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NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH
PROMOTION

State Public Health Approaches to Addressing Arthritis

CDC-RFA-DP-23-0001

04/03/2023

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-DP-23-0001. 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:

State Public Health Approaches to Addressing Arthritis

C. Announcement Type: New - Type 1:

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

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP-23-0001

E. Assistance Listings Number:

93.945

F. Dates:

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

02/03/2023

2. Due Date for Applications:

04/03/2023

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

3. Due Date for Informational Conference Call:

January 24, 2023

A 60-minute informational call will be held on 1/24/2023 from 1:00 pm to 2:00 pm US Eastern Standard Time.

Join ZoomGov Meeting

at: <https://cdc.zoomgov.com/j/1603165329?pwd=MlRzS0tydXAxK0RyS1hFMUVxazFhdz09>

In addition, an email address has been established to receive and respond to NOFO questions: CDC-RFA-DP-23-0001@cdc.gov. NOFO questions and answers will be made available at: www.cdc.gov/arthritis.

G. Executive Summary:

1. Summary Paragraph

The purpose of this NOFO is to support statewide dissemination of arthritis-appropriate, evidence-based interventions (AAEBIs) and referral pathways to increase AAEBI access and enrollment, increase provider physical activity counseling for arthritis management, reduce health disparities, and reduce inactivity among adults with arthritis. AAEBIs and physical activity assessment and counseling will be available and accessible to people with arthritis including those who are disproportionately affected by arthritis, such as those from high burden and underserved populations and communities.

The NOFO will fund 2 Components. Component A will focus on capacity and infrastructure building to support statewide AAEBI dissemination and raising awareness about the importance of physical activity counseling for arthritis management and AAEBIs among healthcare providers. Component B will support expansion and scaling up efforts statewide, including expanding pathways and systems changes to support AAEBI dissemination, implementation and enrollment, and physical activity assessment and counseling for arthritis management by providers and other health professionals. Component A eligibility is open only to applicants who are not currently funded by the CDC Arthritis Program through the CDC-RFA-DP21-2106 or CDC-RFA-DP18-1803 cooperative agreements in order to increase national capacity and geographic diversity of arthritis activities and impacts. Component B eligibility is unrestricted.

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

13

Component A: 6 to 10 awards

Component B: 5 to 7 awards

d. Total Period of Performance Funding:

\$18,500,000

e. Average One Year Award Amount:

\$300,000

Component A: range per award- \$200,000 to \$300,000

Component B: range per award- \$375,000 to \$550,000

f. Total Period of Performance Length:

5 year(s)

g. Estimated Award Date:

July 01, 2023

h. Cost Sharing and / or Matching Requirements:

No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

More than 58 million adults in the United States have arthritis, a leading cause of work-related disability. Many adults with arthritis have moderate or severe joint pain and approximately 44% of adults with arthritis report limitations, including trouble doing daily activities. Further, arthritis and arthritis-attributable activity limitations are most prevalent among adults with worse physical and mental health profiles and greater social disadvantage.

Specific outcomes expected by the end of the period of performance for this NOFO are:

- Increased [Arthritis Appropriate Evidence Based Interventions \(AAEBI\)](#) enrollment resulting from sustainable strategies.
- Increased number/percent of adults with arthritis who get physical activity counseling for arthritis management from a health care provider.
- Reduced disparities in arthritis management and outcomes among adults with arthritis.

To accomplish these outcomes, the NOFO requires the following strategies:

- collaborate with key stakeholders and leverage national and state public health and healthcare initiatives, and CDC funded programs,
- support AAEBI dissemination, implementation and referral pathways,
- implement strategies that support physical activity (PA) assessment and counseling for arthritis management, and referral to AAEBIs,
- implement marketing and outreach strategies,
- train and educate healthcare providers and other health professionals, and
- reach populations disproportionately affected by arthritis.

These strategies to help adults manage their arthritis described above can help improve arthritis outcomes and address activity limitations by increasing physical activity and other self-management behaviors thereby reducing pain and disability and restoring physical function associated with arthritis. One in 3 adults with arthritis is inactive and a past study showed that only 11% have taken part in an educational program or course to manage their arthritis. Though research shows that primary care providers are recommending physical activity in general to

patients with arthritis 58% percent of the time, there is room for increasing patient counseling, improving the quality of the counseling itself and relating it to arthritis-specific physical activity benefits, and increasing referrals to proven interventions. Currently, 65.5% of primary care providers do not recommend AAEBIs for patients with arthritis; the most common reported barrier is that the provider was not aware of these specific interventions. People with arthritis face barriers to physical activity such as fear of worsening arthritis pain and progression. These barriers can be effectively addressed through education and training to support improved physical activity counseling by providers, including physical activity assessments. Arthritis can be better managed, and symptoms improved through routine physical activity and participation in self-management education programs. Low-cost AAEBIs proven to decrease arthritis pain and disability and/or improve quality of life are available in geographic pockets across the US but are underused by people who can benefit from them. Lack of awareness about AAEBIs, their benefits, and how to access them remain a challenge and a barrier to participation in these programs. Lack of widespread availability in local communities is a barrier against providers recommending these programs and participation in them. Increasing AAEBI offerings, with greater geographic dispersion and greater promotion, may increase participation.

b. Statutory Authorities

This program is authorized under the Public Health Service Act § 301(a) and 317(k)(2), 42 U.S.C. § 241(a) and 247b(k)(2), as amended.

c. Healthy People 2030

This notice of funding opportunity addresses Healthy People 2030 [Health Conditions](#) and [Health Behaviors](#) topic areas, with a specific focus on the [arthritis](#) health condition and [physical activity](#) health behavior through the following objectives:

- [Reduce the proportion of adults with provider-diagnosed arthritis who experience severe or moderate joint pain.](#)
- [Reduce the proportion of adults with arthritis whose arthritis limits their work.](#)
- [Reduce the proportion of adults with arthritis whose arthritis limits their activities.](#)
- [Increase the proportion of adults with arthritis who get counseling for physical activity.](#)

d. Other National Public Health Priorities and Strategies

This NOFO supports the following national strategies and evidence-based recommendations promoting physical activity and chronic disease self-management:

- [2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee](#)
- [A National Public Health Agenda for Osteoarthritis 2020](#)
- [Exercise is Medicine](#)
- [National Pain Strategy: A Comprehensive Population Health Level Strategy for Pain](#)
- [United States Preventive Services Taskforce: Physical Activity Findings](#)
- [Pathways to Population Health Equity Framework](#)
- [Active People, Healthy Nation | Physical Activity | CDC](#)
- [Physical Activity Guidelines for Americans, 2nd Edition | health.gov](#)
- [Pain Management Best Practices Inter-Agency Task Force Report | HHS.gov](#)

- [Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities | Physical Activity | CDC](#)
- [Administration for Community Living \(ACL\) advocates across the federal government for older adults, people with disabilities, and families and caregivers](#)
- [Building Healthy Inclusive Communities through the National Center on Health, Physical Activity and Disability \(NCHPAD\)](#)

e. Relevant Work

This NOFO builds upon [CDC-RFA-DP18-1803 State Public Health Approaches to Addressing Arthritis](#), [CDC-RFA-DP21-2106 Advancing Arthritis Public Health Priorities through National Organizations](#), and [CDC-RFA-OT18-1802 Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health](#). In combination with the currently funded 13 state programs and 5 national partners, AAEBIs have been offered in 50 states, Washington DC and American Samoa, and have reached more than 300K US adults. These efforts support AAEBI dissemination, walking promotion and physical activity counseling for arthritis management and AAEBIs referrals among healthcare providers.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
COMPONENT A <u>STRATEGY 1</u> Establish capacity and infrastructure to sustainably and equitably disseminate AAEBIs <u>STRATEGY 2</u> Raise awareness about arthritis management strategies among healthcare providers (HCPs) COMPONENT B <u>STRATEGY 1</u> Expand on sustainably and equitably disseminating AAEBIs <u>STRATEGY 2</u> Expand on strategies to increase physical activity (PA) assessments and PA counseling and referral pathways to AAEBIs among HCPs and other organizations	COMPONENT A & B Increased availability and accessibility of AAEBIs Increased number of HCPs reached Increased awareness about the benefits of AAEBIs and PA counseling for arthritis Increased referrals to AAEBIs (O1) Increased AAEBI enrollment resulting from sustainable strategies Increased activities focused on reducing health disparities Increased collection and use of state arthritis burden data COMPONENT B Increased awareness of PA assessment and counseling, and referral to AAEBIs Increased use of electronic systems to support PA assessment and counseling for arthritis, and referral to AAEBIs Increased HCP PA assessment and counseling for arthritis, and referral to AAEBIs	(O2) Increased number/percent of adults with arthritis who get provider counseling about physical activity for arthritis management Improved arthritis management behaviors, including among populations disproportionately affected by arthritis	Reduced, or no increased, inactivity among adults with arthritis, including among populations disproportionately affected by arthritis Reduced proportion of adults with arthritis with severe joint pain, including among populations disproportionately affected by arthritis Reduced proportion of adults with arthritis-attributable activity limitations, including among populations disproportionately affected by arthritis (O3) Decreased disparities in arthritis management and outcomes among adults with arthritis

i. Purpose

The purpose of this NOFO is to support statewide dissemination of arthritis-appropriate, evidence-based interventions (AAEBIs) and referral pathways to increase AAEBI access and enrollment, increase provider physical activity counseling for arthritis management, reduce health disparities, and reduce inactivity among adults with arthritis. AAEBIs and physical activity assessment and counseling will be available and accessible to people with arthritis including those who are disproportionately affected by arthritis, such as those from high burden and underserved populations and communities.

ii. Outcomes

Component A and B recipients are expected to achieve the following outcomes by the end of the period of performance for this NOFO. (these are also bolded in the logic model.)

- Increased [Arthritis Appropriate Evidence Based Interventions \(AAEBI\)](#) enrollment resulting from sustainable strategies.
- Increased number/percent of adults with arthritis who get health care provider counseling about physical activity for arthritis management.
- Reduced disparities in arthritis management and outcomes among adults with arthritis.

iii. Strategies and Activities

COMPONENT A

The following strategies and activities are expected of recipients during the 5-year performance period for Component A. Applicant needs to provide an appropriate response to each activity under the two Strategies. *References to non-federal resources are provided as examples and do not constitute or imply endorsement by CDC or the U.S. Department of Health and Human Services of any particular organization, product, or service.*

STRATEGY 1: Establish statewide capacity and infrastructure to sustainably disseminate AAEBIs, maintain AAEBI availability, and implement strategies to sustain access to and delivery of selected AAEBIs. It is expected that the recipient will have enrolled a minimum of either 7,500 adults or 1% of the total number of adults with arthritis in the state with AAEBIs (as evidenced by enrollment and attendance of at least 1 class/session) by the end of the 5-year period of performance. Note: enrollment numbers may include all adults 18 and older participating in an AAEBI regardless of their arthritis status. Planned AAEBI enrollment should be reflected in outcome and performance measure targets proposed by applicants in their Evaluation and Performance Measurement Plans. To address this strategy, recipients must implement the following activities:

Activity 1: Build capacity and infrastructure to disseminate at least TWO AAEBIs statewide. Recipients must select AAEBIs from the list of recognized AAEBIs found on the Osteoarthritis Action Alliance (OAAA) website: <https://oaaction.unc.edu/aaebi/>. *(The OAAA, funded by CDC, under cooperative agreement CDC-RFA-DP21-2106, reviews evidence-based interventions with an independent objective workgroup to identify community-based programs that meet established criteria to be recognized as an arthritis-appropriate, evidence-based intervention (AAEBI))*

For this activity the applicant at a minimum must:

- a. Select **two or more AAEBIs** to disseminate statewide. Describe and justify the current and future capacity and infrastructure that can support the dissemination and delivery of these AAEBIs, target population(s) that will be reached, and anticipated annual AAEBI participant enrollment over the 5-year period of performance. Applicants are encouraged to select an AAEBI that includes digital communication strategies such as web-based interactive content, telephone sessions with intervention providers or automated voice messages and reminders, text messages and reminders, email use, or Apps with goal setting, activity tracking and reminder functions. Refer to The Community Guide [recommendation](#) “Physical Activity: Digital Health Interventions for Adults 55 Years and Older” for more information. AAEBIs selected under Strategy 1 can also be used under Strategy 2. CDC strongly encourages engaging organizations to help support the cost of trainings and materials required to disseminate and deliver AAEBIs on an ongoing basis to facilitate commitment and program sustainability, and limit use of CDC-RFA-DP-23-0001 project funds for Strategy 1 to supporting AAEBI start-up costs.
- b. Describe **marketing and recruitment strategies**, and **quality improvement processes** to maximize AAEBI awareness and availability and enrollment. Refer to National Council on Aging’s [Marketing & Recruitment Tools](#), [Action ON Arthritis Platform](#) and [StandUp2OA - Osteoarthritis Action Alliance](#) sites for additional information.
- c. Describe which and how **organizations** will be engaged to support selected interventions’ dissemination, marketing, recruitment and/or referrals and related activities. CDC strongly encourages collaboration with CDC funded programs such as [CDC’s STEADI Initiative](#), [CDC Work@Health Program](#), [National Diabetes Prevention Program](#), [BRIC](#), [Wisewoman](#), [Alzheimer’s Disease and Healthy Aging](#), [State Physical Activity and Nutrition Program](#) and [High Obesity Program](#), cooperative extension universities, area agencies on aging, local YMCAs and YMCA State Affiliates and/or other fitness facilities, state and local park and recreation facilities, public libraries, faith-based organizations, other community organizations, community medical and social services, government funded healthcare organizations, and healthcare systems. Applicants must provide Letters of Support from participating organizations and name the letters of support document “**AAEBI Partnerships_Letters_of_Support**” and upload it to www.grants.gov. Letters of Support should describe the scope and time frame of commitment and specific activities the partner will carry out during the period of performance in support of cooperative agreement activities.
- d. Demonstrate commitment to review and use the materials found on the [National Association of Chronic Disease Directors’ \(NACDD\) Arthritis Sharing Platform](#) and regularly participate in activities offered by the [NACDD Arthritis Council](#), including technical assistance support, webinars and events, and to review the [Osteoarthritis Action Alliance \(unc.edu\)](#) and [Evidence Based Leadership Council \(eblcprograms.org\)](#) sites for arthritis related information to assist with NOFO requirements during the 5-year period of performance.

Activity 2: Establish and implement at least THREE or more **approaches** to sustain access to and delivery of selected AAEBIs from the following: 1) program locator to help support AAEBI enrollment and referral system(s), 2) program portal to support AAEBI enrollment and tracking of individual enrollees' participation, 3) reimbursement or financing, including health plan benefits coverage or inclusions, 4) combining local parks, trail and greenspace infrastructure changes or interventions with one or more AAEBI(s), 5) incorporation of arthritis strategies into

local or state health department or other public or private state-level organization's strategic plans, 6) engagement of state agency, county government or other large employer (e.g. employers with more than 500 employees in the state) worksite wellness programs to offer AAEBIs or make them accessible to employees, and/or 7) embedding AAEBIs into large or multi-site community organization operations to sustain AAEBI availability beyond the cooperative agreement funding period. For this activity the applicant at a minimum must:

- a. Describe how applicant will implement each selected **approach**, including how applicant and key organizations will be engaged in each proposed approach to support and facilitate ongoing AAEBI access, enrollment and delivery during and beyond the 5-year period of performance. The following are examples/guidance for the seven approaches listed above under Activity 2:
 - For approaches 1 and 2, refer to these examples for [program portals/locators](#) as well as other systems for connecting people with programs and services and managing data such as [Compass](#), [Workshop Wizard](#), [HealtheConnections](#), and [Social Health Access Referral Platforms \(SHARPs\)](#) such [Unite Us](#). A program portal/locator is a tool that can centralize workshops and/or participant data management, generate reports, allow for participant registration and/or referral to a broad range of nationally recognized, evidence-based lifestyle change and chronic disease self-management programs.
 - For approach 3, refer to these examples for reimbursement or financing, including health plan benefits coverage or inclusions- [NCOA's Report on Strategies and Approaches to Medicaid and Medicare Advantage Coverage](#), [Medicaid HCBS waiver programs](#), [Medicare Advantage Plans](#), state agency health plans, or [NRPA's financing-health-and-wellness-programs-toolkit](#).
 - For approach 4, refer to The Community Guide [recommendation](#) on how parks, trails, and greenway infrastructure interventions combined with one or more interventions that support or promote physical activity can increase physical activity. Collaboration with CDC funded programs such as the next iterations of the [State Physical Activity and Nutrition Program](#) and [High Obesity Program](#) can help leverage resources to successfully implement an AAEBI in combination with local parks, trails and greenway infrastructure interventions.
 - For approach 5, access your state or local government agencies or other state-wide public or private organizations' strategic plans and determine if opportunities exist to incorporate language related to arthritis strategies that can be addressed by these organizations' long term planned activities. Recipient should include strategies in the plan that are aligned with one or more of the 9 strategies in the [A National Public Health Agenda for Osteoarthritis: 2020 Update](#).
 - For approach 6, refer to [CDC's Work@Health Program](#) or [Arthritis Foundation's Arthritis@Work](#) and these examples from the North Carolina state agency's [worksite wellness program](#) and Oregon's state agency's [worksite wellness program](#) to help strategize on how to support the availability of AAEBIs through worksite wellness programs.
 - For approach 7, engage local, state and/or local affiliates of national organizations that have the capacity and willingness to *embed* AAEBIs into routine operations to maintain sustainability of the intervention(s). Choose organizations likely to serve

constituents with arthritis, have multiple delivery sites, support program delivery as part of their daily operations, and view delivery of an AAEBI as a way to help the organization meet its mission. Examples are employers, healthcare systems, faith-based organizations, area agencies on aging and senior centers, local YMCAs and/or YMCA State Affiliates, emergency medical services, and other fitness facilities, cooperative extension universities, state and local park and recreation facilities, public libraries, and organizations engaged by other CDC funded programs such as these: [Advancing Arthritis Public Health Priorities through National Organizations](#), [CDC Work@Health Program](#), [National Diabetes Prevention Program](#), [BRIC](#), [Wisewoman](#), [Alzheimer's Disease and Healthy Aging](#), [State Physical Activity and Nutrition Program](#) and [High Obesity Programs](#).

Activity 3: Initiate relevant partnerships and make AAEBIs available and accessible to population(s) or community(s) disproportionately affected by arthritis. Disproportionately affected populations can include, but are not limited to, high burden and underserved populations and communities such as veterans, uninsured/underinsured adults or Medicaid beneficiaries; adults with lower incomes, adults living in rural/sparsely populated areas or other areas lacking health services or AAEBIs; adults with arthritis-attributable work or activity limitations, severe joint pain, or moderate to serious mental distress; and/or adults from racial and ethnic groups with high arthritis prevalence or burden, e.g. American Indian, Alaska Native, African-American or Hispanic/ Latino persons. Lack of program availability and/or program under-enrollment for disproportionately affected populations can exacerbate health disparities. Applicants should partner with at least one key organization serving disproportionately affected populations. Applicant must provide Letter(s) of Support from participating organizations and name the letter(s) of support document **“Disproportionately Affected Pop_Letter_of_Support”** and upload it to www.grants.gov. Letters of Support should describe scope and time frame of commitment and specific activities the partner will carry out during the project period in support of cooperative agreement activities.

For this activity the applicant at a minimum must describe:

- a. Which organization(s) will be engaged and what populations/community(s) will be reached that represent populations disproportionately affected by arthritis; and
- b. Strategies and activities that will make AAEBI's available and accessible to the defined population under this activity.

Activity 4: Collect and use state Arthritis Module BRFSS and other data to: 1) raise awareness about Strategy 1 efforts among engaged organizations and target audience(s), 2) ensure effective targeting of efforts to reach populations or areas of disproportionate burden, 3) guide programmatic activities and investments to improve outcomes, and 4) report on impact of project activities, including process and outcome evaluation measures defined under the Evaluation and Performance Evaluation Strategies sections. Applicant must collaborate with the state health department BRFSS coordinator to fund and/or collect appropriate BRFSS Arthritis data throughout the 5-year period of performance. Applicant must provide a Letter of Support from the appropriate state health department BRFSS representative indicating commitment to support BRFSS needs for this NOFO. Applicants must name the file **“BRFSS_Letter_of_Support”** and upload it to www.grants.gov.

For this activity the applicant at a minimum must describe:

- a. How and which data will be collected to raise awareness about Strategy 1 efforts among its engaged organizations and target audiences.
- b. How and which data will be used to ensure effective targeting of efforts to reach populations or areas of disproportionate burden.
- c. How and which data will be used to guide programmatic activities and investments to improve outcomes.
- d. How and which data will be used to report on impact of project activities.

STRATEGY 2: Raise awareness about physical activity counseling and availability of AAEBIs among **healthcare providers**. Track healthcare provider exposure to communication and awareness raising efforts over a 5-year period of performance. To address this strategy, applicant must implement the following activities:

Activity 1: Increase healthcare providers' awareness about physical activity counseling and AAEBIs for patients with arthritis to help them manage arthritis. During the 5-year period of performance, recipient is to collaborate with CDC Project Officers and NACDD (funded under CDC-RFA-DP21-2106 Component 1 and 2) to help further define activities for this strategy, including (but not limited to) identifying and disseminating existing awareness-raising tools and resources, and obtaining technical assistance related to provider physical activity counseling strategies. For this activity the applicant at a minimum must:

- a. Propose an approach describing how applicant intends to strategically raise awareness about physical activity counseling and AAEBIs for arthritis management among healthcare providers. Activities to raise awareness about physical activity counseling and AAEBIs for patients with arthritis should include content that encourages healthcare providers to learn more about physical activity guidelines and counseling considerations for adults with arthritis. The recipient is encouraged to utilize evidence-based sources such as the American College of Rheumatology (ACR) [clinical guidelines](#) for osteoarthritis, including recommendations for types of physical activity, and the [Physical Activity Guidelines for Americans](#) recommendations for frequency, intensity and duration of physical activity for adults with arthritis, to address the requirements of this activity. Tools such as the [Osteoarthritis Exercise is Medicine](#) and [Exercise is Medicine® \(EIM\) Rx](#) from the American College of Sports Medicine can help healthcare providers assess their patients' current physical activity levels and prescribe physical activity based on these levels and their health status. In addition to physical activity counseling, the healthcare provider should be made aware of and encouraged to refer their patients with arthritis to AAEBIs. Applicant is encouraged to review this [article](#) and utilize these [tools](#) that address referrals to AAEBIs.
- b. Demonstrate commitment to collaborate with CDC Project Officers and NACDD staff funded under CDC-RFA-DP21-2106 in defining activities for this strategy, identifying/disseminating existing awareness-raising tools and resources, and obtaining technical assistance to effectively implement activities over the 5-year period of performance.
- c. Describe how applicant intends to engage with key organizations to increase healthcare providers' awareness about physical activity counseling and AAEBIs. CDC encourages

development or promotion of continuing education courses, webinars, professional conference presentations, and/or health care provider toolkits to raise awareness about physical activity counseling. Academic detailing, social media and other marketing strategies are also encouraged. Refer to these [tools and resources](#), [Action ON Arthritis Platform](#) and [CDC's Communication Center](#) sites for additional information.

Activity 2: Use data to: 1) raise awareness about Strategy 2 efforts among engaged organizations, 2) ensure effective targeting of efforts to reach providers serving populations or areas of disproportionate burden, and 3) report on impact of project activities, including appropriate process and outcome evaluation measures defined under the Evaluation and Performance Evaluation Strategies sections. Recipient must collaborate with the state health department BRFSS coordinator to fund and/or collect appropriate BRFSS Arthritis data. For this activity the applicant at a minimum must describe:

- a. How and which data will be collected to raise awareness about Strategy 2 efforts among its engaged organizations.
- b. How and which data will be used to ensure effective targeting of efforts to reach providers serving populations or areas of disproportionate burden.
- c. How and which data will be used to report on impact of project activities.

COMPONENT B

The following strategies and activities are expected of recipients during the 5-year performance period for Component B. Applicants applying for this component must describe having current infrastructure in place supporting the active dissemination of one or more AAEBIs and systems or established mechanisms in place supporting physical activity counseling for arthritis management, and referral to AAEBIs among healthcare providers. *References to non-federal resources are provided as examples and do not constitute or imply endorsement by CDC or the U.S. Department of Health and Human Services of any particular organization, product, or service.*

STRATEGY 1: Expand on sustainably disseminating arthritis-appropriate, evidence-based interventions (AAEBIs), including program(s) available for remote delivery. It is expected that the recipient will have enrolled a minimum of either 15,000 adults or 2% of the total number of adults with arthritis in the state with AAEBIs (as evidenced by enrollment and attendance of at least 1 class/session) by the end of the 5-year period of performance. Note, enrollment numbers may include all adults 18 and older participating in AAEBI's regardless of their arthritis status. The latter should be reflected in outcome and performance measures proposed by the applicant in the Evaluation and Performance Measurement Plan section of their application. To address this strategy, recipient must implement the following activities:

Activity 1: Expand dissemination of at least TWO AAEBIs. Recipients must use recognized AAEBIs listed on the Osteoarthritis Action Alliance (OAAA) site: <https://oaaction.unc.edu/aaebi/>. *(The OAAA, funded by CDC, under cooperative agreement CDC-RFA-DP21-2106, reviews evidence-based interventions with an independent objective workgroup to identify community-based programs that meet established criteria to be recognized as an arthritis-appropriate, evidence-based intervention (AAEBI)).* For this activity the applicant at a minimum must:

- a. Describe and justify the two or more AAEBIs the recipient will build on, current and future capacity and infrastructure that can support the dissemination of these AAEBIs, target population(s) that will be reached, and anticipated annual AAEBI participant enrollment over the 5-year performance period. Recipients are encouraged to expand on an AAEBI to include digital communication strategies such as web-based interactive content, telephone sessions with intervention providers or automated voice messages and reminders, text messages and reminders, email use, or Apps with goal-setting, activity tracking and reminder functions. Refer to The Community Guide [recommendation](#) “Physical Activity: Digital Health Interventions for Adults 55 Years and Older” for more information. AAEBIs selected under Strategy 1 can also be used under Strategy 2. CDC strongly encourages engaging organizations to help support the cost of trainings and materials required to disseminate and deliver AAEBIs on an ongoing basis to facilitate organization commitment and program sustainability, and limit DP23-2301 project funds for Strategy 1 to supporting AAEBI start-up costs.
- b. Describe existing **outreach, recruitment, marketing and/or communication strategies** and how they will be enhanced to increase AAEBI enrollment, availability, and/or referrals from key organizations, including healthcare providers. Refer to National Council on Aging’s [Marketing & Recruitment Tools](#), [Action ON Arthritis Platform](#) and [StandUp2OA - Osteoarthritis Action Alliance](#) sites for additional information. Applicant should describe a quality improvement process to help assure any challenges are addressed.
- c. Identify and describe how **organizations** are going to be engaged to support selected interventions’ dissemination, referrals to interventions, and related activities. CDC strongly encourages collaboration with CDC funded programs- [CDC’s STEADI Initiative](#), [CDC Work@Health Program](#), [National Diabetes Prevention Program](#), [BRIC](#), [Wisewoman](#), [Alzheimer’s Disease and Healthy Aging](#), [State Physical Activity and Nutrition Program](#) and [High Obesity Programs](#), cooperative extension universities, area agencies on aging, faith-based organizations, public libraries, local YMCAs and/or YMCA State Affiliate and/or other fitness facilities, state and local parks and recreation facilities, community organizations, emergency medical services, government funded healthcare organizations and healthcare systems. Applicant must provide Letters of Support from participating organizations and name the letters of support document “**AAEBI Partnerships Letters of Support**” and upload it to www.grants.gov. Letters of Support should describe scope and time frame of commitment and specific activities the partner will carry out during the period of performance in support of cooperative agreement activities.
- d. Demonstrate commitment to review and use the materials found on the [National Association of Chronic Disease Directors’ \(NACDD\) Arthritis Sharing Platform](#) and regularly participate in activities offered by the [NACDD Arthritis Council](#), including technical assistance support, webinars and events, and to review the [Osteoarthritis Action Alliance \(unc.edu\)](#) and [Evidence Based Leadership Council \(eblcprograms.org\)](#) sites for arthritis related information to assist with NOFO requirements during the 5-year period of performance.

Activity 2: Establish and implement at least **FOUR or more approaches** to sustain access to and delivery of selected AAEBIs from the following: 1) program locator to help support AAEBI enrollment and referral system(s), 2) program portal to support AAEBI enrollment and tracking

of individual enrollees' participation, 3) reimbursement or financing, including health plan benefits coverage or inclusions, 4) combining local parks, trail and greenspace infrastructure changes or interventions with one or more AAEBI(s), 5) incorporation of arthritis strategies into local or state health department or other public or private state-level organization's strategic plans, 6) engagement of state agency or other large employer (e.g. employers with more than 500 employees in the state) worksite wellness programs to offer AAEBIs or make them accessible to employees, and/or 7) embedding AAEBIs into large or multi-site community organization operations to sustain AAEBI availability beyond the cooperative agreement funding period. For this activity the applicant at a minimum must:

- a. Describe how it will implement each selected **approach**, including how applicant and key organizations will be engaged in each proposed approach to support and facilitate ongoing AAEBI access, enrollment and delivery during and beyond the 5-year period of performance. The following are examples/guidance for the seven approaches:
 - For approaches 1 and 2, refer to these examples for [program portals/locators](#) as well as other systems for connecting people with programs and services and managing data such as [Compass](#), [Workshop Wizard](#), [HealtheConnections](#), and [Social Health Access Referral Platforms \(SHARPs\)](#) such as [Unite Us](#). A program portal/locator is a tool that can centralize workshops and/or participant data management, generate reports, allow for participant registration and/or referral to a broad range of nationally recognized, evidence-based lifestyle change and chronic disease self-management programs.
 - For approach 3, refer to these examples for reimbursement or financing, including health plan benefits coverage or inclusions- [NCOA's Report on Strategies and Approaches to Medicaid and Medicare Advantage Coverage](#), [Medicaid HCBS waiver programs](#), [Medicare Advantage Plans](#), state agency health plans, or [NRPA's financing-health-and-wellness-programs-toolkit](#).
 - For approach 4, refer to The Community Guide [recommendation](#) on how parks, trails, and greenway infrastructure interventions combined with one or more interventions that support or promote physical activity can increase physical activity. Collaboration with CDC funded programs such as the next iterations of the [State Physical Activity and Nutrition Program](#) and [High Obesity Program](#) can help leverage resources to successfully implement an AAEBI in combination with local parks, trails and greenway infrastructure interventions.
 - For approach 5, access your state or local government agencies or other state-wide public or private organizations' strategic plans and determine if opportunities exist to incorporate language related to arthritis strategies that can be addressed by these organizations' long term planned activities. Recipient should include strategies in the plan that are aligned with one or more of the 9 strategies in the [A National Public Health Agenda for Osteoarthritis: 2020 Update](#).
 - For approach 6, refer to [CDC's Work@Health Program](#) or [Arthritis Foundation's Arthritis@Work](#) and these examples from the North Carolina state agency's [worksite wellness program](#) or Oregon's state agency's [worksite wellness program](#) for ideas on how to support AAEBIs through worksite wellness programs.
 - For approach 7, engage local, state and/or local affiliates of national organizations that have the capacity and willingness to *embed* AAEBIs into routine operations to

maintain sustainability of the intervention(s). These organizations are likely to serve constituents with arthritis, have multiple delivery sites, support program delivery as part of their daily operations, and support the delivery of an AAEBI to help the organization meet their mission. Examples are employers, healthcare systems, area agency on aging and senior centers, emergency medical services, local YMCAs or YMCA State Affiliate and other fitness facilities, cooperative extension universities, state and local parks and recreation facilities, public libraries, and organizations/stakeholders engaged by other CDC funded programs such as these: [Advancing Arthritis Public Health Priorities through National Organizations](#), [CDC Work@Health Program](#), [National Diabetes Prevention Program](#), [BRIC](#), [Wisewoman](#), [Alzheimer's Disease and Healthy Aging](#), [State Physical Activity and Nutrition Program](#), and [High Obesity Programs](#).

Activity 3: Initiate relevant partnerships and make AAEBIs available and accessible to population(s) or community(s) disproportionately affected by arthritis. Disproportionately affected populations can include, but are not limited to, high burden and underserved populations and communities such as veterans, uninsured/underinsured adults or Medicaid beneficiaries; adults with lower incomes, adults living in rural/sparsely populated areas or other areas lacking health services or AAEBIs; adults with arthritis-attributable work or activity limitations, severe joint pain, or moderate to serious mental distress; and/or adults from racial and ethnic groups with high arthritis prevalence or burden, e.g. American Indian, Alaska Native, African-American or Hispanic/ Latino persons. Lack of program availability and/or program under-enrollment for disproportionately affected populations can exacerbate health disparities. Applicants should partner with at least one key organization serving disproportionately affected populations. Applicant must provide Letter(s) of Support from participating organizations and name the letter(s) of support document **“Disproportionately Affected Pop_Letter_of_Support”** and upload it to www.grants.gov. Letters of Support should describe scope and time frame of commitment and specific activities the partner will carry out during the project period in support of cooperative agreement activities.

For this activity the applicant at a minimum must describe:

- a. Which organizations will be engaged and what populations/community(s) will be reached that represent populations disproportionately affected by arthritis.
- b. The anticipated annual enrollment to AAEBI(s) of the population described under this activity.
- c. Strategies and activities that will make AAEBI's available and accessible to the defined population under this activity.

Activity 4: Collect and use state BRFSS Arthritis Module and other data to: 1) raise awareness about Strategy 1 efforts among engaged organizations, 2) ensure effective targeting of efforts to reach populations or areas of disproportionate burden, 3) guide programmatic activities and investments to improve outcomes, and 4) report on impact of project activities, including process and outcome evaluation measures defined under the Evaluation and Performance Evaluation Strategies sections. Applicant must collaborate with the state health department BRFSS coordinator to fund and/or collect appropriate BRFSS Arthritis data. Applicant must provide a Letter of Support from the appropriate state health department BRFSS representative indicating commitment to support BRFSS needs for this NOFO. Applicants must name the file

“BRFSS_Letter_of_Support” and upload it to www.grants.gov.

For this activity applicant at a minimum must describe:

- a. How and which data will be collected to raise awareness about Strategy 1 efforts among its engaged organizations.
- b. How and which data will be used to ensure effective targeting of efforts to reach populations or areas of disproportionate burden.
- c. How and which data will be used to guide programmatic activities and investments to improve outcomes.
- d. How and which data will be used to report on impact of project activities.

STRATEGY 2: Expand on strategies to increase health care provider assessment of arthritis patient physical activity levels, physical activity counseling for arthritis management and referral pathways to AAEBIs and other relevant care for adults with arthritis and other related co-morbidities. Together with CDC staff and NACDD staff funded under CDC-RFA-DP21-2106 Component 1 and 2, recipient will assess/refine intended 5-year reach and approach, including engagement of health systems, in the first year of the cooperative agreement. To address this strategy, applicant must implement the following activities:

Activity 1: Expand on approaches to raise awareness, knowledge and practical application of healthcare provider assessment of physical activity levels, increase physical activity counseling for arthritis management and increase referrals to AAEBIs and other relevant care for adults with arthritis and related co-morbidities. Applicant is encouraged to review the American College of Rheumatology (ACR) [clinical guidelines](#) for osteoarthritis and the [Physical Activity Guidelines for Americans](#) to address requirements of this activity. At a minimum the applicant must:

- a. Describe evidence-based or promising approaches currently being implemented to educate and train healthcare providers and other organizations, including marketing strategies, about the benefits of assessing physical activity levels, conduct physical activity counseling for arthritis management and refer patients with arthritis to AAEBIs or other interventions and other relevant care; and how these approaches will be enhanced or expanded to achieve intended NOFO outcomes. Refer to these [tools](#) and [resources](#) for examples of continuing education and marketing strategies. This [article](#) describes practical strategies for assessing patient physical activity levels in primary care. Additional tools such as the [Osteoarthritis Exercise is Medicine](#) and [Exercise is Medicine® \(EIM\) Rx](#) from the American College of Sports Medicine can help healthcare providers assess their patients' current physical activity levels and counsel about physical activity based on these levels and their health status. This [article](#) describes a physical activity health promotion model that includes conducting physical activity assessment, counseling and referral to appropriate physical activity intervention, for health care providers. Other resources can be found on the Osteoarthritis Action Alliance (OAAA) [Provider Toolkit](#) and [Pharmacy Toolkit](#) sites.
- b. Describe existing **outreach, recruitment, marketing and/or communication strategies** and how they will be expanded to increase AAEBI enrollment, availability, and/or referrals from key organizations, including healthcare providers. Refer to National

Council on Aging's [Marketing & Recruitment Tools](#), [Action ON Arthritis Platform](#) and [StandUp2OA - Osteoarthritis Action Alliance](#) sites for additional information. Applicant should describe a quality improvement process to identify and ensure challenges are addressed.

- c. Identify and describe how **organizations** are going to be engaged to support selected interventions' dissemination, referrals to interventions, and related activities. CDC strongly encourages collaboration with CDC funded programs- [CDC's STEADI Initiative](#), [CDC Work@Health Program](#), [National Diabetes Prevention Program](#), [BRIC](#), [Wisewoman](#), [Alzheimer's Disease and Healthy Aging](#), [State Physical Activity and Nutrition Program](#) and [High Obesity Programs](#), cooperative extension universities, area agencies on aging, faith-based organizations, public libraries, YMCAs and/or YMCA State Affiliate and/or other fitness facilities, state and local parks and recreation facilities, community organizations, emergency medical services, government funded healthcare organizations and healthcare systems. Applicant must provide Letters of Support from participating organizations and name the letters of support document "**Healthcare Organizations_Letters_of_Support**" and upload it to www.grants.gov. Letters of Support should describe scope and time frame of commitment and specific activities the partner will carry out during the project period in support of cooperative agreement activities.
- d. Demonstrate commitment to review and participate in the [National Association of Chronic Disease Directors' \(NACDD\) Arthritis Sharing Platform](#) and [NACDD Arthritis Council](#) including technical assistance support, webinars and events, and to review the [Osteoarthritis Action Alliance \(unc.edu\)](#) and [Evidence Based Leadership Council \(eblcprograms.org\)](#) sites for arthritis related information to assist with NOFO requirements during the 5-year period of performance.

Activity 2: Establish or expand electronic system(s) to support and help sustain healthcare provider physical activity assessment and counseling for arthritis and referral pathway(s) for AAEBIs and other relevant care.

- a. In partnership with key organizations, describe an evidence-based or promising strategy(s) to support an electronic system to assist healthcare providers to assess physical activity levels, counsel patients about physical activity for arthritis and refer patients to an AAEBI or other relevant care. Refer to these [tools](#) for AAEBI referral processes in the healthcare setting, and these [tools](#) for electronic health record use to support physical activity counseling and referral. Other resources can be found on the Osteoarthritis Action Alliance (OAAA) [Provider Toolkit](#) and [Pharmacy Toolkit](#) sites.
- b. Describe organizations already engaged and how they will be further leveraged, and what populations/community(s) will be reached that represent populations disproportionately affected by arthritis.
- c. Describe plans to track the number of healthcare providers using an electronic system to facilitate assessing physical activity levels, counseling patients about physical activity for arthritis and referring patients to an AAEBI or other relevant care.
- d. Demonstrate commitment to work with CDC and NACDD staff in the first year of the cooperative agreement to assess/refine proposed activities and determine appropriate reach numbers.

Activity 3: Use data to: 1) raise awareness about Strategy 2 efforts among engaged organizations, 2) ensure effective targeting of efforts to reach populations or areas of disproportionate burden, 3) guide programmatic activities and investments to improve outcomes, and 4) report on impact of project activities, including process and outcome evaluation measures defined under the Evaluation and Performance Evaluation Strategies sections. Recipient must collaborate with the state health department BRFSS coordinator to fund and/or collect appropriate BRFSS Arthritis data. For this activity applicant at a minimum must describe:

- a. How and which data will be collected to raise awareness about Strategy 2 efforts among its engaged organizations.
- b. How and which data will be used to ensure effective targeting of efforts to reach populations or areas of disproportionate burden.
- c. How and which data will be used to guide programmatic activities and investments to improve outcomes.
- d. How and which data will be used to report on impact of project activities.

1. Collaborations

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

To successfully implement the strategies and activities proposed under this NOFO, applicants are expected to describe how they have or plan to collaborate with and/or leverage tools, resources and lessons learned resulting from some of the CDC-funded programs and CDC-funded organizations listed below. Applicant must provide Letters of Support from participating organizations and name the letters of support document as “**AAEBI Partnerships_Letters_of_Support**” and upload it to www.grants.gov. Letters of Support should describe scope and time frame of commitment and specific activities the partner will carry out during the period of performance in support of cooperative agreement activities

CDC-funded programs

CDC's Arthritis Program: The Healthy Aging Branch conducts scientific research and collects data on arthritis, and funds state health departments and national organizations to expand the reach of arthritis-appropriate, evidence-based physical activity and self-management education programs. <https://www.cdc.gov/arthritis/index.htm>

CDC's National Diabetes Prevention Program provides information for professionals on screening and referring patients to a lifestyle change program and provides information on how the program can be covered by a health benefit.

<https://www.cdc.gov/diabetes/prevention/index.html> .

CDC's Division of Nutrition, Physical Activity and Obesity: Through various efforts and resources the Division of Nutrition, Physical Activity and Obesity promotes physical activity, walking and walkable communities.

<https://www.cdc.gov/physicalactivity/index.html> and [Building Resilient Inclusive Communities \(BRIC\) Home - National Association of Chronic Disease Directors](#) and [High Obesity 1809 | DNPAO | CDC](#)

CDC's Workplace Health Initiatives: CDC provides national leadership and support for employee health, safety, and well-being in the worksite setting.

<https://www.cdc.gov/workplacehealthpromotion/index.html> .

The WISEWOMAN (Well-Integrated Screening and Evaluation for WOMen Across the Nation) program was created to help women understand and reduce their risk for heart disease and stroke by providing services to promote lasting heart-healthy lifestyles. Working with low-income, uninsured and underinsured women aged 40 to 64 years, the program provides heart disease and stroke risk factor screenings and services that promote healthy behaviors.

<https://www.cdc.gov/wisewoman/index.htm>

CDC's Alzheimer's Disease Program develops evidence-based, scientific information to educate, inform, and assist in translating its research into public health practice.

<https://www.cdc.gov/aging/about/index.htm>

CDC's Falls Prevention Program/STEADI Initiative provides information for organizations on the building blocks of effective fall prevention programs by providing examples, resources, and tips. https://www.cdc.gov/homeandrecreationalafety/falls/community_preventfalls.html

CDC-funded organizations

State Health Departments: State health departments across the country support efforts to improve arthritis outcomes among adults with arthritis. The following link highlights the work of state health departments funded by CDC to implement arthritis evidence-based strategies and programs: <https://www.cdc.gov/arthritis/partners/funded-states.htm>

National Association of Chronic Disease Directors (NACDD): NACDD supports the Arthritis Council to serve as a forum for state health department program managers and other staff to come together to share their experiences, successes, and lessons learned in an effort to make their work more efficient and more effective. <https://www.cdc.gov/arthritis/partners/funded-national.htm> and <https://chronicdisease.org/arthritisprograms/>

National Recreation and Parks Association (NRPA): Since 2013, NRPA, with the support of CDC, has been providing grants to local parks and recreation agencies to deliver the Walk with Ease, Active Living Every Day, and Fit & Strong! arthritis-appropriate, evidence-based interventions. <https://www.nrpa.org/blog/supporting-healthy-aging-through-parks-and-recreation-a-community-of-practice/>

Arthritis Foundation (AF): The AF and CDC's Arthritis Program partner together on a variety of projects, including providing consumer arthritis information and referral services through a toll-free call line and web services; collaborating with the National Council on Aging to market and promote evidence-based online arthritis and chronic disease self-management education programs; and dissemination of the AF's Walk with Ease program through large and multisite work site systems. <https://www.arthritis.org/health-wellness/about-arthritis/understanding-arthritis/arthritis-self-management-what-you-need-to-know>

The Y of the USA: The Y of the USA and CDC's Arthritis Program partner on the implementation of the Enhance®Fitness program and other activities. A growing number of Y branches and associations offer Enhance®Fitness and are exploring other ways to implement arthritis-appropriate, evidence-based interventions. <http://www.ymca.net/enhancefitness>

University of North Carolina (UNC)/Osteoarthritis Action Alliance: UNC together with CDC and others facilitates national public health action addressing osteoarthritis through the Osteoarthritis Action Alliance, and promotes the implementation of Walk with Ease. <http://oaaction.unc.edu/resource-library/for-community-partners/> and <http://oaaction.unc.edu/resource-library/for-health-professionals/for-healthcare-providers/> and <https://oaaction.unc.edu/aaebi/>

Area Agencies on Aging (AAA): AAAs are public or private nonprofit agencies designated by a state to address the needs and concerns of all older persons at the regional and local levels. AAA is a general term—names of local AAAs may vary. CDC Arthritis Program supports AAAs through its cooperative agreements. [Area Agencies on Aging | ACL Administration for Community Living](#)

b. With organizations not funded by CDC:

To successfully implement the strategies and activities proposed under this NOFO, an applicant is expected to directly collaborate with and/or explore tools, resources and lessons learned resulting from organizations listed below. The following is a list of potential partners/organizations not funded by the CDC Arthritis Program whose strategies and activities align with and may help sustain NOFO project activities and improve outcomes. Applicants are encouraged to consider how these partnerships can support NOFO activities. This is for applicants' consideration and is not intended to be an endorsement or exhaustive list. Applicant must provide Letters of Support from participating organizations and name the letters of support document “**AAEBI Partnerships_Letters_of_Support**”, as applicable, and upload it to www.grants.gov. Letters of Support should describe scope and time frame of commitment and specific activities the partner will carry out during the period of performance in support of cooperative agreement activities.

- [Evidence Based Leadership Council \(ebleprograms.org\)](http://ebleprograms.org)
- [Walk with a Doc: inspiring communities through movement and conversation](#)
- [Parkrx](#)
- [Cooperative Extensions | National Institute of Food and Agriculture \(usda.gov\)](http://usda.gov)
- [Federally Qualified Health Centers | hrsa.gov](http://hrsa.gov)
- [Exercise for Arthritis | acsm.org](http://acsm.org)
- [Evidence-Based Programs \(ncoa.org\)](http://ncoa.org)
- [Arthritis Management Community-Based Programs | APTA](#)
- [Arthritis - Exercise is Medicine](#)

2. Target Populations

Target population is all U.S. adults, 18 and older, with arthritis, including those experiencing disproportionate burden.

a. Health Disparities

CDC expects the applicant to promote, disseminate and make AAEBIs available, and conduct other project activities among one or more disproportionately affected populations by working directly with the population and/or through collaborations with organizations that work with and/or have access to these populations. Disproportionately affected populations can include, but are not limited to, high burden and underserved populations and communities such as veterans, uninsured/underinsured adults or Medicaid beneficiaries; adults with lower incomes, adults living in rural/sparsely populated areas or other areas lacking health services or AAEBIs; adults with arthritis-attributable work or activity limitations, severe joint pain, or moderate to serious mental distress; and/or adults from racial and ethnic groups with high arthritis prevalence or burden, e.g. American Indian, Alaska Native, African-American or Hispanic/ Latino persons. Lack of program availability and/or program under-enrollment for disproportionately affected populations can exacerbate health disparities. Component A and B applicants should partner with

at least one key organization serving disproportionately affected populations. Applicant must provide Letter(s) of Support from participating organizations and name the letter(s) of support document “**Disproportionately Affected Pop_Letter_of_Support**” and upload it to www.grants.gov.

iv. Funding Strategy

This NOFO has two Components. Applicants may apply for either Component A or Component B, not both. Applicants must identify the Component they are applying for in the title of their application submission and in the Project Narrative. If not clearly identified, the application will be considered non-responsive and will not be entered into the review process.

Brief description of Component A

Component A focuses on capacity building related to AAEBI dissemination and raising awareness about physical activity counseling for arthritis management among healthcare providers and will fund 6-10 recipients at a maximum annual funding of \$300,000 per recipient, with an average annual award of \$250,000 per recipient. Component A eligibility is open only to applicants who are not currently funded by CDC-RFA-DP21-2106 or CDC-RFA-DP18-1803 national and state arthritis cooperative agreements in order to increase national capacity and geographic diversity of arthritis activities and impacts.

Brief description of Component B

Component B focuses on expansion and scaling up of efforts currently in place for the two Strategies under this component. Component B recipients will support strategies to expand AAEBI dissemination and increase healthcare provider patient assessment of physical activity levels, physical activity counseling for arthritis management, and referral pathways to support access to and availability of AAEBIs for people with arthritis and related co-morbidities. Five (5) to 7 awards at a maximum annual funding of \$550,000 per recipient, with an average annual award of \$450,000 per recipient are planned for Component B. Eligibility is fully open for Component B.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The CDC Evaluation and Performance Measurement Strategy is based on the logic model presented in the NOFO. The logic model indicates in **bold** period of performance outcomes the applicant is expected to address, at minimum, within the applicant’s Evaluation and Performance Measurement Plan. Proposed activities are expected to align with short- and medium-term outcomes in the logic model and contribute towards the attainment of long-term outcomes.

CDC will use [Behavioral Risk Factor Surveillance System \(BRFSS\)](#) questions to assess progress towards the **bolded** medium- and long-term outcomes (O2 and O3) at the state and other levels for each funded applicant. Recipients will be responsible for ensuring BRFSS questions and selected outcome/performance measures are included in their state’s BRFSS questionnaire and asked in all odd years of the cooperative agreement at minimum. This includes providing financial support for these questions, if needed. Applicants must include a letter of support from the appropriate state health department representative for the administration of the BRFSS

survey in their state indicating the required questions will be included through the duration of the 5-year period of performance. Applicants must name the file “**BRFSS_Letter_of_Support**” and upload it to www.grants.gov. Data sources for the **bolded** short-term outcome (O1) and certain performance measures will be determined by the applicant, as indicated below.

Applicants are expected to identify and select a population (or populations) that is/are underserved and/or disproportionately affected by arthritis within their state to be the focus of activities designed to reduce health disparities in arthritis management and outcomes. Applicants are strongly encouraged to select underserved/disproportionately affected population(s) that can be tracked by BRFSS. If characteristics of the selected population(s) cannot be tracked by BRFSS, then the applicant must specify the source and have access to other reliable data to track outcomes for their selected population(s).

Applicants should include an appropriate annual as well as 5-year cumulative target for the state and selected underserved/disproportionately affected population(s) for each outcome and performance measure in their evaluation plan. CDC will work with recipients in the first six months of the period of performance to finalize their evaluation plans. This includes refining the targets for each measure, confirming the selection of underserved/disproportionately affected population(s), and clarifying and/or revising the data collection and analysis strategy as necessary.

Period of Performance Outcomes and Performance Measures:

Period of Performance Outcome Measure (OM)	Performance Measure	Data Source
OM1: Increased AAEBI enrollment resulting from sustainable strategies, within 5 years. ¹	1a. Number of adults (18 and older) enrolled in AAEBIs, within the state and selected underserved/disproportionately affected population(s).	Data source(s) to assess this outcome and performance measure will be determined by the applicant.
OM2: Increased number/percent of adults with arthritis who get health care provider counseling about physical activity for arthritis management, within 5 years.	2a: Percent of adults (18 and older) diagnosed with arthritis who report being counseled by a doctor or other health professional to be physically active or exercise to help manage their arthritis or joint symptoms.	BRFSS Arthritis Module question: <i>Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?</i>

Period of Performance Outcome Measure (OM)	Performance Measure	Data Source
OM3: Reduced disparities in arthritis management and outcomes among adults with arthritis, within 5 years.	Applicant is <i>required to report on Performance Measures 3a-3c</i> and to <i>select at least ONE (1) additional</i> Performance Measure.	
	<i>Required measures:</i>	
	3a: Percent of adults (18 and older) diagnosed with arthritis, within the state and selected underserved/disproportionately affected population(s), who report being physically inactive.	BRFSS Core question: <i>During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?</i>
	3b: Percent of adults (18 and older) diagnosed with arthritis, within the state and selected underserved/disproportionately affected population(s), who report walking for exercise among their top 2 forms of exercise.	BRFSS Core question: <i>What type of physical activity or exercise did you spend the most time doing during the past month?</i>
	3c: Percent of adults (18 and older) diagnosed with arthritis, within the selected underserved/disproportionately affected population(s), who report being counseled by a physician or other health professional to be physically active or exercise to help manage their arthritis or joint symptoms.	BRFSS Arthritis Module question: <i>Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?</i>
	<i>Select at least ONE (1) additional measure from the following:</i>	
	3d: Percent of adults (18 and older) diagnosed with arthritis, within the state and selected underserved/ disproportionately affected population(s), who report they have ever taken an educational course or a class to teach them how to manage problems related to their arthritis	BRFSS Arthritis Module question: <i>Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?</i>

Period of Performance Outcome Measure (OM)	Performance Measure	Data Source
	or joint symptoms.	
	3e: Percent of adults (18 and older) diagnosed with arthritis, within the state and selected underserved population(s), who report arthritis-attributable activity limitations.	BRFSS Arthritis Module question: <i>Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?</i>
	3f: Percent of adults (18 and older) diagnosed with arthritis, within the state and selected underserved/disproportionately affected population(s), who report severe joint pain within the past 30 days.	BRFSS Arthritis Module question: <i>Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be?</i>

¹ Note: The expected cumulative target for AAEBI enrollment within 5-year performance period should be a minimum of either 7,500 enrollees or 1% of the total number of adults (18 and older) with arthritis in the state (as evidenced by enrollment and attendance of at least 1 class/session) for Component A, and a minimum of either 15,000 enrollees or 2% of the total number of adults with arthritis in the state for Component B. State arthritis prevalence will be determined by BRFSS data. Note, enrollment numbers may include all adults 18 and older participating in AAEBI's regardless of their arthritis status.

Recipients will be expected to report on outcome and performance measures annually (or for BRFSS, every odd year). Successes, challenges, lessons learned, and best practices should be collected and reported throughout the period of performance. Progress reports will be used to monitor progress and identify the need for any changes or improvements. Evaluation findings will be used to inform program planning, guide technical assistance provided by CDC to recipients, and describe program impact.

Process Measures: In addition to the outcome and performance measures above, applicants may propose process measures to help track progress towards meeting performance and outcome measure targets. Proposed process measures should be in alignment with the applicant's proposed activities, work plan, and outcome and performance measures above. The following process measures are intended to serve as examples. Applicants may propose these and/or other process measures.

- Number and type of policies passed and/or systems or incentives in place to offer AAEBIs sustainably. (E.g., reimbursement policies, Medicaid/Medicare coverage, other

health benefit coverage, financial incentives, etc.). *Recipients of federal funds are not allowed to use federal funding for impermissible lobbying.*

- Number and type of partnerships in place to offer AAEBIs sustainability (e.g., state, local, community, faith-based, etc.; delivery sites, referral sites, etc.).
- Number of AAEBI instructors/leaders trained, collectively and for each AAEBI.
- Number and type of AAEBIs available in the state, including those available to underserved/disproportionately affected populations.
- Number and type of policies passed or systems in place to prompt physical activity (PA) counseling by health care providers for arthritis management (e.g., arthritis module added to EHR, automated PA counseling letters mailed or emailed to Medicaid/Medicare arthritis patients, etc.)
- Number of healthcare providers/professionals reached through strategies to increase awareness of the benefits of PA counseling and AAEBIs for adults with arthritis.
- Number of health care providers/professionals and other stakeholders reached through strategies to increase PA assessment, PA counseling, and referral pathways to AAEBIs for adults with arthritis.
- Number of healthcare providers/professionals educated and/or trained in PA assessment, counseling, and AAEBI referral pathways.
- Number of health care providers/professionals conducting PA assessments, PA counseling and referral to AAEBIs for patients with arthritis.
- Number of Health Systems, clinics, and/or providers using electronic systems to support PA assessment, PA counseling, and referral to AAEBIs.
- Number of AAEBI referrals among adults (18 and older) within the state and selected underserved/disproportionately affected population(s).
- Number/percent of activities focused on reducing health disparities.
- Number and type of materials, reports, and data-related publications/documents designed to increase the understanding of the burden of arthritis and apply knowledge to improve public health planning, programming, and evaluation.

Data Management Plan (DMP)

Consistent with the terms of and activities expected under the NOFO, recipients must develop and submit a DMP prior to the initiation of generating or collecting public health data. A DMP for each collection and/or generation of public health data funded by this award should include the following information:

- A description of the data to be collected or generated in the proposed project;
- Standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to and sharing of the data, including a description of provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights. This section should address access to identifiable and de-identifiable data or justification for not making the data accessible (see below for additional information about access);

- Statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and
- Plans for archiving and long-term preservation of the data or explaining why long-term preservation and access are not justified. This section should address archiving and preservation of identifiable and de-identifiable data (see below for additional information regarding archiving).

Applicants may not be able to provide all of this information when applying. Applicants should include a DMP that is as complete as possible. Use the OMB-approved DMP template found [here](#).

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

COMPONENT A

The applicant applying for Component A must provide the following information to demonstrate appropriate organizational capacity to successfully implement the award:

1) Provide a description of the applicant's organization that describes the organization's capacity to successfully implement Strategy 1 and 2 at a statewide level and meet the target enrollment for the 5-year period of performance. Applicant must demonstrate capacity, means or authority to have statewide influence, reach or impact. Applicant must include an Organizational Chart of the organization applying for this funding opportunity and name the file "**Organizational Chart**" and upload to www.grants.gov.

2) Provide a **Staffing Plan**. Applicants must name the file "**Staffing Plan**" and upload it to www.grants.gov. Additionally, applicant must provide CV's/Resumes for proposed staff and title file "**CVs/Resumes**" and upload to www.grants.gov. If a position is vacant, applicant must provide a Position Description to demonstrate intent of position requirements. Applicant must title file "**Position Description**" and upload to www.grants.gov. Applicant must describe appropriate staff and state health department program or other state-level organization engagement to support award activities. At least **1.0 FTE** annually should be dedicated to implementing the activities of this NOFO. Program Manager must have experience with community-based programming at the local and state levels, state-wide collaboration efforts, dissemination of evidence based programs, and systems approaches for program delivery.

Applicant is required to identify and leverage staff opportunities which will also enhance the recipient's work with state health department programs or other state-wide programs that address related chronic diseases or their underlying risk factors or health promotion behaviors, such as physical activity. This may include cost sharing to support a shared position such as a chronic disease epidemiologist, health communication specialist, program evaluator, or policy consultant to work on common or cross-cutting risk factors, health promotion behaviors or other activities across units/departments within the state health department or other state-level organizations. This may include, but is not limited to, joint planning and leadership activities (including updating of chronic disease state plans), joint funding of complementary activities based on program recipient activities, coalition alliances and joint health education and communication activities, data acquisition, analysis and communication, and combined development and implementation of environmental, policy, systems, or community interventions and other cost sharing activities that cut across chronic disease programs and relate to recipient program activities. Applicant must provide a Letter of Support from listed staff representing state health department programs or other state-wide programs as described above detailing their intentions and contribution to this NOFO. Applicants must name the file "**Other Staff_Letter_of_Support**" and upload it to www.grants.gov.

3) Describe how **organizations** are going to be engaged to support selected AAEBIs' dissemination and cross-referrals and related activities. CDC strongly encourages collaboration with CDC funded programs- [CDC's STEADI Initiative](#), [CDC Work@Health Program](#), [National Diabetes Prevention Program](#), [BRIC](#), [Wisewoman](#), [Alzheimer's Disease and Healthy Aging](#), [State Physical Activity and Nutrition Program](#) and [High Obesity Programs](#), cooperative extension universities, area agencies on aging, faith-based organizations, public libraries,

YMCAs and/or YMCA State Affiliate and/or other fitness facilities, state and local parks and recreation facilities, community organizations, social and medical services, government funded healthcare organizations and healthcare systems. Applicant must provide Letters of Support from participating organizations and name the letters of support document **“AAEBI Partnerships_Letters_of_Support”** and upload it to www.grants.gov. Letters of Support should describe scope and time frame of commitment and specific activities the partner will carry out during the project period in support of cooperative agreement activities.

4) Describe which organization(s), will be engaged and what populations/community(s) will be reached that represent populations disproportionately affected by arthritis. Disproportionately affected populations can include, but are not limited to, high burden and underserved populations and communities such as veterans, uninsured/underinsured adults or Medicaid beneficiaries; adults with lower incomes, adults living in rural/sparsely populated areas or other areas lacking health services or AAEBIs; adults with arthritis-attributable work or activity limitations, severe joint pain, or moderate to serious mental distress; and/or adults from racial and ethnic groups with high arthritis prevalence or burden, e.g. American Indian, Alaska Native, African-American or Hispanic/ Latino persons. Lack of program availability and/or program under-enrollment for disproportionately affected populations can exacerbate health disparities. Applicants should partner with at least one key stakeholder agency/organization serving disproportionately affected populations. Applicant must provide Letter(s) of Support from participating organizations and name the letter(s) of support document **“Disproportionately Affected Pop_Letter_of_Support”** and upload it to www.grants.gov. Letters of Support should describe scope and time frame of commitment and specific activities the partner will carry out during the project period in support of cooperative agreement activities.

5) Describe and justify the proposed key organizations/healthcare providers to help raise awareness about physical activity counseling and AAEBIs for arthritis management. CDC encourages: 1) engagement in state-wide initiatives focused on clinical and community linkages and patient centered care, 2) engagement of organizations such as federally qualified health centers, community organizations, healthcare consulting firms, emergency medical services, health systems, clinics, or other; and/or 3) engagement of healthcare providers such as physicians, nurses, pharmacists, physical therapists, health coaches, chiropractors, community health workers or other.

6) State intention and ability to collaborate with the state health department’s BRFSS program to fund and/or support BRFSS Arthritis data needed for the Evaluation and Performance Evaluation Strategies section. Applicant must provide Letter of Support from the appropriate state health department BRFSS representative indicating commitment to support BRFSS needs for this NOFO. Applicants must name the file **“BRFSS_Letter_of_Support”** and upload it to www.grants.gov.

COMPONENT B

The applicant applying for Component B must provide the following information to demonstrate appropriate organizational capacity and existing infrastructure to successfully implement the award:

1) Provide a description of the applicant's organization that describes the organization's capacity to successfully implement Strategy 1 and 2 at a **statewide level** and meet the target enrollment for the 5-year period of performance. Applicant must demonstrate capacity, means or authority to have statewide influence, reach or impact. Applicant should describe recent accomplishments related to Strategy 1 and 2 that demonstrate existing infrastructure and capacity and that can be leveraged to scale efforts, expand reach and impact. Applicant must include an Organizational Chart of the organization applying for this funding opportunity and name the file "**Organizational Chart**" and upload to www.grants.gov.

2) Describe past experience and accomplishments working with key organizations to conduct **state-wide arthritis programmatic** efforts, including the ability to plan, implement, and monitor performance and track AAEBI and other evidence based physical activity and self-management intervention dissemination and delivery, and engage healthcare providers to refer patients to AAEBIs and other evidence based physical activity and self-management interventions. Applicant should be able to demonstrate having enrolled at least 5,000 participants over a 5-year period through AAEBIs as listed at [Arthritis-Appropriate, Evidence-Based Interventions \(AAEBI\) - Osteoarthritis Action Alliance \(unc.edu\)](http://Arthritis-Appropriate-Evidence-Based-Interventions-(AAEBI)-Osteoarthritis-Action-Alliance(unc.edu)) and other evidence based physical activity and self-management intervention offerings.

3) Provide a **Staffing Plan**. Applicants must name the file "**Staffing Plan**" and upload it to www.grants.gov. Additionally, applicant must provide CV's/Resumes for proposed staff and title file "**CVs/Resumes**" and upload to www.grants.gov. If a position is vacant, applicant must provide a Position Description to demonstrate intent of position requirements. Applicant must title file "**Position Description**" and upload to www.grants.gov. Applicant must describe appropriate staff and state health department program or other state-level organization engagement to support award activities. At least **1.5 FTE** annually should be dedicated to implementing the activities of this NOFO. Hiring process should provide assurances for minimal delays. Program Manager must have experience with community-based programming at the local and state levels, state-wide collaboration efforts, dissemination of evidence-based programs, systems approaches to program delivery, and working with healthcare providers. Other staff/consultant support should have experience working with healthcare providers and/or clinical community linkages.

Applicant is required to identify and leverage staff opportunities which will also enhance the recipient's work with state health department programs or other state-wide programs that address related chronic diseases or their underlying risk factors or health promotion behaviors, such as physical activity. This may include cost sharing to support a shared position such as Chronic Disease epidemiologist, health communication specialist, program evaluator, or policy or healthcare provider consultant to work on risk factors or other activities across units/departments within the State health department or other state-level organizations. This may include, but is not limited to, joint planning and leadership activities (including updating of chronic disease state plans), joint funding of complementary activities based on program recipient activities, coalition alliances and joint health education and communication activities, data acquisition, analysis and communication, and combined development and implementation of environmental, policy, systems, or community interventions and other cost sharing activities that cut across programs and relate to recipient program activities. Applicant must provide a letter of support

from listed staff representing state health department programs or other state-wide programs as described above detailing their intentions and contribution to this NOFO. Applicants must name the file **“Other Staff_Letter_of_Support”** and upload it to www.grants.gov.

4) Describe how **organizations** are going to be engaged to support selected AAEBI's dissemination and cross-referrals and related activities. CDC strongly encourages collaboration with CDC funded programs- [CDC's STEADI Initiative](#), [CDC Work@Health Program](#), [National Diabetes Prevention Program](#), [BRIC](#), [Wisewoman](#), [Alzheimer's Disease and Healthy Aging](#), [State Physical Activity and Nutrition Program](#) and [High Obesity Programs](#), cooperative extension universities, area agencies on aging, faith-based organizations, public libraries, YMCAs and/or YMCA State Affiliate and/or other fitness facilities, state and local parks and recreation facilities, community organizations, social services, and government funded healthcare organizations and healthcare systems. Applicant must provide Letters of Support from participating organizations and name the letters of support document **“AAEBI Partnerships_Letters_of_Support”** and upload it to www.grants.gov. Letters of Support should describe scope and time frame of commitment and specific activities the partner will carry out during the project period in support of cooperative agreement activities.

5) Describe which organization(s) will be engaged and what populations/community(s) will be reached that represent populations disproportionately affected by arthritis. Disproportionately affected populations can include, but are not limited to, high burden and underserved populations and communities such as veterans, uninsured/underinsured adults or Medicaid beneficiaries; adults with lower incomes, adults living in rural/sparsely populated areas or other areas lacking health services or AAEBIs; adults with arthritis-attributable work or activity limitations, severe joint pain, or moderate to serious mental distress; and/or adults from racial and ethnic groups with high arthritis prevalence or burden, e.g. American Indian, Alaska Native, African-American or Hispanic/ Latino persons. Lack of program availability and/or program under-enrollment for disproportionately affected populations can exacerbate health disparities. Applicants should partner with at least one key stakeholder agency/organization serving disproportionately affected populations. Applicant must provide Letter(s) of Support from participating organizations and name the letter(s) of support document **“Disproportionately Affected Pop_Letter_of_Support”** and upload it to www.grants.gov. Letters of Support should describe scope and time frame of commitment and specific activities the partner will carry out during the project period in support of cooperative agreement activities.

6) Propose organizations to be engaged to increase health care provider assessment of arthritis patient physical activity levels, physical activity counseling and referral pathways to support access to and availability of AAEBIs among healthcare providers and key stakeholders. CDC strongly encourages engagement in state-wide initiatives focused on clinical and community linkages and patient centered care; engagement of health systems, healthcare consulting firms, federally qualified health centers and other publicly funded health care, including Medicaid and Medicare, community organizations and/or other; and healthcare professionals such as physicians, nurses, pharmacists, physical therapists, health coaches, chiropractors, community health workers, emergency medical and social services, and/or others. Applicant must provide Letters of Support from participating organizations and name the letters of support document **“Healthcare Organizations_Letters_of_Support”** and upload it to www.grants.gov. Letters of

Support should describe scope and time frame of commitment and specific activities the partner will carry out during the project period in support of cooperative agreement activities.

7) State intention and ability to collaborate with the state health department’s BRFSS program to fund and/or support BRFSS Arthritis data needed for the Evaluation and Performance Evaluation Strategies section. Applicant must provide Letter of Support from the appropriate state health department BRFSS representative indicating commitment to support BRFSS needs for this NOFO. Applicants must name the file “**BRFSS_Letter_of_Support**” and upload it to www.grants.gov.

d. Work Plan

The work plan guides the project, integrates activities, and allows the recipient and CDC to monitor implementation of activities and progress on period of performance outcomes. Applicants should provide a detailed work plan for the first year of the project and a high-level work plan for subsequent years. A sample work plan format is presented below that aligns with the Logic Model, the Evaluation and Performance Measurement, and Strategies and Activities sections. Applicant must propose measurable activities and align them with the required and selected period of performance outcomes. Process measures should help applicant track progress made toward proposed activities. The Evaluation and Performance Measurement section provides examples of process measures.

Component A or B					
Period of Performance Outcome: <i>[from Evaluation and Performance Measurement section]</i>		Outcome Measure: <i>[from Evaluation and Performance Measurement section]</i>			
Strategy 1 or 2	Activities (for each objective)	Process Measure <i>[from Evaluation and Performance Measurement section]</i>	Responsible Position / Party	Start Date	Completion Date
<u>SMART Objectives</u> (for each Strategy)					
1.	1.a.				
	1.b.				
2.	2.a.				
	2.b.				
3.	3.a.				
	3.b.				

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

f. CDC Program Support to Recipients

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring, monthly calls, and site visits. To ensure the success of this cooperative agreement, CDC will:

1. Provide technical assistance, including:

- Post-award technical assistance, including:
 - Collaborating in the planning, implementation, and evaluation of meetings related to work conducted under this NOFO; and
 - Providing resources and tools necessary for the successful implementation of strategies and activities to meet project goals.
- Hold a recipient meeting in the first year and at least one additional year in the 5-year performance period to provide opportunity for information sharing and networking.

2. Share Information, including:

- Collaborating to compile and disseminate recipient accomplishments, best practices, and lessons learned during the period of performance.

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:

\$3,700,000

5. Total Period of Performance Funding:

\$18,500,000

This amount is subject to the availability of funds.

Estimated Total Funding:

\$18,500,000

6. Total Period of Performance Length:

5 year(s)

year(s)

7. Expected Number of Awards:

13

Component A: 6 to 10 awards

Component B: 5 to 7 awards

8. Approximate Average Award:

\$300,000

Per Budget Period

Component A: range per award- \$200,000 to \$300,000

Component B: range per award- \$375,000 to \$550,000

9. Award Ceiling:

\$550,000

Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:

\$200,000

Per Budget Period

11. Estimated Award Date:

July 01, 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:

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

2. Additional Information on Eligibility

Applicants must identify the Component they are applying for in the Project Narrative section of their application submission and application Title. Applicants may only apply for ONE Component not for BOTH. If not clearly identified, the application will be considered non-responsive and will not be entered into the review process.

Component A eligibility is open to applicants who are not currently funded by the CDC Arthritis Program CDC-RFA-DP21-2106 or CDC-RFA-DP18-1803 cooperative agreements in order to increase national capacity and geographic diversity of arthritis activities and impacts. Applicants currently funded under these cooperative agreements and applying for Component A will be considered non-responsive and will not be entered into the review process. Component B eligibility is unrestricted.

Award ceiling for Component A is \$300,000 and Component B is \$550,000. CDC will consider any application requesting an award higher than the award ceiling for either Component as non-responsive and it will receive no further review.

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

5. Maintenance of Effort

D. Application and Submission Information

1. Required Registrations

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

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

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number 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](https://sam.gov) and the [SAM.gov Knowledge Base](https://sam.gov).

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

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

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

Step	System	Requirements	Duration	Follow Up
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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-home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an individual account in Grants.gov using organization's new UEI number to become an Authorized Organization Representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	It takes one day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

Number Of Days from Publication 49

02/03/2023

b. Application Deadline

Due Date for Applications 04/03/2023

04/03/2023

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

Due Date for Information Conference Call

January 24, 2023

A 60-minute informational call will be held on 1/24/2023 from 1:00 pm to 2:00 pm US Eastern Standard Time.

Join ZoomGov Meeting

at: <https://cdc.zoomgov.com/j/1603165329?pwd=MlRzS0tydXAxK0RyS1hFMUVxazFhdz09>

In addition, an email address has been established to receive and respond to NOFO questions: CDC-RFA-DP-23-0001@cdc.gov. NOFO questions and answers will be made available at: www.cdc.gov/arthritis.

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at <https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf>, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (<https://www.fapiis.gov/>), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

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

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

Duplication of Efforts

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

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

6. Content and Form of Application Submission

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

7. Letter of Intent

The purpose of a Letter of Intent (LOI) is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. A LOI is strongly encouraged from prospective applicants.

Suggested due date for LOI submission is by midnight EST on January 31, 2023.

LOI must be sent via email to:

Margaret Kaniewski

CDC, National Center for Chronic Disease Prevention and Health Promotion

Email address: CDC-RFA-DP-23-0001@cdc.gov

In the email, write in the subject line: Letter of Intent. In the body of the email, provide which Component you are applying for (Component A or Component B), the name of the organization applying, and contact information.

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 Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver 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 will hold a 2-day recipient meeting in Atlanta, Georgia in the first year of the grant. Applicant should include details in the budget to accommodate this meeting. Up to three people are allowed to travel.

13. Funds Tracking

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

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

14. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

15. Copyright Interests Provisions

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

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

16. Funding Restrictions

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

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

17. Data Management Plan

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

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

18. Other Submission Requirements

a. Electronic Submission:

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

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

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

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

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

For COMPONENT A and COMPONENT B

This section of the application will be reviewed based on the extent to which the applicant:

- Overall, proposes logical and achievable activities under each Strategy, as described under the CDC Project Description Strategies and Activities section, to sustainably disseminate arthritis appropriate evidence based interventions (AAEBIs), raise awareness about physical activity (PA) counseling for arthritis management and AAEBIs among healthcare providers (and additionally for Component B, establish and/or expand on strategies to increase PA assessments, PA counseling for arthritis and referral pathways to AAEBIs among healthcare providers (HCPs) and other stakeholders). **(10 points)**
- Is responsive to the CDC Project Description Strategies and Activities section requirements, including number of AAEBIs proposed, number of sustainable strategies selected, appropriate organizations engaged, strategies proposed to raise awareness about physical activity counseling and AAEBIs for Component A, and for Component B engagement of healthcare providers in PA counseling for arthritis, training and education, PA assessment, referral pathways to AAEBIs, and electronic systems changes. Also, the extent to which the applicant states willingness to work with CDC and NACDD to assess/revise reach and approach in the first 6 months of award. **(10 points)**

- Describes activities for each Strategy that demonstrate capacity to achieve the 5-year target required for AAEBI enrollment (e.g., Component A- minimum of 7,500 enrollees or 1% of adults with arthritis, Component B- a minimum of 15,000 enrollees or 2% of adults with arthritis), NOFO outcome measures and selected performance measures. The activities should describe collaborations with partnerships, including healthcare provider engagement, use of tools and resources, and AAEBI implementation strategies that will help meet project outcomes. **(10 points)**
- Includes a detailed work plan for year 1 and a high-level summary for years 2 through 5 and aligns with the NOFO purposes and the applicant's proposed activities and outcomes and performance measures. **(10 points)**

ii. Evaluation and Performance Measurement

Maximum Points: 20

For COMPONENT A and COMPONENT B

This section of the application will be reviewed based on the extent to which the applicant:

- Provides a quality evaluation and performance measurement plan that is consistent with the requirements described in the CDC Evaluation and Performance Measurement section, and includes appropriate and feasible 5-year and annual targets, evaluation methods, data sources, data collection processes, and reporting timelines that are suitable to tracking activities and sufficient to monitor progress over the period of performance. **(6 points)**
- Describes a commitment and feasible strategy and documents necessary partnerships for collecting and using required and selected arthritis module and core [Behavioral Risk Factor Surveillance System](#) (BRFSS) data- (i.e. in collaboration with the state health department, and provides a Letter of Support (titled **BRFSS_Letter_of_Support**") from the state health department BRFSS representative). **(4 points)**
- Describes activities that are achievable and are likely to result in the proposed 5-year performance measures' targets. **(5 points)**
- Identifies and describes disproportionately affected population(s) for appropriate performance measures. **(2 points)**
- Describes how key partners and organizations will participate in the evaluation and performance measurement process, including sharing of findings and engagement in decision making process. **(2 points)**
- Describes how evaluation findings will be used for continuous program quality improvement. **(1 points)**

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 40

For COMPONENT A

This section of the application will be reviewed based on the extent to which the applicant:

- Provides a **Staffing Plan** describing appropriate staff (at least 1.0 FTE) and engages a state health department program or other state-level organization to support cooperative agreement activities. Describes a Program Manager having experience with community-based programming at the local and state levels, state-wide collaboration efforts, dissemination of evidence-based programs, and systems approaches for program

delivery. Provides an **"Organizational Chart"**, **"Position Description"** if applicable, **"Resumes/CVs"** and **"Other Staff_Letter_of_Support"** as required under the *Organizational Capacity of Recipients to Implement the Approach*. **(10 points)**

- Describes how specific **organizations** are going to be engaged at a statewide level to successfully support selected AAEBI's dissemination and referrals and related activities. Demonstrates capacity, means or authority to have statewide influence, reach or impact. Provides Letters of Support file titled **"AAEBI Partnerships_Letters_of_Support"**. Letters of Support provide evidence of commitment and ability to conduct NOFO activities. **(10 points)**
- Describes organization(s) to be engaged and the populations/community(s) to be reached that represent populations disproportionately affected by arthritis. Provides Letter(s) of Support file titled **"Disproportionately Affected Pop_Letter_of_Support"**. **(5 points)**
- Describes how key organizations/healthcare providers will be engaged to successfully help raise awareness about physical activity counseling and AAEBIs for arthritis management. **(10 points)**
- Describes ability to collaborate with the state health department's BRFSS program to fund and/or support BRFSS Arthritis data needed for the Evaluation and Performance Evaluation Strategies section. Provides a **"BRFSS_Letter_of_Support"** committing to the state health department's role for this NOFO. **(5 points)**

For COMPONENT B

This section of the application will be reviewed based on the extent to which the applicant:

- Describes experience resulting in **statewide arthritis programmatic impacts and efforts**, including the ability to plan, implement, collaborate with relevant organizations and monitor performance and track AAEBI and other evidence based physical activity and self-management intervention dissemination and delivery, and engage healthcare providers to refer patients to AAEBIs and other evidence based physical activity and self-management interventions. Describes having enrolled at least **5,000 participants** over a 5-year period through AAEBIs and other evidence based physical activity and self-management intervention offerings. **(15 points)**
- Provides a **Staffing Plan** describing appropriate staff (at least 1.5 FTE) and engages a state health department program or other state-level organization to support cooperative agreement activities. Describes a Program Manager having experience with community-based programming at the local and state levels, state-wide collaboration efforts, dissemination of evidence-based programs, and systems approaches for program delivery. Applicant provides an **"Organizational Chart"**, **"Position Description"** if applicable, **"Resumes/CVs"** and **"Other Staff_Letter_of_Support"** files as required under the *Organizational Capacity of Recipients to Implement the Approach*. **(7 points)**
- Describes how specific **organizations** are engaged at a statewide level and will be leveraged to successfully support expansion of selected AAEBIs' dissemination and referrals and related activities. Demonstrates capacity, means or authority to have statewide influence, reach or impact. Provides Letters of Support in file titled **"AAEBI Partnerships_Letters_of_Support"**. Letters of Support provide evidence of commitment and ability to conduct NOFO activities. **(7 points)**
- Describes organization(s) to be engaged and what populations/community(s) will be reached that represent populations disproportionately affected by arthritis. Provides

Letter(s) of Support file titled **“Disproportionately Affected Pop_Letter_of_Support”**. (3 points)

- Describes how organizations/healthcare providers will be engaged to successfully support and expand physical activity assessment, physical activity counseling and referral to AAEBIs, and electronic systems changes to help sustain these activities. Applicant provides Letters of Support in file titled **“Healthcare Organizations_Letters_of_Support”**. Letters of Support provide evidence of commitment and ability to conduct NOFO activities. (5 points)
- Describes ability to collaborate with the state health department’s BRFSS program to fund and/or support BRFSS Arthritis data needed for the Evaluation and Performance Evaluation Strategies section. Applicant provides a **“BRFSS_Letter_of_Support”** acknowledging commitment to the state health department's role for this NOFO. (3 points)

Budget

Maximum Points: 0

The budget is unscored. The following should be included:

- Proposed budget should closely align with strategies and activities described in the work plan and be consistent with the NOFO purpose.
- Proposed funding for staff to attend a **2-day recipient meeting in Atlanta, Georgia** for up to three people.
- Proposed budget includes funding for BRFSS optional arthritis module in odd years. If in-kind, applicant must indicate as such.
- A budget narrative that follows requirements provided in the NOFO.

c. Phase III Review

The following factor may affect the funding decision:

- No more than one recipient will be funded per state. In order to address geographic diversity, applications may be funded out of rank order to avoid duplicity of working in the same geographic area and to ensure that program activities are available across different U.S. geographies (e.g., rural or urban areas).

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 (FAPIS)) 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

July 1, 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/policies-regulations/hhsgps107.pdf>.

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS 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.

<i>Report</i>	<i>When?</i>	<i>Required?</i>
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	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
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

This report must include the following:

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

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

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

c. Performance Measure Reporting (optional)

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

d. Federal Financial Reporting (FFR) (required)

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

e. Final Performance and Financial Report (required)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). CDC programs must indicate that this report

should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

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

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

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

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

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

- <https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf>,
- https://www.frs.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:

Margaret

Last Name:

Kaniewski

Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Address:

Telephone:

Email:

CDC-RFA-DP-23-0001@cdc.gov

Grants Staff Contact

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

First Name:

Keisha

Last Name:

Thompson

Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

Address:

Telephone:

Email:

dwt6@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

Letters of Support

Organization Charts

Non-profit organization IRS status forms, if applicable

Indirect Cost Rate, if applicable

Staffing Plan

Position Description (if applicable)

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