Programs (FHWP) implementation guidance web pages.

Strategy: *Tobacco (Optional)*

The most effective strategies for tobacco control are population-based PSE approaches that contribute to changes in social norms and behaviors related to tobacco use and dependence and SHS exposure. To have the greatest population impact, these evidence-based PSE strategies must be sustained for a sufficient amount of time at the appropriate intensity and have the greatest span (economic, regulatory, and comprehensive) and reach.

The CDC National and State Tobacco Control Program (NTCP) implements evidence-based, culturally appropriate policy, systems, and environmental (PSE) strategies and activities to

address four national goals: 1) Prevent initiation of tobacco use (including emerging products and e-cigarettes) among youth and young adults; 2) Promote quitting among adults and youth; 3) Eliminate exposure to secondhand smoke (SHS); and 4) Advance health equity by identifying and eliminating commercial tobacco product-related inequities and disparities.

Activities:

- Adopt or strengthen commercial tobacco prevention and control policies.
    1. Proposed activities to decrease tobacco use should align with tobacco best practices guidance and should focused efforts in the following priority settings: multi-unit housing, worksites, healthcare, and point of sale (retail).
    2. Potential activities, resources, and examples can be found on CDC's Tobacco implementation guidance web pages.

Component B is optional and focuses on flu, COVID-19, and other adult vaccination programs.

Strategy: *Adult Vaccinations*

Vaccination coverage in the U.S. for COVID-19, flu, and other routinely recommended adult vaccines remains low, and longstanding racial and ethnic disparities exist in adult vaccination coverage. Quality improvement interventions to increase equity in COVID-19, flu, and other routine adult vaccinations should focus on racial and ethnic communities and be in accordance with adult vaccine recommendations made by the Advisory Committee on Immunization Practices. Through CDC's Partnering for Vaccine Equity program and broader adult immunization efforts, CDC aims to improve equity in adult immunization across disproportionately affected populations, including racial and ethnic communities, through partnerships that drive community-level action.

Activities:

- Implement practices to increase awareness, confidence, demand, and access for flu, COVID-19, and other routinely recommended adult vaccines.
    1. All focus areas and activities should address improving COVID-19, flu, and recommended routine adult vaccinations by increasing knowledge, acceptance, and coverage rates among adults in racial and ethnic groups experiencing disparities through the following activities:
        - Conducting baseline needs assessments or updating previous assessments detailing barriers to vaccine uptake and successful strategies for improving vaccine uptake;
        - Equipping influential messengers;
        - Increasing vaccination opportunities and enhancing provider partnerships; and
        - Evaluating interventions and activities
    2. . Potential activities, resources, and examples can be found on Flu,, COVID-19, and other Adult Vaccinations implementation guidance web pages.

1. Collaborations

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

Recipients are required to collaborate and coordinate with other CDC-funded programs in selected geographic areas within the state to complement that work. State and/or local level CDC funded programs for chronic disease and vaccinations include, yet are not limited to, the following programs:

- State Physical Activity and Nutrition Program
- High Obesity Program
- Scaling the National Diabetes Prevention Program in Underserved Areas; National Diabetes Prevention Program
- National Comprehensive Cancer Control Program
- Early Care and Education Obesity Prevention Program
- Arthritis Program
- Improving Student Health and Academic Achievement through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools
- Childhood Obesity Research Demonstration (CORD) Project
- Disability and Health Program: Improving the Health of People with Mobility Limitation and Intellectual Disabilities through State-based Public Health Programs
- Partnering for Vaccine Equity program

b. With organizations not funded by CDC:

Community Coalition:

The applicant is required to identify and engage with a community coalition to create sustainable community-level change. For the purposes of this program, a community coalition is defined as a community-based formal arrangement of cooperation and collaboration among groups or sectors (e.g., food policy council, regional transportation, healthcare, education, parks, and recreation) in which each group retains its identity but agrees to work together toward a common goal.

Recipients will:

1. engage the community coalition in executing a plan of community specific activities grounded in best practices to address health disparities;
2. monitor progress;
3. oversee communications within the communities to address selected strategies;
4. collaborate with the coalition to develop and carry out an action plan to reduce community specific health disparities which may result in a model for replication in other geographic areas; and
5. work with the community coalition to facilitate collaboration with other CDC prevention programs within state or local health departments that address chronic disease and conditions.

The proposed community coalition should, at a minimum, have the below identified partners:

- Applicant
- Community coalition leader(s)
- Priority population(s) representative(s) with lived experience of the health inequities being addressed

- Local Community Based Organization representative (with work aligned with the selected required and optional strategies)
- State and/or local public health department representative

The applicant should describe the following capacities and/or characteristics of any proposed community coalition:

- Ability to leverage partnerships across settings and sectors to address key contributors to the chronic disease disparities within their community
- Leadership and political will to achieve common goals
- Represent diverse cross-section of the community
- Represent multi-sectors in the community
- Knowledge and awareness of issues
- Skills in problem identification
- Incorporate input from those who represent the proposed priority population(s) and lived experience with health inequities
- Use Community Based Participatory Approaches planning approach
- Reflect the composition (e.g., representative from community, similar lived experience) of the proposed priority population
- Track record of building and maintaining trust with the community
- History of success in working together with partners on issues relating to health or other disparities.
- Effectiveness and progress in mobilizing partners to assist in implementation of local evidence-based or practice-based improvements that are culturally tailored to the priority population(s)

Additional Requirements for the Application:

Letters of Support - Community Coalition

Letters of Support from a minimum of two members of the community coalition are required for the application and must include a specific description of their role in support of the proposed work. Letters of Support must be named: LOSupport_PartnerNameand uploaded as PDFs into **www.grants.gov**

Letter of Acknowledgement - State Chronic Disease Director

A letter of acknowledgement from the State Chronic Disease Director is required for the application. The letter should acknowledge: 1) the applicant is applying for this NOFO; 2) the proposed priority population(s); and 3) the geographic area in the state where work is proposed. Letters of acknowledgement must be named "LOAcknowledgement_Chronic Disease Director _REACH_Component X_Name of applicant" and uploaded as a PDF into **www.grants.gov**

MOU, MOA, or Tribal Resolution - Key Collaborations

Collaborations with a variety of public and private partners from multiple sectors are required to maximize resources, reach, and impact. These can include the business community (e.g., chamber of commerce, local realtor association), non-governmental organizations (e.g., YMCA, American Association of Retired Persons, Smart Growth America, state or local chapter of

American Academy of Pediatrics, faith-based), universities and colleges (e.g., prevention research center), non-profit agencies or systems (e.g., farmers market association, healthcare system, bicycle/pedestrian coalitions), other state (e.g., department of transportation, economic development groups, parks and recreation, health and human services, state aging services, early care and learning) or local government agencies (e.g., local education agency, metropolitan planning organization, public works, housing authorities, transit services), local and regional health and wellness coalition organizations (e.g., food policy council, active living coalition, bicycle/pedestrian coalitions), tribes or tribal organizations (e.g., intertribal council), and professional organizations (e.g., regional or municipal planning association, minority or women's business leaders association). Local and county federally funded programs not funded by CDC (e.g., those funded by Administration for Children and Families, Department of Defense, Department of Transportation, Department of Agriculture, Department of Labor, Health Resources and Services Administration) should be included as key partners when applicable.

Applicants are strongly encouraged to submit with their application a memorandum of understanding (MOU), memorandum of agreement (MOA), and/or tribal resolutions for key collaborations. They should describe the scope of work and contributions from each key partner for work to be conducted. Applicants must at the very least submit letters of support for key collaborations for each Component of the NOFO. Letters of support will clearly describe the partner level of participation and their anticipated contribution to overall program strategies and activities. Applicants must name these files "LetterofSupport/MOU/MOA/TribalRes_PartnerName_REACH_ComponentX_Name_of_ applicant" and upload them as PDF files on www.grants.gov.

2. Target Populations

This NOFO is designed to address health disparities in priority population(s). Funding will support recipients that, in part, select strategies that address the health disparities in the community based on results from a community health needs assessment.

The community health needs assessment process must clearly describe the link to the geographic area(s) and the priority population(s) with whom the applicant proposes to work using data to identify priority populations (e.g., DNPAO Data Trends and Maps, Social Vulnerability Index, Child Opportunity Index, Disability and Health Data System, and Environmental Justice Index.)

Applicants must select up to two of the five priority populations listed below for work on this award.

- African Americans and Black
- American Indian and Alaska Native
- Asian American
- Hispanic and Latino
- Native Hawaiian and Other Pacific Islands

Applicants will describe how they will implement strategies to decrease health disparities in selected priority populations. The applicant must cite the data sources used to define and describe the priority population(s). The description should include demographic characteristics, health status, and geographic area. The geographic area must have at least 20% of the population with income below 100% federal poverty threshold (based on census tract or community health

needs assessment data). Recipient must use the results from a community health needs assessment at the beginning of the cooperative agreement or provide evidence of previous assessments (< 5 years) for their priority population selection and a justification for the proposed geographical area. Census tract data can be obtained at from the following sources:

- Census Bureau, a leading source of quality data about the nation's people and economy.
- PLACES, a collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation, provides health data for small areas across the country.
- The Public Health Practitioners Gateway's Data and Benchmarks which provides community health assessments from both primary and secondary data to characterize the health of the community
- Disability and Health Data System which provides instant access to state level health and demographic data about adults with disabilities with capacity to search state by disability type and race or ethnicity.

It is suggested that applicant conduct an equity assessment in the first six months of the cooperative agreement. Equity assessments are systematic examinations of available data and expert input on how various groups—especially those facing inequity or disparities—are or likely will be affected by a policy, program, or process. They aim to minimize unintended adverse outcomes and maximize opportunities and positive outcomes. A Framework for Assessing Equity in Federal Programs and Policies may be helpful.

Where appropriate, applicants are encouraged to also include rural and tribal populations; persons with disabilities, non-English speaking populations; lesbian, gay, bisexual, and transgender (LGBTQ+) populations; and people with limited health literacy.

If the applicant chooses to work on the Tobacco strategy, they should identify needs based on the CDC State Tobacco Activities Tracking and Evaluation (STATE) system.

a. Health Disparities

All applicants should describe how proposed strategies and activities would address disparities and inequities in their populations related to poor nutrition, physical inactivity, tobacco use, and immunizations using CDC Preferred Terms for Select Population Groups & Communities. Applicants are encouraged to consider people with disabilities in all aspects of the program (e.g., advisory boards, planning committees, project staff, consultants, etc.).

iv. Funding Strategy

Awards dollar amounts will be based on the following criteria:

- Consideration of the scope of the work proposed
- Consideration of the priority population(s) size and geographic area where work is proposed

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant of cooperative agreement awarded by the Department of Health and Human Service (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement

Act (P.L. 116-139); and/or the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will work collaboratively with recipients to determine if the NOFO strategies and activities have been implemented as expected and if the intended period of performance outcomes have been achieved. The evaluation will help demonstrate the impact of the program, inform continuous quality program improvement, and determine the scalability of the strategies for future investments.

CDC will develop an evaluation framework to guide evaluation and performance monitoring activities of the REACH program. The framework will specify the types of evaluations to be conducted, the timing of the evaluation activities, and how the information will be used by CDC to advance the field.

Recipients are responsible for reporting short-term outcomes identified in the logic model. Specific performance measures will be finalized in collaboration with CDC and aligned with the required program strategies.

CDC will provide evaluation guidance, technical assistance, and support through webinars,

trainings, monthly calls, and written materials. CDC will manage and analyze the evaluation and performance measure data submitted by recipients and synthesize findings across recipients for dissemination.

Throughout the five-year period of performance, CDC will work individually and collectively with recipients to answer the following evaluation questions based on the program logic model, strategies, and activities:

- How have communities changed since the implementation of strategies to improve healthy eating, physical activity, breastfeeding, ECE, tobacco, family health weight, and vaccination outcomes?
- How have health equity approaches been prioritized in communities?

CDC will work collaboratively with recipients to:

- Report progress qualitatively on recipient context, health equity approaches, successes, and challenges through annual reports.
- Translate and disseminate findings including final evaluation results, through a variety of ways that may include publications, presentations, and more. CDC will use recipient webinars, success stories, and national conferences to share preliminary findings and updates on CDC evaluation activities.
- Develop two success stories during the program period at the end of year 3 and year 5.

Outcome-related performance measures for each Component are listed below. Additional performance measures for the strategies and activities in the logic model may be developed and refined in collaboration with recipients and then used by CDC and the recipients for monitoring progress and improving public health outcomes.

Outcome-related performance measures include:

Component A:

- Number of settings that increase access to healthier foods
- Number of policies, plans, or community design changes that increase access to physical activity
- Number of programs that increase access to continuity of care for breastfeeding families
- Number of ECE programs that are impacted by nutrition, physical activity, and breastfeeding standards and Farm to ECE improvements
- Number of supports for implementation of family healthy weight programs
- Number of settings that adopt or strengthen commerical tobacco prevention and control policies

Component B:

- Number of vaccination opportunities

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.

c. Organizational Capacity of Recipients to Implement the Approach

Upon receipt of award recipients must be able to readily implement this program in the state in which they operate and are located. The applicant's organizational capacity statement must clearly demonstrate the applicant has the necessary skills and relevant experience to successfully implement the strategies and activities outlined in the Logic Model for **Component A** and **Component B** by including documentation such as organizational chart, staffing plan, resumes, etc. The applicant must clearly describe the project management structure, staff roles and responsibilities, and provide an organizational chart for staff members including contract support if applicable. The project staff must have adequate public health nutrition and physical activity leadership/management expertise to plan and supervise the work including training and technical assistance to implement strategies and interventions using evidence-based approaches to achieve the project outcomes. The applicant must describe adequate and appropriate organizational infrastructure and staffing to carry out the administrative/financial, data management/evaluation, performance monitoring, and communication activities required for the NOFO.

To ensure that recipients can execute CDC program requirements and meet period of performance outcomes, applicants must demonstrate relevant experience to implement the activities and achieve the project outcomes, experience, and capacity to implement the evaluation plan.. The applicant must document coordination with existing key partners and coalitions within their community to minimize duplication of efforts, leverage resources and maximize reach and impact by providing letters of support, MOU/MOA and other related documents that clearly describe minimization of duplication efforts, how and what resources will be leveraged.

Applicants must name these files "Resume/Organization chart/Staffing Plan/LOS/MOU/MOA/etc._PartnerName_REACH_name of applicant" and upload them as PDF files on www.grants.gov.

Applicants must describe established experience and organizational capacity to meet implementation readiness requirements for this NOFO, which includes the following:

- A history of successfully working with an established community coalition to address issues relating to health or other disparities and capable of affecting community-level change.
- Results from a community health needs assessment completed within the last 5 years.
- Established Community Coalition leadership and management to readily implement requirements of the proposed work with minimal start time (< six months) and provide services to the priority population(s).
- An established principal investigator or designee to serve as a chair of the community coalition and a full-time program manager who is responsible for the day-to-day operations.
- Diversity in community coalition membership and past use of the Community Based Participatory Approach process in decision making and the setting of community priorities.
- Partnership development and coordination to leverage resources and maximize reach and impact for strategies activities within the community.
- Subject matter/content expertise in selected strategies.
- Subject matter expertise and experience working with the selected priority population(s)
- Budget management and administration to establish financial procedures and track, monitor, and report expenditures (at a minimum this should include a fiscal manager).
- Project leadership structure for project management, communication, evaluation, and performance monitoring, and financial reporting process and structure that ensures alignment of resources with program activities, management of any needed travel requirements, and workforce development and training sufficient to achieve project outcomes.
- Contract management to manage the required procurement efforts, including the ability to write, award, and monitor contracts in accordance with applicable grants regulations.
- Evaluation and performance monitoring to develop and implement the evaluation plan and maintain programmatic quality, consistency, and fidelity.

- Data management to design collection and evaluation strategies to produce useful data that demonstrates impact, program improvement, and sustainability.
- Communication support to collect, develop and disseminate program messages and successes related to the communication activities that directly support the NOFO strategies

Active community coalition in place: The applicant must propose to work with an established community coalition to execute activities under this NOFO throughout the entire award period. The applicant must have a key role in the community coalition being proposed. The recipient must work to strengthen the collaboration of community coalition that is working to seek better health for residents, help change local healthcare practices, and mobilize communities to implement evidence-based, community specific public health programs to reduce health disparities (see the Collaboration Section for specific requirements). It is recommended that applicants allocate funds for community member compensation participating on coalition.

d. Work Plan

The Workplan must identify specific work for each Component (e.g., A and B) of the NOFO. At a minimum, the work plan must include:

1. Activities and timelines to support achievement of outcomes that align with the NOFO logic model for each proposed Component and Strategy
2. Measures for the relevant outcomes that align with the performance measures listed in the evaluation and performance measurement section
3. Milestones for accomplishing tasks for the key activities related to each outcome
4. Staff, partners, contractors and administrative roles and functions to support implementation of the award

Applicants must submit a detailed work plan for Year 1 of the award and provide a general summary of work plan activities for Years 2-5 in narrative form. The work plan should describe how the applicant plans to implement all the necessary activities to achieve expected outcomes. For Year 1, applicants are required to include all the elements listed within the sample work plan template, provided below. CDC will provide feedback and technical assistance to recipients to finalize the work plan activities post-award. The Work Plan is part of the 20-page limit allowed for the Project Narrative. Applicants must name this file "WorkPlan_REACH_name of applicant" and upload it as a PDF file on www.grants.gov.

This work plan should include activities such as engaging communities and existing partnerships or coalitions, conducting community health needs and equity assessments, tailoring interventions for priority populations and embedding specific communication activities that directly support the NOFO strategies (including identifying their intended audiences).

Short Term Outcome:	**Intermediate Outcome:**

Strategy	**Measures**	**Milestone(s) for Completion of Activity**	**Responsible Position /Party**	**Completion Date**
Activity and timeline				

Applicants are not required to use the template but are required to include all the elements listed in the template.

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.

All recipient reports should be distinguished as Component A or B, respectively.

Monitoring may also include the following activities:

- **Component B only** - Complete quarterly reports using the REDCap Data Collection System
- Joint site visits that maximize the ability to do collaborative problem solving, offer insights and ideas to strengthen or augment recipient approaches, and increase understanding of recipient's context to accomplish chronic disease prevention and health promotion.

Recipients will participate in monthly conference calls to track progress, barriers, unexpected events, activities, successes, and other relevant information that describe the implementation of the strategies and accomplishment of outcomes.

A required recipient implementation and evaluation training will be scheduled during the first budget year and may be scheduled during subsequent years of the funding cycle. All applicants should budget a minimum of five staff to participate for up to five days in Atlanta, GA (tentative training site).

Recipients should also be available to participate in peer sharing opportunities, evaluation specific technical assistance calls and webinars, site and/or reverse site visits, and calls and email communication with CDC staff, as needed.

f. CDC Program Support to Recipients

CDC will have substantial involvement beyond site visits and regular performance and financial monitoring during the period of performance. CDC activities are intended to ensure the success of the project and will include the following:

- Provide ongoing programmatic and evaluation technical assistance
- Provide REACH program implementation guidance to recipients on identifying and implementing strategies and activities
- Facilitate collaborative opportunities with other CDC funded NOFO national and state partners
- Promote information sharing among recipients:
    - Facilitate routine conference calls, webinars, and other informational exchange
    - Develop mechanism for documenting and sharing lessons learned
- Convene recipient strategy-specific and equity trainings

Additionally, CDC will:

- Ensure that recipients have access to expertise found throughout the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Technical assistance teams will also work in collaboration with other programs and divisions across NCCDPHP to identify specific actions that improve efficiency and greater public health impact.
- Collaborate with recipients to explore appropriate flexibilities needed to meet public health outcomes and goals. Flexibility in cooperative agreements includes recipient's ability to propose alternative methods to achieve the outcomes and goals of the cooperative agreement that align with recipient's opportunities for success, infrastructure, and partner buy-in, demographics, and burden. This includes bringing together resources from multiple cooperative agreements to jointly advance the goals of each and expanding the dialogue to bring in other CDC and recipient staff to reach a win/win solution.
- Create greater efficiencies and consistency across NCCDPHP programs. For example:
    - Jointly developed resources and tools that focus on cross-cutting functions, settings, risk factors, conditions, and diseases to ensure consistent messages and to meet technical assistance needs

- Joint training and technical assistance opportunities that help recipients produce policies and programs that are more holistic and fully supportive of work in tobacco, nutrition, physical activity, chronic disease management and other strategies and topics, as appropriate

- Continue and expand support for recipients to leverage NCCDPHP resources to address cross-cutting functions, settings, risk factors, and diseases.

B. Award Information

1. Funding Instrument Type:
CA (Cooperative Agreement)
CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:
U58

3. Fiscal Year:
2023

4. Approximate Total Fiscal Year Funding:
$45,600,000

5. Total Period of Performance Funding:
$228,000,000
This amount is subject to the availability of funds.

Total period of performance amount for **Component A** = approximately $148M; **Component B** = approximately $80M.

Estimated Total Funding:
$228,000,000

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

year(s)

7. Expected Number of Awards:
41
Component A = approximately 41 and **Component B** = approximately 41

8. Approximate Average Award:

$1,112,000
Per Budget Period

The average one year award amount for **Component A** = approximately $722,000; **Component B** = approximately $390,000.

9. Award Ceiling:
$1,500,000
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$500,000
Per Budget Period

11. Estimated Award Date:
August 30, 2023

12. Budget Period Length:
12 month(s)

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

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

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

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

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

20 (Private institutions of higher education)

23 (Small businesses)

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

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

Additional Eligibility Category:

Government Organizations:

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

Local governments or their bona fide agents

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

State controlled institutions of higher education

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

2. Additional Information on Eligibility

Non-government Organizations:

- American Indian or Alaska native tribally designated organizations

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

3. Justification for Less than Maximum Competition

Not applicable.

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)

b. Application Deadline

Due Date for Applications 04/11/2023

04/11/2023
11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

Due Date for Information Conference Call
Topic: REACH 2314 Informational Conference Call
Time: Feb 22, 2023, 03:00 PM Eastern Time (US and Canada)

Join ZoomGov Meeting
https://cdc.zoomgov.com/j/1619284823?pwd=TGVPbSs1VmlBdzBOdS9wQjFKMGFCUT09

Meeting ID: 161 928 4823
Passcode: 7NniXR4^
One tap mobile
+16692545252,,1619284823#,,,,*32072966# US (San Jose)
+16468287666,,1619284823#,,,,*32072966# US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
+1 669 216 1590 US (San Jose)
+1 551 285 1373 US
Meeting ID: 161 928 4823
Passcode: 32072966

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

LOI is not requested or required as part of the application for this NOFO.

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.

- CDC requires of a minimum of 10% of the annual award to support evaluation activities.
- A required recipient implementation and evaluation training meeting will be scheduled in the first budget year. Applicants should budget a minimum of five staff to participate for up to five days of training in Atlanta, GA (tentative site).

CDC recommends that applicants budget for compensation to community members for time and effort spent working on the community coalition

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.

Recipients may not use funds for construction. It is expected that recipients will leverage the resources of their partners to complete the work of the NOFO, particularly those strategies that may by necessity include both allowable (e.g., planning and design such as pop-ups and demonstration projects) costs and unallowable (e.g., clinical care, construction of sidewalks, construction of running trails, purchase of fruits and vegetables for produce prescription programs and fruit and vegetable incentive programs) costs.

17. Data Management Plan

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

18. Other Submission Requirements

a. Electronic Submission:

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

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

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

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

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

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent

by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

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

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

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

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

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

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

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

i. Approach **Maximum Points:** 40

Narrative (15): The extent to which the applicant describes:

- The communities in which they plan to work, including both priority population(s) and geographic area(s) using results from a community health needs assessment completed within the last 5 years. (5 points)
- An overall strategy and activities consistent with the CDC project description and logic model and how the proposed activities will reduce or eliminate disparities related to nutrition and physical activity behaviors and obesity and vaccinations if applicable. (5 points)
- The use of specific community and population(s) data (e.g., needs assessment, environmental scan, surveillance, evaluation, health disparities data), and information relative to the nutrition and physical activity behaviors, obesity, tobacco, and vaccinations for population(s) served. (5 points)

Work Plan (25): The applicant **must** propose work in nutrition and physical activity plus one more strategy from **Component A**, the NOFO base requirement. Points will not be provided (0/25 points) if the **Component A** base requirement is not met. The applicant **may** propose work in **Component B** on flu, COVID-19, and other adult vaccinations. The Work Plan is required and must identify specific work for each proposed Component and its respective strategies.

The Work Plan must describe an approach that includes:

- Detail on how all selected strategies and activities that align with the NOFO logic model will adequately achieve the intended program outcomes including the feasibility and how they will likely lead to the achievement of performance outcomes within the period of performance. (10 points)
- A complete plan and timeline for the first budget period that describes each proposed strategy and its activities; intended outcomes; staff, partners, contractors and administration staff roles and functions to support implementation of the award; identified measures for relevant outcomes that align with the performance measures, and milestones for accomplishing key tasks for each outcome. The plan must include first year outcomes that are achievable with performance measures consistent with CDC guidance in the NOFO. (10 points)
- An overview of the plan for the entire period of performance that is feasible to implement and period of performance outcomes are appropriate to achieve the desired program outcomes by the end of the five-year period of performance. (2 points)
- Communication objectives and activities to collect, develop, and dissemination program messages and successes for all proposed strategies, identifying intended audiences, and activity leads. (3 points)

ii. Evaluation and Performance Measurement **Maximum Points:** 25

The extent to which the applicant describes:

- An evaluation plan consistent with their work plan and the CDC evaluation performance strategy, and that is feasible and likely to demonstrate recipient performance outcomes, including health equity approaches, successes and needed improvements including monitoring to maintain programmatic quality, consistency, and fidelity. (10 points)

- The ability to collect data on the performance measures specified by CDC and presented by the applicant in their approach (5 points)
- Clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting project activities that demonstrates impact, program improvement and sustainability. (5 points)
- How performance measurement and evaluation findings will be reported, shared, and used to demonstrate the outcomes of the NOFO and for continuous quality improvement. (5 points)

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

Project Management Structure and Staffing (15): The extent to which the applicant:

- Has an established principal investigator or designee to serve as a chair of the community coalition and a full-time program manager who is responsible for the day-to-day operations. No points (0/35 points) for this element (iii. Applicant's Organizational Capacity to Implement the Approach) will be provided if this base requirement is not met. (2 points)
- Demonstrates substantial capability and experience to carry out the scope of the proposed project including subject matter expertise in selected strategies and selected priority population(s); an adequate staffing plan and organizational chart and contract support, if applicable which clearly defines staff and coalition roles and responsibilities; outlines a project management, communication, evaluation, and performance monitoring, and financial reporting process and structure (at a minimum a fiscal manager) that ensures alignment of resources with program activities inlcuding procurement efforts and ability to write, award and montori contracts, management of travel requirements, and workforce development and training sufficient to achieve project outcomes. (10 points)
- Evidence that the organization's staff members and coalition have experience providing services to the priority population(s) or describes plans to hire staff or recruit for coalition membership those who have experience working with the priority population(s). (3 points)

Implementation Readiness (20): The extent to which the applicant can provide evidence of:

- Community coalition leadership and management to readily implement requirements with minimal start up time (< six months). (5 points)
- An established active community coalition in place that promotes equitable engagement of all partners, including community experts, with a history of success that meets the requirements identified in the Collaboration section such as diversity in community coalition membership and past use of the Community Based Participatory Approach; partnership development and coordination to leverage resources and maximize reach and impact; and can support the recipient in executing and monitoring NOFO activities. (10 points)
- At least two letters of support from members of the community coalition that include a specific description of their role in the proposed work to improve the health of the priority community population(s). (3 points)

- A letter from the State Chronic Disease Director that acknowledges: 1) the applicant is applying for this NOFO; 2) the proposed priority population(s); and 3) the geographic area in the state where work is proposed. (2 points).

Budget **Maximum Points:** 0

The Budget is required and must identify the specific costs for each proposed Component (e.g., A and B) of the NOFO. The budget will be reviewed but not scored and will assess whether the budget aligns with stated objectives and planned program activities and includes:

- A feasible and detailed itemized budget and narrative that follows the guidance in the Budget Narrative section
- At least 10% of the proposed total annual budget to support overall evaluation activities
- CDC recommends a full time equivalent to serve as the program manager who will be responsible for the day-to-day management of the implementation of activities
- CDC recommends that the applicant allocate funds for community member compensation participating on coalition

A required recipient training meeting will be scheduled in the first budget year. Applicants should budget for at least five staff to participate for up to five days (tentative training site is Atlanta GA).

c. Phase III Review

Objective review panels will evaluate complete, eligible applications in accordance with the "Phase II Review" criteria section of the NOFO and score and rank applications. The following factors also may affect the funding decision:

- If multiple applicants from the same state apply under this NOFO, the highest scoring applicant will be selected for funding
- To ensure maximum U.S. and State coverage and avoid duplicity of work
    - No more than 4 awards per state will be made
    - At least two awards will be made for each of the five priority populations
    - No awards will be made for similar work in the same geographic area

CDC will provide justification for any decision to fund outside of ranked order of scores.

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

Successful applicants will receive an electronic copy of the Notice of Award (NOA) from the CDC Office of Grants Services (OGS) by August 30, 2023.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

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

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

- AR-7: Executive Order 12372 Review
- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act Requirements
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR 32 - Enacted General Provisions
- AR-34: Language Access for Persons with Limited English Proficiency
- AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

Organization Specific ARs:AR-8: Public Health System Reporting Requirements AR-15: Proof of Nonprofit Status (for nonprofit organizations) AR 23: Compliance with 45 C.F.R. Part 87

For more information on the CFR visit http://www. access.gpo.gov/ nara/cfr/cfr-table-search.html

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

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

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

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan	6 months into award.	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Annual Evaluation Report and Data on Performance Measures	Due annually August 31.	Yes
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends.	Yes
Final Performance and Financial Report	90 days after end of period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due October 30; January 30; April 30; July 30.	Yes
Success Stories	Due on August 31 in Year 3 and Year 5.	Yes
Component B only - REDCap System	Quarterly reports due October 30; January 30; April 30; July 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.

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance,
- Include a signed dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances), and
- Include a list of proposed activities, an itemized budget, and a narrative justification of those activities.

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

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

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period through the Payment Management System (PMS). The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required

information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

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

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

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

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

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

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

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an

allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

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

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

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

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

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

5) Contents of Reports: The reports must contain:

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

6) Subagreements. The recipient must include this reporting requirement in all applicable

subgrants and other subagreements.

6. Termination

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Laura

Last Name:
Kettel Khan
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 Nutrition, Physical Activity, and Obesity

Telephone:

Email:
REACH2314@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:
Office of Financial Resources (OFR)
Office of the Chief Operating Officer (OCOO) Centers for Disease Control and Prevention (CDC)

Telephone:

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

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

Memorandum of Understanding (MOU)

Bona Fide Agent status documentation, if applicable

- Additional Optional Attachments, as determined by CDC programs:
    - Two letters of support/involvement for proposed community coalition (required)
    - Letter of acknowledgment from the State Chronic Disease Director (required)
    - OFR Risk Assessment Questionnaire (required)

Evidence-based strategies: This NOFO incorporates strategies from a variety of publications and expert recommendations:

- Dietary Guidelines for Americans 2020-2025
- Physical Activity Guidelines for Americans, 2nd edition
- Community Preventive Services Task Force Recommendation for Built Environment Interventions to Increase Physical Activity
- The Surgeon General's Call to Action to Promote Walking and Walkable Communities
- Surgeon General's Call to Action to Support Breastfeeding
- CDC Community Guide Worksite Programs
- CDC Food Service Guidelines
- National Health and Safety Performance Standards Guidelines for Early Care and Education Programs
- Recommendation: Obesity in Children and Adolescents: Screening | United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)
- Best Practices for Comprehensive Tobacco Control Programs;
- The Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease;
- CDC Adult Immunization Guidance

Healthy People 2030: This NOFO supports a number of Healthy People 2030 topic areas:

- Overweight & Obesity
- Nutrition & Healthy Eating
- Physical Activity
- Infants
- Neighborhood & Built Environment
- Transportation
- Social & Community
- Diabetes

- Heart Disease & Stroke
- Cancer
- Tobacco
- Health Care Access & Quality
- Infectious Disease

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

Activity-friendly Route: Pedestrian, bicycle and public transit transportation system that

offer a direct and convenient connection with everyday destinations, offering physical protection from cars, and making it easy to cross the street. These can include crosswalks, protected bicycle lanes, multi-use trails, and pedestrian public transit bridges. Source: Activity-Friendly Routes to Everyday Destinations | Active People, Healthy Nation | Physical Activity | CDC

Allowable cost: A cost that is: (1) reasonable for the performance of the award; (2) allowable in conformance with any limitations or exclusions set forth in the Federal cost principles applicable to the organization incurring the cost or in the Notice of Award as to the type or amount of cost; consistent with regulations, policies, and procedures of the recipient that are applied uniformly to both federally supported and other activities of the organization; (5) accorded consistent treatment as a direct or indirect cost; (6) determined in accordance with generally accepted accounting principles; and (7) not included as a cost in any other federally supported award (unless specifically authorized by statute).

Behavioral Design: The practice that uses cognitive, emotional, behavioral, and informational strategies to create food environments that support healthier choices. Behavioral design in food service modifies the way foods and beverages are prepared, placed, presented, promoted, and priced. This includes offering healthier foods and beverages as the default option, which requires customers use extra effort to get less healthy options. In addition, behavioral design optimizes building layout, design, and construction to make the overall dining experience more enjoyable.

Capacity: An organization's ability to achieve its mission effectively and to sustain itself over the long term. Capacity also refers to the skills and capabilities of individuals.

Capacity Building: The process of improving an organization's ability to achieve its mission. It includes increasing skills and knowledge; increasing the ability to plan and implement programs, practices, and policies; increasing the quality, quantity, or cost-effectiveness of programs, practices, and policies; and increasing sustainability of infrastructure or systems that support programs, practices, and policies.

CDC's Spectrum of Opportunities: Guidance on embedding obesity prevention efforts into state-level ECE systems. It provides nine avenues for states and communities to consider when working to improve nutrition, physical activity, and breastfeeding support in ECE programs of all types. The framework guides states and communities to help ECE programs and providers meet national obesity prevention standards for nutrition, physical activity, and breastfeeding. This term is sometimes shortened to CDC's Spectrum Areas.

Community Based Participatory Approach: A joint effort that involves public health and community representatives in all phases of the program delivery process (i.e., planning, implementation, and evaluation). The joint effort engages community members, employs local knowledge in the understanding of health problems and the design of strategies, and invests community members in the processes and products.

Community-Clinical Linkages: Collaborations with partners to increase referral and access to community-based health programs for the priority population(s).

Community Supported Agriculture is community of individuals who support a farm operation, with the growers and consumers providing mutual support and sharing the risks and benefits of food production.

Culturally Preferred Foods are safe and nutritious foods that meet the diverse tastes and needs of customers based on their cultural identity.

Complete Streets policies: Policies that support routine context sensitive design and operation of streets and communities that are safe for all pedestrians, regardless of age, ability, or transportation mode. Key features found on Complete Streets include sidewalks, protected bike ways, special bus lanes, comfortable and accessible transit stops, frequent crossing opportunities, median islands, accessible pedestrian signals, and curb extensions. Source: Complete Streets - Smart Growth America

Continuity of Care in Breastfeeding Support: Consistent, collaborative, and seamless delivery of high-quality services for families from the prenatal period until no longer breastfeeding. Continuity of care results in transitions of care that are coordinated and fully supportive of families throughout their breastfeeding journey.

Early Care and Education (ECE) programs include many types of child care, such as child care centers, family child care homes (also known as in-home child care), preschool and prekindergarten programs, and Head Start and Early Head Start.

Everyday Destinations: Everyday destinations are places people can safely and easily get to from where they live or work by walking, bicycling, or using transit systems. Some examples include homes, workplaces, grocery stores, schools, libraries, parks, restaurants, cultural and natural landmarks, or health care facilities. They are often desirable, useful, and attractive. Source: Activity-Friendly Routes to Everyday Destinations | Active People, Healthy Nation | Physical Activity | CDC

Family Healthy Weight Programs: Family healthy weight programs are evidence-based, guideline-recommended programs that are effective at reducing excess weight and improving health among children and their caregivers. These comprehensive, intensive, behavioral lifestyle interventions are for children ages 2-18 years and their families, include 26 or more hours of intervention contact over 2-12 months, and are focused on nutrition, physical activity and behavior change strategies. CDC recognized Family Healthy Weight Programs are consistent with the USPSTF Grade B Recommendation for Child Obesity.

Farm to Early Care and Education (Farm to ECE) is a set of strategies and activities that offers young children in ECE programs increased exposure and access to local produce, opportunities to learn about nutrition and agriculture, and hands-on learning through gardening.

Food service guidelines are specific standards for healthier food and beverages and food service operations. They can include standards for food and nutrition; facility efficiency; environmental support; community development; food safety; and behavioral design. Food

service guidelines are used in venues such as cafeterias, cafés, grills, snack bars, concession stands, micro markets, and vending machines. The venues can be in worksites (such as hospitals; colleges and universities; private workplaces; and state, local, or tribal government facilities) and community settings (such as parks, recreational centers, and stadiums). They can also be used at organizational meeting places and events, or as a part of programs. Food service guidelines **do not apply** to food served to children in childcare or school settings that are governed by federal laws and regulation, including the National School Lunch Program, the School Breakfast Program, the Child and Adult Care Food Program, and the Summer Food Service Program.

Food Service Guidelines for Federal Facilities: Developed to improve food service at federal facilities but can be used as a model in public and private settings within your state or community. It is one of the most comprehensive sets of food service guidelines available. It contains standards for food and nutrition, facility efficiency, environmental support, community development, food safety, and behavioral design. The food and nutrition standards align with the *2020-2025 Dietary Guidelines for Americans*. Because of these features, the *Food Service Guidelines for Federal Facilities* is recommended for use in food service venues in various settings in your state or community.

Form Based Codes: A form-based code fosters predictable built results and a high-quality public realm by using physical form (rather than separation of uses) as the organizing principle for the code. A form-based code is a local regulation that offers an alternative to conventional zoning regulation. Form-based codes address the relationship between building facades and the public realm, the form and mass of buildings in relation to one another, and the scale and types of streets and blocks. Source: https://formbasedcodes.org/definition/

Fruit and vegetable voucher incentive program: Program increases the purchase of fruits and vegetables by providing cash incentives as vouchers at the point of purchase among priority populations. Incentives can be redeemed at farmers markets, grocery stores, mobile markets, or through community supported agriculture (CSA) shares.

Health systems: The health systems referenced in the NOFO are health care delivery organizations and may include health maintenance organizations (HMOs), Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs) and other clinical groups operating within the state.

Healthy food procurement: The act of purchasing foods and beverages that align with food service guidelines/nutrition standards through statewide procurement or acquisition mechanisms, such as bulk food contracts. Healthier food procurement policies and practices maximize the collective purchasing power of state, local, and community-based institutions to increase the supply of and access to healthier foods in large food service operations or distribution programs.

Immunity: Protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.

Immunization: A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with vaccination or inoculation.

Incentives for active transportation projects: administrative procedures that prioritize investments in activity-friendly routes (i.e., pedestrian, bicycle, or transit transportation networks) as part of Statewide Transportation Improvement Programs at the state level, or the Transportation Improvement Program, at the metropolitan regional level. These programs are short-term plans that include those projects that have been selected as priorities for Federal transportation investments. They flow from projects included in the long-term transportation plan (see master plans), which is a longer term regional and statewide transportation planning process spanning decades. Source: https://t4america.org/wp-content/uploads/2016/09/Nashville-Case-Study.pdf

Land use or Environmental design: Land use refers to how the land can be used and what can be built on it**.** Land use policy goals include mixed land use (such as neighborhoods that combine restaurants, offices, housing, or shops), increased residential density (such as sustainable, compact development with affordable housing that include smaller and multi-family homes), community destinations that are accessible and close to each other, and access to public parks or public recreational facilities. Source: Adapted from Task Force Finding and Rationale Statement (reformatted to definition from table w/ examples): https://www.thecommunityguide.org/sites/default/files/assets/PA-Built-Environments.pdf

Master Plans: An official document adopted by a local or regional government that serves as a guide for making land-use changes, preparing capital improvement programs (like active transportation, parks, trails and greenways), and determining the rate, timing, and location of future growth. Source: Making Healthy Places Glossary (planning-org-uploaded-media.s3.amazonaws.com

National Caring for our Children Standards: Standards that can be used to improve nutrition, physical activity, breastfeeding and screentime in ECE programs include 47 high-impact obesity prevention standards. States can include these best practice standards in different aspects of ECE work to promote the development of healthy habits in young children.

Produce prescription program: Program a medical or preventive treatment program that provides healthcare providers with coupons that they can prescript to patients experiencing or at risk of chronic disease or food insecurity to obtain fresh produce at farmers market, grocery stores, or other retail food outlets. Robust programs also offer nutrition education opportunities.

Risk factors, conditions, and diseases: Nutrition, physical activity, tobacco, sleep, excessive alcohol use, maternal and infant health, Alzheimer's, arthritis, diabetes, cancer, chronic obstructive pulmonary disease, heart disease and stroke, and oral health.

Routine Vaccines: vaccines recommended for everyone in the United States, depending on age and vaccine history

Safe routes: Safe Routes is a comprehensive approach to improve safety and security for everyone walking, bicycling, and wheelchair rolling. Safe Routes approaches such as Safe Routes to School and Safe Routes to Parks include infrastructure improvements and better traffic laws, safety education, and incentives to encourage walking and bicycling to community destinations

Settings: Early care and education, schools, worksites, community, health care system, etc.

Systems level change in ECE occurs when activities are focused on embedding the 47 national standards contained in Caring for our Children into the state's ECE system, as outlined in the Spectrum of Opportunities. Changes to a state's ECE system has the greatest potential for statewide impact.

Transit systems: Transit systems help ensure that people can reach everyday destinations, such as jobs, schools, grocery stores and healthcare facilities, safely and reliably. Transit services play an important role for people who are unable to drive, including those without access to personal vehicles, children, individuals with disabilities, and older adults. Transit systems include a variety of transit options such as buses, light rail, and subways. These systems are available to the public, may require a fare, and run at scheduled times. Source: Adapted from HI-5 website.

Unallowable cost: A cost specified by law or regulation, Federal cost principles, or term and condition of award that may not be reimbursed under a grant or cooperative agreement.

Vaccination: The act of introducing a vaccine into the body to produce protection from a specific disease.

Vision Zero: Vision Zero sets clear goals to achieve a shared goal of zero fatalities and severe injuries for people walking and biking (as well as other road users). Vision Zero is a multidisciplinary approach that brings together diverse coalitions to address this complex problem. It calls on meaningful, cross-disciplinary collaboration among local traffic planners and engineers, policymakers, and public health professionals and others to ensure safe mobility. Vision Zero recognizes that the road system should be designed to ensure that people walking and biking (and other road users) are not severely injured or killed when they or other road users make a mistake. This means that system designers and policymakers are expected to improve the roadway environment, policies (such as speed management), and other related systems to lessen the severity of crashes.
Source: https://visionzeronetwork.org/about/what-is-vision-zero/