

Centers for Disease Control

National Center for Chronic Disease Prevention and Health Promotion

Diabetes and Heart Disease & Stroke Prevent Programs-Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke

CDC-RFA-DP18-1815

Application Due Date: 06/11/2018

Diabetes and Heart Disease & Stroke Prevent Programs-Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke

CDC-RFA-DP18-1815

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DP18-1815. 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)

B. Notice of Funding Opportunity (NOFO) Title:

Diabetes and Heart Disease & Stroke Prevent Programs-Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke

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)).
Cooperative Agreement

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-DP18-1815

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.426

F. Dates:

1. Due Date for Letter of Intent (LOI): **N/A**

Is a LOI: Not Applicable

N/A

2. Due Date for Applications: **06/11/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call: **04/23/2018**

Scheduled for 3:00 - 4:00 pm, Eastern Standard Time.

URL:	**https://adobeconnect.cdc.gov/r798tz97pl0/**	
Conference Number(s):	Conference I.D.:	3461523#
	Conference Number:	18885667703

Questions may be submitted to 1815COMMS@cdc.gov as soon as the NOFO is released.

G. Executive Summary:

1. Summary Paragraph:

This NOFO is non-competitive, and will support state investments in implementing and evaluating evidence-based strategies to prevent and manage cardiovascular disease (CVD) and

diabetes in high-burden populations/communities within each state and the District of Columbia, contributing to improved health outcomes. High burden populations are those affected disproportionately by high blood pressure, high blood cholesterol, diabetes, or prediabetes due to socioeconomic or other characteristics, including inadequate access to care, poor quality of care, or low income. Category A strategies focus on diabetes management and type 2 diabetes prevention. Category B strategies focus on CVD prevention and management. In both categories, applicants will select from a menu of strategies, and should focus in areas where they have capacity, subject matter expertise, and potential to achieve greatest reach and impact. Where appropriate, applicants will apply their selected Category A and B strategies in the same targeted communities/settings, so that work on these strategies may be mutually reinforcing. Complementary strategies should be addressed in a way that benefits both people with prediabetes or diabetes and people with high blood pressure and with or at risk for high blood cholesterol. Funding, resources, and level of effort should be divided equally between Category A and B strategies.

a. Eligible Applicants:	Limited
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	51
d. Total Period of Performance Funding:	$530,000,000
e. Average One Year Award Amount:	$1,765,000

Refer to the Funding Table for specific funding amounts for each recipient.

f. Number of Years of Award:	4.75
g. Estimated Award Date:	09/30/2018
h. Cost Sharing and / or Matching Requirements:	N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for the NOFO exists, applicants are encouraged to leverage other resources and related ongoing efforts to promote sustainability.

Part II. Full Text

Executive Summary

This NOFO is non-competitive, and will support state investments in implementing and evaluating evidence-based strategies to prevent and manage cardiovascular disease (CVD) and diabetes in high-burden populations/communities within each state and the District of Columbia, contributing to improved health outcomes. High burden populations are those affected disproportionately by high blood pressure, high blood cholesterol, diabetes, or prediabetes due to socioeconomic or other characteristics, including inadequate access to care, poor quality of care, or low income. Category A strategies focus on diabetes management and type 2 diabetes prevention. Category B strategies focus on CVD prevention and management. In both categories, applicants will select from a menu of strategies, and should focus in areas where they have capacity, subject matter expertise, and potential to achieve greatest reach and impact. Where appropriate, applicants will apply their selected Category A and B strategies in the same targeted communities/settings, so that work on these strategies may be mutually

reinforcing. Complementary strategies should be addressed in a way that benefits both people with prediabetes or diabetes and people with high blood pressure and with or at risk for high blood cholesterol. Funding, resources, and level of effort should be divided equally between Category A and B strategies.

A. Funding Opportunity Description

1. Background

a. Overview

Diabetes is the 7th leading cause of death in the U.S.; the number one cause of kidney failure, lower-limb amputations, and adult-onset blindness; and a leading cause of heart disease and stroke. A large body of evidence supports the effectiveness of diabetes self-management education and support (DSMES) in improving health outcomes (A1c, systolic blood pressure), lowering medication use, and decreasing hospitalizations and other health care costs for people with diabetes. However, DSMES utilization rates are low.

Approximately 84 million Americans, or 1 in 3 adults, have prediabetes, a health condition characterized by blood glucose levels that are higher than normal but not high enough to be diagnosed as diabetes. People with prediabetes have an increased risk of developing type 2 diabetes, heart disease, and stroke. Prediabetes is treatable, but only about 10 percent of people who have it are aware that they do. The CDC-led National Diabetes Prevention Program (National DPP) is a partnership of public and private organizations working collectively to build the infrastructure for nationwide delivery of an evidence-based lifestyle change program for adults with prediabetes to prevent or delay onset of type 2 diabetes. The lifestyle change program is founded on the science of the Diabetes Prevention Program research study, and several translation studies that followed, which showed that making modest behavior changes helped participants with prediabetes lose 5% to 7% of their body weight and reduce their risk of developing type 2 diabetes by 58%. The program has been shown to be cost effective and can be cost saving.

Heart disease is the leading cause of death, and stroke is the 5th leading cause of death, in the U.S. Cardiovascular Disease (CVD) , including heart disease, stroke, and other vascular diseases, accounts for >800 000, or about 1 in 3, deaths/year, and around 1 in 5 who die from CVD are younger than 65 years. CVD is costly, with an estimated 1 in 7 health care dollars spent on CVD (about 15%). Hypertension is a primary risk factor for CVD. While control of hypertension, reflective of individual and system-level improvements, has been increasing, less than half of those with hypertension are controlled. Interventions to support patient engagement, prevention, and health system improvements need to be maximized to improve hypertension management. High blood cholesterol is another primary risk factor for CVD. Several modifiable health behaviors can lower cholesterol, including eating a healthy diet, losing weight, and being physically active. Behavior modification improvements and health systems advances are needed to reduce the need for treatment and close the gap in treatment across the population. Health system interventions may include use of team-based care and community health workers, electronic health record alignment with national guidelines, improved medication adherence, and interventions supporting better continuity of care across health care settings.

This NOFO represents a collaboration between CDC's Division of Diabetes Translation and Division for Heart Disease and Stroke Prevention. It will build on the accomplishments and outcomes achieved in the healthcare systems and community-clinical linkage domains of CDC-RFA-DP13-1305 (1305) and CDC-RFA-DP14-1422 (1422). The purpose of this NOFO is to implement and evaluate evidence-based strategies contributing to the prevention and management of CVD and diabetes in high-burden populations.

b. Statutory Authorities

Section 30l(a) of the Public Health Service Act [42] U.S.C. Section 241(a) 93.426

Title IV Section 4002 of the Affordable Care Act, Prevention and Public Health Fund

c. Healthy People 2020

CVD:

- HDS-2: Reduce coronary heart disease deaths.
- HDS-3: Reduce stroke deaths.
- HDS-7: Reduce the proportion of adults with high total blood cholesterol levels.
- HDS-8: Reduce the mean total blood cholesterol levels among adults.
- HDS-12: Increase the proportion of adults with hypertension whose blood pressure is under control.

https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke

Diabetes:

- D-14: Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.
- Increase the proportion of persons at high risk for diabetes with prediabetes who report increasing their levels of physical activity (D-16.1), trying to lose weight (D-16.2), and reducing the amount of fat or calories in their diet (D-16.2).

https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes

d. Other National Public Health Priorities and Strategies

Hypertension prevention, detection, and control

Million Hearts® 2022

https://millionhearts.hhs.gov/

National Diabetes Prevention Program (type 2 diabetes prevention): https://www.cdc.gov/diabetes/prevention/index.html

Diabetes care and self-management

Diabetes and cardiovascular disease management: https://www.thecommunityguide.org/

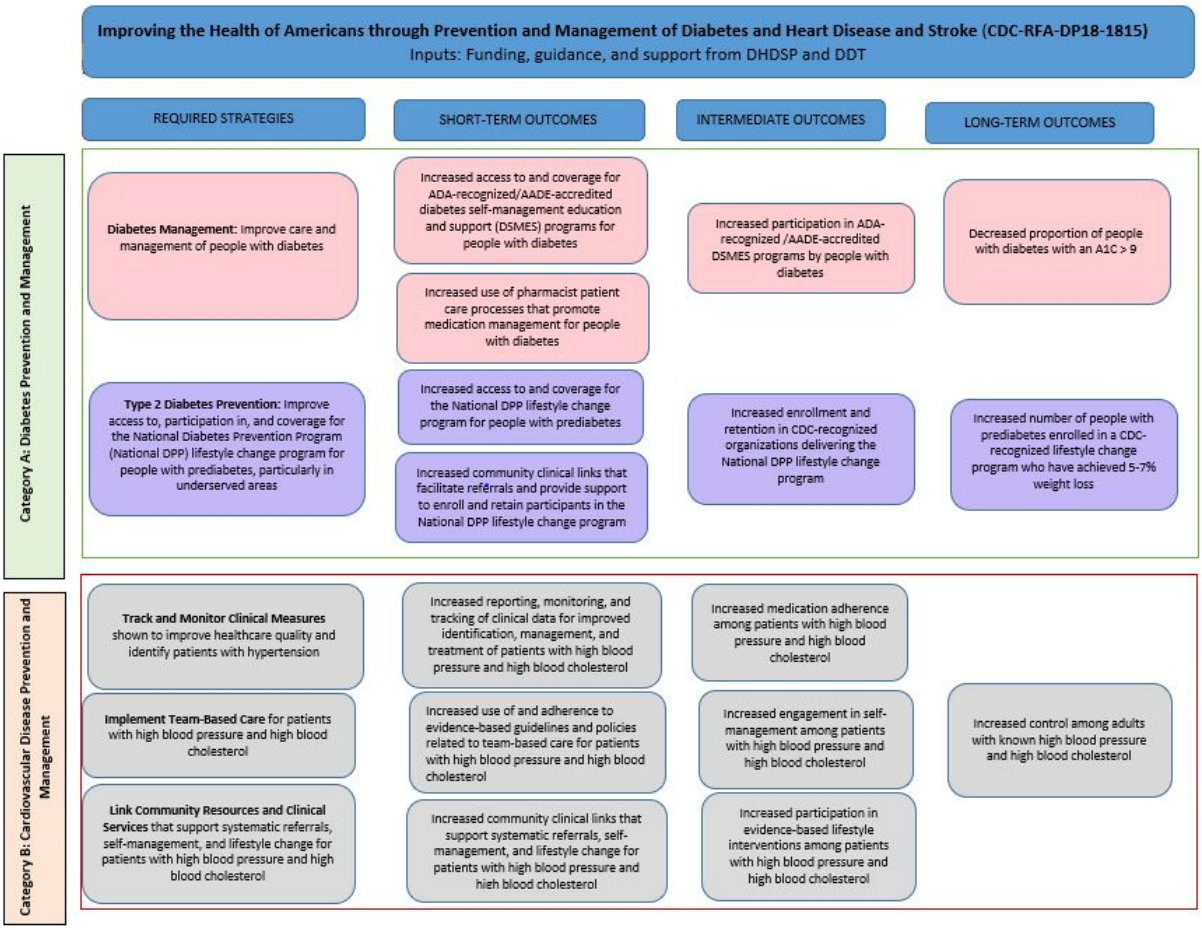
e. Relevant Work

This NOFO builds on the accomplishments and outcomes achieved in the healthcare systems and community-clinical linkage domains of CDC-RFA-DP13-1305 (https://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm) and CDC-RFA-DP14-1422 (https://www.cdc.gov/chronicdisease/about/foa/2014foa/public-health-action.htm).

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.



i. Purpose

This NOFO will support the implementation and evaluation of a set of evidence-based strategies to prevent and control diabetes and cardiovascular disease (CVD) in high-burden populations. Category A includes diabetes management and type 2 diabetes prevention strategies. Category B includes CVD prevention and management strategies. Applicants are encouraged to

implement Category A and B strategies in the same high burden areas/communities, so that work on these strategies is mutually reinforcing and implemented in a coordinated fashion to accelerate progress toward goals.

ii. Outcomes

Applicants will focus only on those outcomes that align with the strategies they select. Applicants are required to select a minimum of 5 strategies from Category A (minimum of 2 diabetes management strategies and 3 type 2 diabetes prevention strategies) and a minimum of 5 strategies from Category B. Refer to the Strategy Table in *Section 2.b.i. CDC Evaluation and Performance Measurement Strategy* for more information.

CATEGORY A: Diabetes Management and Type 2 Diabetes Prevention

Diabetes Management

Short-term outcomes:

--Increased access to and coverage for ADA-recognized/AADE-accredited diabetes self-management education and support (DSMES) programs for people with diabetes *(Note: These programs meet national quality standards and are more likely to be sustained long-term due to reimbursement by Medicare, many private insurance plans, and some State Medicaid Agencies.)*

--Increased use of pharmacist patient care processes that promote medication management for people with diabetes

Intermediate outcomes:

--Increased participation in ADA-recognized/AADE-accredited DSMES programs by people with diabetes

Long-term outcomes:

--Decreased proportion of people with diabetes with an A1C > 9

Type 2 Diabetes Prevention

Short-term outcomes:

--Increased access to and coverage for the National DPP lifestyle change program for people with prediabetes

--Increased community clinical links that facilitate referrals and provide support to enroll and retain participants in the National DPP lifestyle change program

Intermediate outcomes:

--Increased enrollment and retention in CDC-recognized organizations delivering the National DPP lifestyle change program

Long-term outcomes:

--Increased number of people with prediabetes enrolled in a CDC-recognized lifestyle change program who have achieved 5-7% weight loss

CATEGORY B: Cardiovascular Disease Prevention and Management

Short-term outcomes:

--Increased reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of patients with high blood pressure and high blood cholesterol

--Increased use of and adherence to evidence-based guidelines and policies related to team-based care for patients with high blood pressure and high blood cholesterol

--Increased community clinical links that support systematic referrals, self-management, and lifestyle change for patients with high blood pressure and high blood cholesterol

Intermediate outcomes:

--Increased medication adherence among patients with high blood pressure and high blood cholesterol

--Increased engagement in self-management among patients with high blood pressure and high blood cholesterol

--Increased participation in evidence-based lifestyle interventions among patients with high blood pressure and high blood cholesterol

Long-term outcomes:

--Increased control among adults with known high blood pressure and high blood cholesterol

iii. Strategies and Activities

Category A (Diabetes Management and Type 2 Diabetes Prevention) and Category B (Cardiovascular Disease Prevention and Management) strategies are listed below. Applicants are encouraged to implement Category A and B strategies in the same high burden areas/communities, so that work on these strategies is mutually reinforcing. Complementary strategies should be addressed in a way that benefits both people with prediabetes or diabetes and people with high blood pressure and with or at risk for high blood cholesterol. Applicants will select a minimum of 5 strategies from Category A (minimum of 2 diabetes management strategies and 3 type 2 diabetes prevention strategies) and a minimum of 5 strategies from Category B.

Category A: Diabetes Management and Type 2 Diabetes Prevention Strategies

(Applicants will select a minimum of 5 strategies from the list below. Selected strategies must include a minimum of 2 diabetes management and 3 type 2 diabetes prevention strategies)

Diabetes Management: Improve care and management of people with diabetes.

A.1. Improve access to and participation in ADA-recognized/ AADE-accredited DSMES programs in underserved areas *(Note: These programs meet national quality standards and are more likely to be sustained long-term due to reimbursement by Medicare, many private insurance plans, and some State Medicaid Agencies.)*

OPTIONAL: Applicants selecting strategy #1 may also choose to engage in efforts to increase participation in other DSMES programs that are not recognized/accredited or in chronic disease

self-management programs (CDSMP). These programs/curricula must have evidence documenting their impact on people with diabetes. If selected, this work should be **secondary** to improving access to and participation in ADA-recognized/AADE-accredited DSMES programs that meet national quality standards.

A.2. Expand or strengthen DSMES coverage policy among public or private insurers or employers, with emphasis on one or more of the following: Medicaid and employers

A.3. Increase engagement of pharmacists in the provision of medication management or DSMES for people with diabetes

Type 2 Diabetes Prevention: Improve access to, participation in, and coverage for the National Diabetes Prevention Program (National DPP) lifestyle change program for people with prediabetes, particularly in underserved areas

A.4. Assist health care organizations in implementing systems to identify people with prediabetes and refer them to CDC-recognized lifestyle change programs for type 2 diabetes prevention

A.5. Collaborate with payers and relevant public and private sector organizations within the state to expand availability of the National DPP as a covered benefit for one or more of the following groups: Medicaid beneficiaries; state/public employees; employees of private sector organizations

A.6. Implement strategies to increase enrollment in CDC-recognized lifestyle change programs

Diabetes Management and/or Type 2 Diabetes Prevention

A.7. Develop a statewide infrastructure to promote long-term sustainability/reimbursement for Community Health Workers (CHWs) as a means to establish or expand their use in a) CDC-recognized lifestyle change programs for type 2 diabetes prevention and/or b) ADA-recognized/AADE-accredited DSMES programs for diabetes management

Category B: Cardiovascular Disease Prevention and Management Strategies

Recipients will select a minimum of 5 strategies.

Track and Monitor Clinical Measures shown to improve healthcare quality and identify patients with hypertension

B.1. Promote the adoption and use of electronic health records (EHR) and health information technology (HIT) to improve provider outcomes and patient health outcomes related to identification of individuals with undiagnosed hypertension and management of adults with hypertension.

B.2. Promote the adoption of evidence-based quality measurement at the provider level (e.g., use dashboard measures to monitor healthcare disparities and implement activities to eliminate healthcare disparities)

Implement Team-Based Care for patients with high blood pressure and high blood cholesterol

B.3. Support engagement of non-physician team members (e.g., nurses, nurse practitioners,

pharmacists, nutritionists, physical therapists, social workers) in hypertension and cholesterol management in clinical settings

B.4. Promote the adoption of MTM between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification

Link Community Resources and Clinical Services that support systematic referrals, self-management, and lifestyle change for patients with high blood pressure and high blood cholesterol

B.5. Develop a statewide infrastructure to promote sustainability for CHWs to promote management of hypertension and high blood cholesterol

B.6. Facilitate use of self-measured blood pressure monitoring (SMBP) with clinical support among adults with hypertension

B.7 Implement systems to facilitate systematic referral of adults with hypertension and/or high blood cholesterol to community programs/resources

1. Collaborations

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

Applicants are encouraged to collaborate with other related CDC-funded programs that have a role in achieving the NOFO outcomes for the strategies selected. Collaborations may center on shared data; partner organizations; coalitions; intervention settings/locations; marketing approaches/messages; EHRs or other electronic clinical decision support systems; and/or targeted high burden populations. Related CDC-funded programs include but are not limited to WISEWOMAN; national organizations funded under CDC-DP17-1705 (Scaling the National Diabetes Prevention Program in Underserved Areas); tribes or tribal organizations funded under CDC-DP14-1421 (Good Health and Wellness in Indian Country); and other CDC-funded chronic disease prevention and management programs (for example, State Disability and Health Programs, see https://www.cdc.gov/ncbddd/disabilityandhealth/index.html). Applicants should also link to strategies and collaborations described in the State Chronic Disease Plan, as appropriate. Letters of support and MOAs/MOUs are not required but should be considered where appropriate and helpful in supporting collaborative efforts.

b. With organizations not funded by CDC:

Collaborations with a variety of public and private organizations are encouraged to leverage resources and maximize reach and impact for the strategies selected. These organizations include employers; commercial health plans; hospitals; FQHCs/RHCs/community health centers; non-profit agencies; other federal, state, or local government agencies (e.g., State Medicaid Agency, State Employee Benefit Agency, etc.); tribes or tribal organizations; professional associations (state medical society, other medical specialty associations, etc.); quality improvement organizations; ADA-recognized and AADE-accredited diabetes self-management education and support programs; local/regional ADA or AADE chapters; CDC-

recognized organizations delivering the National DPP lifestyle change program; and others that have a stake in supporting the evidence-based strategies described in this NOFO. Letters of support and MOAs/MOUs are not required but should be considered where appropriate and helpful in supporting collaborative efforts.

2. Target Populations

Applicants must identify criteria for selecting their priority populations based on disease and risk factor burden data and combined potential to impact large numbers of adults across the state. Priority populations should include those affected disproportionately by high blood pressure, high blood cholesterol, diabetes, or prediabetes due to socioeconomic or other characteristics, including inadequate access to care, poor quality of care, or low income. Emphasis should be placed on achieving maximum reach and impact across these populations.

a. Health Disparities

Eliminating health disparities is one of the four Healthy People 2020 Foundational Health Measures. This NOFO will address the challenges and health inequities in chronic disease risk factors and conditions that high-burden populations experience. These efforts will help determine the public health impact of programs intended to improve specific risks, conditions, and/or barriers experienced by populations living with high levels of disease burden for high blood pressure, high blood cholesterol, diabetes, or prediabetes. Additionally, the program will include populations who can benefit from the strategies included in this NOFO (e.g., people with disabilities; non-English speaking populations; lesbian, gay, bisexual, and transgender (LGBT) populations; people with limited health literacy); or other targeted populations.

iv. Funding Strategy (for multi-component NOFOs only)

Summary of Anticipated Funding

The table below provides guidance related to the maximum amount of funding available by state for this non-competitive program. This funding is based on a funding formula that includes factors for base funding, population, and poverty. The funding amounts listed below are for the "Year 1" budget period, which is only 9 months. As such, the ceiling for each recipient is lower than the anticipated amount for subsequent 12-month budget periods.

State	Dollar Amount	State	Dollar Amount
Alabama	$ 1,864,604	Montana	$ 1,610,090
Alaska	$ 1,465,310	Nebraska	$ 1,552,328
Arizona	$ 1,891,018	Nevada	$ 1,690,222
Arkansas	$ 1,812,378	New Hampshire	$ 1,392,190
California	$ 2,713,246	New Jersey	$ 1,713,264

Colorado	$ 1,641,838	New Mexico	$ 1,861,156
Connecticut	$ 1,544,264	New York	$ 2,185,574
Delaware	$ 1,545,214	North Carolina	$ 1,941,614
District of Columbia	$ 1,798,784	North Dakota	$ 1,489,144
Florida	$ 2,209,728	Ohio	$ 1,947,414
Georgia	$ 1,973,450	Oklahoma	$ 1,795,560
Hawaii	$ 1,468,850	Oregon	$ 1,695,066
Idaho	$ 1,643,522	Pennsylvania	$ 1,917,642
Illinois	$ 1,922,022	Rhode Island	$ 1,606,580
Indiana	$ 1,789,184	South Carolina	$ 1,793,280
Iowa	$ 1,602,110	South Dakota	$ 1,585,672
Kansas	$ 1,615,262	Tennessee	$ 1,859,840
Kentucky	$ 1,891,702	Texas	$ 2,442,842
Louisiana	$ 1,972,564	Utah	$ 1,541,326
Maine	$ 1,575,268	Vermont	$ 1,516,606
Maryland	$ 1,604,430	Virginia	$ 1,721,810
Massachusetts	$ 1,657,760	Washington	$ 1,702,200
Michigan	$ 1,916,042	West Virginia	$ 1,807,428
Minnesota	$ 1,598,396	Wisconsin	$ 1,679,650
Mississippi	$ 1,960,486	Wyoming	$ 1,499,930
Missouri	$ 1,774,142		
		Total:	$ 90,000,000

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help demonstrate program accomplishments and strengthen the evidence for strategy implementation. They can also assist in determining whether the identified strategies and associated activities can be implemented at various levels

(i.e., state, sub-population, etc.) within a state.

Throughout the five-year period, CDC will work individually and collectively with recipients to track the implementation of recipient strategies and activities and assess progress on achieving the 5-year NOFO outcomes. Both the process and outcome evaluation will seek to answer the following overarching evaluation questions in five areas:

1. Approach: To what extent has the recipient's implementation approach resulted in achieving the desired outcomes?
2. Effectiveness:
    1. To what extent has the recipient increased the reach of Category A and B strategies to prevent and control diabetes and cardiovascular disease?
    2. To what extent has implementation of Category A and B strategies led to improved health outcomes among the identified priority population(s)?
    3. What factors were associated with effective implementation of Category A and B strategies?
3. Efficiency: To what extent has the NOFO affected efficiencies with regard to infrastructure, management, partners, and financial resources?
4. Sustainability: To what extent can the strategies implemented be sustained after the NOFO ends?
5. Impact: To what extent have the strategies implemented contributed to a measurable change in health, behavior, or environment in a defined community, population, organization, or system?

CDC will use an evaluation approach that consists of (1) ongoing monitoring and evaluation through the collection and reporting of performance measures, (2) a CDC-led national evaluation, and (3) state-led evaluations.

Performance measures developed for this program correspond to the strategies and outcomes described in the logic model. Performance measures recipients will be responsible for collecting and reporting on are noted in the table in this section in the table below. Tier 1 measures are measures that will be reported by all recipients regardless of the strategies selected, and will focus on long term outcomes. Tier 2 measures are measures that will be reported by recipients based on the specific strategies selected, and will focus on short term outcomes. CDC will work with recipients on operationalizing and further defining each performance measure, and guidance will be provided prior to the first year of reporting. Performance measures will be reported annually to CDC, and CDC will manage and analyze the data to assess recipient program improvements, respond to broader technical assistance needs, and report to stakeholders. CDC will analyze performance measure data annually and develop aggregate performance measure reports to be disseminated to recipients and other key stakeholders, including federal partners, other funded and non-funded partners, and policy makers, as appropriate. These aggregate findings may also be presented during site visits and recipient meetings. In addition to performance measures reported by recipients, CDC will track specific intermediate outcome measures and other short and long-term measures (as indicated in the table below) that are relevant to the program through national datasets or national evaluation activities.

For the national evaluation activities, CDC will lead the design, data collection, analysis, and

reporting. Recipients will be asked to participate in national evaluation activities such as surveys, interviews, case studies, and other data collection efforts. An appropriate level of guidance and support will be provided to the recipients to ensure their effective participation in the national evaluation. CDC will use findings from these evaluation efforts to refine its technical assistance and, in turn, maximize and sustain program outcomes.

For state-led evaluations, CDC will assist recipients in developing and implementing evaluation plans that are useful for state-level program improvement and for the overall evaluation of the program. For all components of the evaluation, CDC and recipients will only collect data that will be analyzed and used.

CDC will provide recipients with performance measure reporting templates, and potentially, with evaluation plan reporting templates. CDC will provide evaluation technical assistance and ongoing evaluation guidance on recipient-level evaluation and performance measures. Evaluation technical assistance will be provided using a tiered approach to ensure that the tools and services provided best meet the needs of the recipients. All information will be stored using a secure system. All evaluation findings produced by CDC and recipients, where appropriate, will contribute to: (1) continuous improvement of quality and effectiveness of program strategies; (2) the evidence base; (3) documentation and sharing of lessons learned to support replication and scaling of these program strategies; and/or (4) future funding opportunities supported by CDC.

The data collected by CDC for performance measurement and evaluation are directly related to the implementation of the strategies and/or the desired outcomes indicated in the logic model. The data collected for this NOFO for performance measurement and national evaluation do not include any personally identifiable information. Data being collected are strictly related to the implementation of the NOFO strategies, and shall be used for assessing and reporting progress and for other pertinent program improvement actions. All performance measure data will be stored using a secure data system. Recipients will report their performance measure data annually and will only have access to their data. Over the 5-year performance period, data will be secured with limited access to authorized CDC program and evaluation staff to the extent allowed under applicable Federal law. CDC will aggregate data across all recipients to publish annual and summative reports.

Short-term measures for each strategy (reported based on the strategies selected) and long-term measures reported by all recipients are described in the table below. The table aligns with the logic model and shows the alignment between the overarching focus areas, specific strategies, outcomes, and performance measures.

Category A (Diabetes Management and Type 2 Diabetes Prevention) and Category B (Cardiovascular Disease Prevention and Management) strategies are listed below. Applicants are encouraged to implement Category A and B strategies in the same high burden areas/communities, so that work on these strategies is mutually reinforcing. Complementary strategies should be addressed in a way that benefits both people with prediabetes or diabetes and people with high blood pressure and with or at risk for high blood cholesterol. Applicants will select a minimum of 5 strategies from Category A (minimum of 2 diabetes management strategies and 3 type 2 diabetes prevention strategies) and a minimum of 5 strategies from Category B.

Category A: Diabetes Management and Type 2 Diabetes Prevention Strategies			
Strategies (Applicants will select a minimum of 5 strategies from the list below. Selected strategies must include a **minimum of 2 diabetes management and 3 type 2 diabetes prevention strategies**)	**Short term outcomes and measures** (Recipients will report the short term measure for each strategy selected) ***All measures are Tier 2 measures***	**Intermediate outcomes and measures** ***All measures are Tier 1 measures***	**Long term outcomes and measures** ***All measures are Tier 1 measures***
Diabetes Management: Improve care and management of people with diabetes.	**Outcomes:** Increased access to and coverage for ADA-recognized/AADE-accredited diabetes self-management education and support (DSMES) programs for people with diabetes Increased use of pharmacist patient care processes that promote medication management for people with diabetes	**Outcome**: Increased participation in ADA-recognized/AADE- accredited DSMES programs by people with diabetes	**Outcome**: Decreased proportion of people with diabetes with an A1C > 9
A.1. Improve access to and participation in ADA-recognized/ AADE-accredited DSMES programs in underserved areas *(Note: These programs meet national quality standards and are more likely to be sustained long-term due to reimbursement by Medicare, many private insurance plans, and some State Medicaid*	***Measure:*** A.1. # and proportion of new recognized/accredited DSMES programs	***Measure:*** A.8. # of people with diabetes with at least one encounter at an ADA-recognized/AADE-accredited DSMES program	***Measure:*** A.10. Proportion of people with diabetes with an A1C > 9

Agencies.) OPTIONAL: Applicants selecting strategy #1 may also choose to engage in efforts to increase participation in other DSMES programs that are not recognized/accredited or in chronic disease self-management programs (CDSMP). These programs/curricula must have evidence documenting their impact on people with diabetes. If selected, this work should be **secondary** to improving access to and participation in ADA-recognized/AADE-accredited DSMES programs that meet national quality standards.			
A.2. Expand or strengthen DSMES coverage policy among public or private insurers or employers, with emphasis on one or more of the following: Medicaid and employers	***Measure:*** A.2. # of employees/Medicaid beneficiaries who have DSMES as a covered benefit		
A.3. Increase engagement of pharmacists in the provision of medication management or DSMES for people with diabetes	***Measure:*** A.3. # of pharmacy locations/ pharmacists using patient care processes that promote medication management or DSMES for people with diabetes	***Measure:* A.3. *No Intermediate term measures***	
Type 2 Diabetes Prevention: Improve access to, participation in, and coverage for the National Diabetes Prevention Program (National DPP) lifestyle change program for people with prediabetes, particularly in underserved areas	**Outcomes:** Increased access to and coverage for the National DPP lifestyle change program for people with prediabetes Increased community clinical links that	**Outcome**: Increased enrollment and retention in CDC-recognized organizations delivering the National DPP lifestyle change program	**Outcome**: Increased number of people with prediabetes enrolled in a CDC-recognized lifestyle change program who have achieved 5-

	facilitate referrals and provide support to enroll and retain participants in the National DPP lifestyle change program		7% weight loss
A.4. Assist health care organizations in implementing systems to identify people with prediabetes and refer them to CDC-recognized lifestyle change programs for type 2 diabetes prevention	***Measure:*** A.4. # of patients served within healthcare organizations with systems to identify people with prediabetes and refer them to CDC-recognized lifestyle change programs	***Measure:*** A.9. # of participants enrolled in CDC-recognized lifestyle change programs	***Measure:*** A.11. # of people with prediabetes participating in CDC-recognized lifestyle change programs who have achieved 5-7% weight loss
A.5. Collaborate with payers and relevant public and private sector organizations within the state to expand availability of the National DPP as a covered benefit for one or more of the following groups: Medicaid beneficiaries; state/public employees; employees of private sector organizations	***Measure:*** A.5. # of employees; Medicaid beneficiaries; state/public employees; and/or employees of private sector organizations who have the National DPP lifestyle change program as a covered benefit		
A.6. Implement strategies to increase enrollment in CDC-recognized lifestyle change programs	***Measure:* A.6. *No Short term measures***		
Diabetes Management and/or Type 2 Diabetes Prevention			
A.7. Develop a statewide infrastructure to promote long-term sustainability/reimbursement for Community Health Workers (CHWs) as a means to establish or expand their use in a) CDC-recognized lifestyle change	***Measure*:** A.7**.** # of CHWs covered under state efforts to expand CHW curricula and training delivery vehicles, CHW certification systems,	***Measure: A.7. No intermediate performance measure***	***Measure:*** A.10. a) Proportion of people with diabetes with an A1C > 9 A.11. b) # of

programs for type 2 diabetes prevention and/or b) ADA-recognized/AADE-accredited DSMES programs for diabetes management	and/or CHW payment mechanisms		people with prediabetes participating in CDC-recognized lifestyle change programs who have achieved 5-7% weight loss
Category B: Cardiovascular Disease Prevention and Management Strategies			
Strategies (recipients will select a minimum of 5 strategies)	**Short term outcomes and measures (recipients will report the short term measure for each strategy selected)** ***All measures are Tier 2 measures***	**Intermediate outcomes and measures (all intermediate measures will be tracked/evaluated by CDC)**	**Long term outcomes and measures (all recipients will report long term measures as** ***Tier 1 measures*****)**
Track and Monitor Clinical Measures shown to improve healthcare quality and identify patients with hypertension	***Outcome:*** Increased reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of patients with high blood pressure and high blood cholesterol	***Outcome*****:** Increased medication adherence among patients with high blood pressure and high blood cholesterol	***Outcome***: Increased control among adults with known high blood pressure and high blood cholesterol
B.1. Promote the adoption and use of electronic health records (EHR) and health information technology (HIT) to improve provider outcomes and patient health outcomes related to identification of individuals with undiagnosed	***Measure:*** B.1. # and % of patients within health care systems with systems to report standardized clinical quality measures for the management and		***Measure:*** **B.7. Proportion of adults with known high blood pressure who**

hypertension and management of adults with hypertension.	treatment of patients with high blood pressure (e.g., NQF0018)		**have achieved blood pressure control**
B.2. Promote the adoption of evidence-based quality measurement at the provider level (e.g., use dashboard measures to monitor healthcare disparities and implement activities to eliminate healthcare disparities)	***Measure:*** B.2. # and % of clinics or providers that use standardized quality measures to track differences in BP control and cholesterol management in priority populations compared to overall populations		***Measure*****: B.8. Proportion of patients with total cholesterol at goal (LDL and HDL).**
Implement Team-Based Care for patients with high blood pressure and high blood cholesterol	***Outcome*****:** Increased use of and adherence to evidence-based guidelines and policies related to team-based care for patients with high blood pressure and high blood cholesterol	***Outcome*****:** Increased medication adherence among patients with high blood pressure and high blood cholesterol Increased engagement in self-management among patients with high blood pressure and high blood cholesterol	
B.3. Support engagement of non-physician team members (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers) in hypertension and cholesterol management in clinical settings	***Measure:*** B.3. # and % of patients that are in health care systems that have policies or systems to encourage a multi-disciplinary team approach to blood pressure control and		

	cholesterol management		
B.4. Promote the adoption of MTM between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification	***Measure:*** B.4. # and % of pharmacists engaged in the practice of MTM to promote medication self - management and lifestyle modification for high blood pressure and high blood cholesterol		
Link Community Resources and Clinical Services that support systematic referrals, self-management, and lifestyle change for patients with high blood pressure and high blood cholesterol	***Outcome*****:** Increased community clinical links that support systematic referrals, self-management, and lifestyle change for patients with high blood pressure and high blood cholesterol	***Outcomes*****:** Increased medication adherence among patients with high blood pressure and high blood cholesterol Increased engagement in self-management among patients with high blood pressure and high blood cholesterol Increased participation in evidence-based lifestyle interventions among patients with high blood pressure and high blood cholesterol	
B.5. Develop a statewide infrastructure to promote sustainability for CHWs to promote management of hypertension and high blood cholesterol	***Measure*** B.5. # of CHWs covered under state efforts to expand CHW curricula and training delivery vehicles, CHW certification systems, and/or CHW payment mechanisms		

B.6. Facilitate use of self-measured blood pressure monitoring (SMBP) with clinical support among adults with hypertension	***Measure*** B.6. # and % of patients within health care systems with policies or systems to encourage self-monitoring of high blood pressure tied to clinical support		
B.7 Implement systems to facilitate systematic referral of adults with hypertension and/or high blood cholesterol to community programs/resources	***Measure*** B.7. # and % of patients in health care systems with high blood pressure and high blood cholesterol referred to an evidence-based lifestyle program		

In Category A (Diabetes Management and Type 2 Diabetes Prevention), the following performance measures are not required for recipients to report but will be tracked and/or evaluated by CDC (through national datasets, data from the American Diabetes Association's Education Recognition Program and the American Association of Diabetes Educators' Diabetes Education Accreditation Program, and the CDC Diabetes Prevention Recognition Program):

· # of people with diabetes with at least one encounter at an ADA-recognized/AADE-accredited DSMES program

· # of participants enrolled in CDC-recognized lifestyle change programs

· Proportion of people with diabetes with an A1C > 9

· # of people with prediabetes participating in CDC-recognized lifestyle change programs who have achieved 5-7% weight loss

In Category B (Cardiovascular Disease Prevention and Management), the following performance measures are not required for recipients to report but will be tracked and/or evaluated by CDC (through national datasets, Million Hearts® data, national evaluation of the program, evaluations conducted by innovation states, case studies, etc.):

· # and % of providers with a protocol for identifying patients with undiagnosed hypertension

· % of patients with high blood pressure in adherence to medication regimens

· # and % of patients considered at high risk of cardiovascular events who were prescribed

or were on statin therapy

· # and % of patients with high blood pressure that have a self-management plan

· # and % of health care systems with an implemented community referral system (tracking bi-directional referrals) for evidence-based lifestyle change programs for people with high blood pressure and high blood cholesterol

· # and % of patients referred to an evidence based lifestyle intervention who attend at least one session

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 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), if applicable, for accuracy throughout the lifecycle of the project. 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/additionalrequirements/ar-25.html.

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 a DMP, within the first 6 months of award, as described in the Reporting Section of this NOFO.

In addition, evaluation plans should:

- Describe data collection approaches, measures, and data sources.
- Align each evaluation question with the approach, instruments/data sources, and

timeline.
- Propose analyses for at least two time points (baseline and follow-up), and assess program impact on any intended health disparate populations.
- Describe the amount of the award allocated to evaluation.
- Describe how applicants will work with professional evaluators (either internal or external) to meet the evaluation and performance measurement requirements.

Applicants are encouraged to work with professional evaluators (either internal or external) to meet the evaluation and performance reporting requirements of this NOFO. Therefore, CDC encourages allocating at least 10% of the total funding award to evaluation and performance monitoring and to consider both development and implementation costs. For information on developing an evaluation plan, please refer to the CDC Framework for Program Evaluation in Public Health (Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. MMWR 1999; 48, No. RR-11) https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm.

With support from CDC, recipients will be required to submit a more detailed Evaluation and Performance Measurement Plan, including a Data Management Plan (DMP), within the first 6 months of receiving the award, as described in the Reporting Section of this NOFO. 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 and for compliance with the monitoring and evaluation guidance established by CDC or other guidance otherwise applicable to this cooperative agreement.

Applicants are required to submit a plan for Performance Measurement Data Collection and Use. A detailed plan for Performance Measurement Data Collection and Use will be due within 6 months of receiving the award. CDC will provide additional templates and guidance for developing the Performance Measurement Data Collection and Use plan. Applicants should review the published Performance Measure Dictionary in-depth before finalizing this plan to gain an understanding of the *purpose* of each measure, the *values to be reported*, as well as the supporting *qualitative information to be reported* and *attachments to be submitted* with the report. Any anticipated issue with data collection should be highlighted in the plan, along with options to remedy it. Additionally, the plan should address how the information generated by the performance measures will be used for program improvement by the recipient.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must describe their organizational capacity to carry out the strategies included in Categories A and B. CDC anticipates that all applicants will be able to demonstrate capacity to carry out the activities outlined over the 5-year project period.

When applicants are describing organizational capacity, consideration should be given to prior experience:

- Addressing health equity within the state/jurisdiction.
- Minimizing duplication of effort.
- Coordinating efforts with other federally and privately funded programs within the state in an effort to leverage resources and maximize reach and impact.

Demonstrated readiness to implement the evidence-based strategies includes the ability of applicants to describe the following:

- Established partnerships with groups/organizations relevant to the strategies selected.
- Prior experience working on the strategies selected.
- Proven ability to collect data at a population level and use data to demonstrate impact.
- Experience with planning and implementing programs at a state level and/or statewide or at a systems level.
- Sufficient leadership within the state health department for program planning and development including the identification, hiring, or reassignment and supervision of staff, contractors, and/or consultants sufficient in number and subject matter expertise to plan and implement strategies across Categories A and B.
- Category specific readiness:

Category A

- Access to subject matter expertise (staff and/or contractual) relevant to the diabetes management and type 2 diabetes prevention strategies selected.

Category B

- Access to health systems data, including, for example, payer data (e.g., Medicaid), hospital discharge data, and health plan performance data.
- Demonstrated experience in health systems quality improvement processes.

d. Work Plan

Category A (Diabetes Management and Type 2 Diabetes Prevention Strategies) and Category B (Cardiovascular Disease Prevention and Management strategies)

Applicants must submit a detailed work plan for "Year 1" (which is only 9 months, September 30, 2018 - June 29, 2019) of the award and provide a general summary of work plan activities for Years 2-5 in narrative form. Applicants must include strategies and activities in two categories, Category A (Diabetes Management and Type 2 Diabetes Prevention strategies) and Category B (Cardiovascular Disease Prevention and Management strategies). In both categories, applicants will select from a menu of strategies.

The work plan should demonstrate how activities addressing the selected Category A and B strategies will be implemented in the same high burden areas/communities, so that work on these strategies may be mutually reinforcing. Where appropriate, strategies specific to advancing diabetes management and type 2 diabetes prevention and heart disease and stroke prevention should be addressed in a mutually beneficial way. (Example: Efforts to increase adoption of medication therapy management should be implemented in a way that will benefit both people with diabetes and people with hypertension or high blood cholesterol.) (See Project Goals and Objectives for a list of Category A and B strategies.)

The work plan should describe how the applicant plans to implement all of the required

strategies and activities to achieve NOFO outcomes for Categories A and B. Applicants are not required to use the work plan template but are required to include all of the elements listed within the template. Applicants must name this file Project Narrative_name of state and upload it as a PDF file. CDC will provide feedback and technical assistance to award recipients to finalize the work plan activities post-award.

Recipients will be held accountable for work on the selected Category A and B strategies and corresponding performance measures described in the "Strategies and Activities" table. CDC will work with recipients to operationalize the performance measures and to identify available and feasible data sources.

Category A: Applicants must select a minimum of 5 strategies (2 diabetes management and 3 type 2 diabetes prevention), and report on the status of relevant and applicable performance measures listed in the table of Category A strategies.

Category B: Applicants must select a minimum of 5 strategies listed in the table of Category B strategies, and report on the performance measures for those interventions.

Within the state department of health, cost sharing of positions to support these activities is encouraged (i.e., using Category A and B funds to pay for staff who support activities in both categories).

Work Plan

Complete a work plan for each of the five strategies selected in Category A.

CATEGORY A: DIABETES MANAGEMENT AND TYPE 2 DIABETES PREVENTION

DIABETES MANAGEMENT (Select a minimum of 2 management strategies from the table of Category A strategies.)

Strategy Description A.1					
Activity Description	**Lead Personnel Assigned**	**CONTRIBUTING PARTNERS**	**KEY CONTRACTS & CONSULTANTS**	**Start Quarter**	**End Quarter**
Activity 1					
Activity 2					
Activity 3					
Activity 4					
Activity 5					

Short Term Outcome(s)	**Short Term Measures**
(Outcome description)	*(For each measure, include the Measure Description, Baseline Value, Year 1 Target Value,*

	and Data source) Measure: · Baseline: · Year 1 Target: · Data Source: Measure: · Baseline: · Year 1 Target: · Data Source:

Setting *Please provide all that apply*	(State Government, Community, Faith-Based, Healthcare, Other {Please Describe})
POPULATION OF FOCUS *Only show the populations of focus that apply. Others should be deleted.*	**General** (*General if this strategy does not have a specific population of focus*) **Age** **(*Adults {20-24}, Adults {25-39}, Adults {40-49}, Adults {50-64}, Adults {65 & Older}*)** **Ethnicity** **(*Hispanic or Latino, Not Hispanic or Latino*)** **Gender** (*Male, Female*) **Geography** (*Rural, Urban, Frontier*)

	Race (*African American or Black, American Indian or Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian {Specify}, Native Hawaiian or Other Pacific Islander, Guamanian or Chamorro, Samoan, White, Other {Specify}*) **Sexual Identity** (*Bisexual, Gay, Heterosexual, Lesbian, Questioning*) **Other Populations** (*Low Socioeconomic Status, Disability, Other {Specify}*)

Work Plan

CATEGORY A: DIABETES MANAGEMENT AND TYPE 2 DIABETES PREVENTION

DIABETES PREVENTION (Select a minimum of 3 prevention strategies from the table of Category A strategies.)

Strategy Description					
Activity Description	**Lead Personnel Assigned**	**CONTRIBUTING PARTNERS**	**KEY CONTRACTS & CONSULTANTS**	**Start Quarter**	**End Quarter**
Activity 1					
Activity 2					
Activity 3					
Activity 4					
Activity 5					

Short Term Outcome(s)	**Short Term Measures**

(Outcome description)	*(For each measure, include the Measure Description, Baseline Value, Year 1 Target Value, and Data source)* Measure: · Baseline: · Year 1 Target: · Data Source: Measure: · Baseline: · Year 1 Target: · Data Source:

Setting *Please provide all that apply*	(State Government, Community, Faith-Based, Healthcare, Other {Please Describe})
POPULATION OF FOCUS *Only show the populations of focus that apply. Others should be deleted.*	**General** (*General if this strategy does not have a specific population of focus*) **Age** **(*Adults {20-24}, Adults {25-39}, Adults {40-49}, Adults {50-64}, Adults {65 & Older}*)** **Ethnicity** **(*Hispanic or Latino, Not Hispanic or Latino*)** **Gender** (*Male, Female*) **Geography**

	(*Rural, Urban, Frontier*) **Race** (*African American or Black, American Indian or Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian {Specify}, Native Hawaiian or Other Pacific Islander, Guamanian or Chamorro, Samoan, White, Other {Specify}*) **Sexual Identity** (*Bisexual, Gay, Heterosexual, Lesbian, Questioning*) **Other Populations** (*Low Socioeconomic Status, Disability, Other {Specify}*)

Category A Work Plan: Years 2-5

Provide a general summary of work plan activities proposed in Category A for Years 2-5 (maximum of one page narrative).

Work Plan

Complete a work plan for each of the five strategies selected in Category B.

CATEGORY B: CARDIOVASCULAR DISEASE PREVENTION AND MANAGEMENT

Strategy Description B.1					
Activity Description	**Lead Personnel Assigned**	**CONTRIBUTING PARTNERS**	**KEY CONTRACTS & CONSULTANTS**	**Start Quarter**	**End Quarter**
Activity 1					
Activity 2					
Activity 3					
Activity 4					

Activity 5					

Short Term Outcome(s)	**Short Term Measures**
(Outcome description)	*(For each measure, include the Measure Description, Baseline Value, Year 1 Target Value, and Data source)* Measure: · Baseline: · Year 1 Target: · Data Source: Measure: · Baseline: · Year 1 Target: · Data Source:

Setting *Please provide all that apply*	(State Government, Community, Faith-Based, Healthcare, Other {Please Describe})
POPULATION OF FOCUS *Only show the populations of focus that apply. Others should be deleted.*	**General** (*General if this strategy does not have a specific population of focus*) **Age** **(*Adults {20-24}, Adults {25-39}, Adults {40-49}, Adults {50-64}, Adults {65 & Older}*)** **Ethnicity** **(*Hispanic or Latino, Not Hispanic or Latino*)** **Gender**

	(*Male, Female*) **Geography** (*Rural, Urban, Frontier*) **Race** (*African American or Black, American Indian or Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian {Specify}, Native Hawaiian or Other Pacific Islander, Guamanian or Chamorro, Samoan, White, Other {Specify}*) **Sexual Identity** (*Bisexual, Gay, Heterosexual, Lesbian, Questioning*) **Other Populations** (*Low Socioeconomic Status, Disability, Other {Specify}*)

Category B Work Plan: Years 2-5

Provide a general summary of work plan activities proposed in Category B for Years 2-5 (maximum of one page narrative).

e. CDC Monitoring and Accountability Approach

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

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

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

- Ensuring that work plans are feasible based on the budget and consistent with the intent

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

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

The proposed work plan and performance measures will be reviewed annually by the project officer and evaluation staff, and may need to be altered to better reflect program activities as outlined in the NOFO. Monitoring will occur routinely through ongoing communication between CDC and recipients via monthly calls, reporting mechanisms (i.e., work plans, performance measures, and financial reporting), and site visits. Post-award cooperative agreement monitoring and provision of technical assistance and training will include:

- Ensuring that work plans are feasible, fiscally responsible, consistent with the intent of the award, and have acceptable milestones and timelines.
- Ensuring that the activities outlined in the NOFO are being completed.
- Assisting recipients in adjusting work plan activities based on achievement of objectives and/or budget changes.
- Communicating as needed, or at minimum monthly, with the project coordinator and other program staff on conference calls/webinars.
- Sponsoring webinars and other meetings/trainings associated with the NOFO.
- Providing tools/resources aligned with program activities and NOFO outcomes, assessment, and implementation support.

CDC will analyze performance measurement data to review progress and identify technical assistance needs for all NOFO strategies at the national-level on an annual basis. The performance measure data will be triangulated with other internal and external sources of appropriate data to arrive at a rational assessment of progress. Findings from the annual analysis of performance measure data will be used to identify areas of program improvement, broader technical assistance needs, and to report to stakeholders. CDC will develop annual, aggregate performance measure reports to be disseminated to recipients and other key stakeholders, including federal partners, other funded and non-funded partners, and policy makers as appropriate. These aggregate findings may also be presented during site visits and recipient meetings. In addition to performance measures reported by recipients, CDC will track specific intermediate outcome measures and other short and long-term measures (as indicated in the table notes on page 20-21) that are relevant to the program through national datasets or national evaluation activities.

The national evaluation will be used to answer questions regarding the approach, efficiency, effectiveness, sustainability, and impact of the strategies being implemented by recipients. The specific questions in each area will be updated annually based on findings from the performance

measure data as well as other lessons learned throughout the year. Recipients will be asked to participate in data collection activities for the CDC-led national evaluation of Component A and Component B strategies. CDC guidance will be provided to the recipients to ensure effective participation in the CDC-led national evaluation. All evaluation findings produced by CDC and recipients, where appropriate, will contribute to: (1) continuous improvement of quality and effectiveness of program strategies; (2) the evidence base; (3) documentation and sharing of lessons learned to support replication and scaling of these program strategies; and/or (4) future funding opportunities supported by CDC.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

The CDC programs supporting this NOFO will be substantially involved beyond site visits and regular performance and financial monitoring during the project period. Substantial involvement means that the recipient can expect federal programmatic partnership in carrying out efforts under the award. CDC will work in partnership with the recipient to ensure the success of the cooperative agreement by:

- Supporting recipients in implementing cooperative agreement requirements and meeting program outcomes;
- Providing technical assistance to revise annual work plans;
- Assisting recipients in advancing program activities to achieve project outcomes;
- Providing scientific subject matter expertise (e.g., engaging non-physician team members, implementing and sustaining the National Diabetes Prevention Program) and resources in support of the selected strategies;
- Collaborating with recipients to develop and implement evaluation plans that align with CDC evaluation activities;
- Providing technical assistance on recipients' evaluation and performance measurement plans;
- Providing technical assistance to define and operationalize performance measures;
- Using webinars and other social media for recipients and CDC to communicate and share tools and resources;
- Establishing learning communities to facilitate the sharing of information among recipients;
- Providing professional development and training opportunities, either in person or through virtual, web-based training formats, for the purpose of sharing the latest science, best practices, success stories, and program models;
- Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve outcomes;
- Coordinating communication and program linkages with other CDC programs and Federal agencies, such as the Health Resources and Services Administration (HRSA), Centers for Medicare & Medicaid Services (CMS), Indian Health Service (IHS), and the National Institutes of Health (NIH);
- Providing surveillance technical assistance and state-specific data collected by CDC;
- Providing technical expertise to other CDC programs and Federal agencies on how to interface with recipients;

- Translating and disseminating lessons learned through publications, meetings, and other means on promising and best practices to expand the evidence base; and
- Hosting a meeting/training during the first year of the project period and later in the project period (for a total of 2 meetings/trainings for recipients).

CDC will:

1. Ensure that grantees have access to expertise found throughout NCCDPHP. For example, a team of subject matter experts could include, but is not limited to, the project officer, health scientists, epidemiologists, statisticians, policy analysts, communication specialists, health economists, and evaluators to provide technical assistance to grantees. Technical assistance teams will also work in collaboration with other programs and divisions across NCCDPHP to identify specific actions that improve efficiency and greater public health impact.
2. Collaborate with grantees to explore appropriate flexibilities needed to meet public health outcomes and goals. Flexibility in cooperative agreements includes grantee's ability to propose alternative methods to achieve the outcomes and goals of the cooperative agreement that align with grantee's opportunities for success, infrastructure, partner and stakeholder buy-in, demographics, and burden. This includes bringing together resources from multiple cooperative agreements to jointly advance the goals of each, and expanding the dialogue to bring in other CDC and grantee staff to reach a win/win solution.
3. Create greater efficiencies and consistency across NCCDPHP programs for grantees. Examples of how NCCDPHP divisions and programs work together to achieve this include but are not limited to:
    - Joint site visits that maximize the ability to do collaborative problem solving, offer insights and ideas to strengthen or augment grantee approaches, and increase understanding of grantee's context to accomplish chronic disease prevention and health promotion.
    - Jointly developed resources and tools that focus on cross-cutting functions, settings, domains, risk factors, conditions and diseases to ensure consistent messages and to meet grantee technical assistance needs.
    - Joint training and technical assistance opportunities that help grantees produce policies and programs that are more holistic and fully supportive of work in tobacco, nutrition, physical activity, chronic disease management and other strategies and topics, as appropriate.
4. Continue and expand support for grantees to leverage NCCDPHP resources to address cross-cutting functions, domains, settings, risk factors and diseases.

Defining terms

Cross-cutting functions: Are functions that are necessary to all programs and include communication, epidemiology, evaluation, health equity, leadership, partnerships, planning, policy, and training among others; as well as functions specific to the cooperative agreement.

Domains:

1. Epidemiology and surveillance—to monitor trends and track progress.

2. Environmental approaches—to promote health and support healthy behaviors.
3. Health care system interventions—to improve the effective delivery and use of clinical and other high-value preventive services.
4. Community programs linked to clinical services—to improve and sustain management of chronic conditions.

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

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

B. Award Information

1. Funding Instrument Type: 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: 2018

Estimated Total Funding: $90,000,000

4. Approximate Total Fiscal Year Funding: $90,000,000

For the initial budget period, which is only 9 months, the ceiling for each recipient is lower than the anticipated amount for subsequent 12-month budget periods. CDC anticipates subsequent budget periods will be 12 months, starting June 30, 2019.

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding: $530,000,000

6. Total Period of Performance Length: 4.75

7. Expected Number of Awards: 51

8. Approximate Average Award: $1,765,000 Per Budget Period

Refer to the Funding Table for specific funding amounts for each recipient.

This amount is subject to the availability of funds.

9. Award Ceiling: $3,000,000 Per Budget Period

Refer to the Funding Table for the specific ceiling amount for each recipient.

10. Award Floor: $800,000 Per Budget Period

Refer to the Funding Table for the specific amounts for each recipient.

11. Estimated Award Date: 09/30/2018

Throughout the period of performance, 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 (period of performance) 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).

12. Budget Period Length: 9 month(s)

The initial budget period will be 9 months. CDC anticipates that subsequent budget periods will be 12 months, starting June 30.

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: State governments
Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

Government Organizations:

State (includes the District of Columbia)

2. Additional Information on Eligibility

State governments and the District of Columbia, or their bona fide agents.

Applicants should refer to the funding table for specific funding ceiling amounts for each recipient; for the initial budget period, which is only 9 months, the ceiling for each recipient is lower than the anticipated amount for subsequent 12-month budget periods.

The award ceiling for each component under Section B. Award Information is $3,000,000. CDC will not consider any application requesting an award higher than the specified amount. If a pre-application is required, then specify here and include it in the special eligibility

requirements section. (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/gpd2-04.pdf)

3. Justification for Less than Maximum Competition

2018 Congressional appropriations language, summarized below, directs CDC to fund state, local, and tribal public health departments. Local health departments will be eligible to compete under a separate NOFO, and tribes and tribal-serving organizations are currently funded under separate NOFOs. Therefore, this NOFO is limited to state governments and the District of Columbia or their bona fide agents.

Heart Disease and Stroke Prevention:

- House committee language states, "The Committee increases support for CDC's heart disease and stroke prevention activities within state, local, and tribal public health departments, and for enhanced surveillance and research to target high-burden populations and guide public health strategies."
- Senate committee language states, "The Committee continues funding to support, strengthen, and expand heart disease and stroke prevention and control activities within state, local, and tribal public health departments and to enhance surveillance and research to target high burden populations and guide public health strategies. The Committee encourages CDC to prioritize these funds to communities with the highest disease burden of heart disease and stroke to identify and disseminate novel and innovative evidence-based strategies, including scientifically valid risk factor reduction measures, through competitive awards."

Diabetes:

- Senate committee language states, "...The Committee believes these activities must include clear outcomes and ensure transparency and accountability that demonstrate how funding was used to support diabetes prevention and specifically how diabetes funding reached state and local communities. Additionally, the Committee encourages CDC to support the translation of research into better prevention, care, and surveillance."

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for the NOFO exists, applicants are encouraged to leverage other resources and related ongoing efforts to promote sustainability.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

Additional materials that may be helpful to applicants: http://www.cdc.gov/ od/ pgo/ funding/ docs/ Financial ReferenceGuide.pdf.

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.

a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their DUNS 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. 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 ***www.SAM.gov***.

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

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issues a new DUNS number check online at (http:// fedgov.dnb. com/ webform) or call 1-866-705-5711

2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS 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 the applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying to grants.gov)	Register early! Log into Grants.gov and check AOR status until it shows you have been approved

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 funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

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 or postmarked by)

Due Date for Letter of Intent: **N/A**
N/A

b. Application Deadline

Due Date for Applications: **06/11/2018** , 11:59 p.m. U.S. Eastern Standard 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.

Date for Informational Conference Call: 04/23/2018
Scheduled for 3:00 - 4:00 pm, Eastern Standard Time.

URL:	**https://adobeconnect.cdc.gov/r798tz97pl0/**	
Conference Number(s):	Conference I.D.:	3461523#
	Conference Number:	18885667703

Questions may be submitted to 1815COMMS@cdc.gov as soon as the NOFO is released.

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http:// wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) / Homepage.aspx.
Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http:// wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) / Homepage.aspx

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

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

Is a LOI: Not Applicable

A letter of intent is not requested or required as part of the application for this NOFO.

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

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

10. Project Narrative

Multi-component NOFOs may have a maximum of 15 pages for the "base" (subsections of the Project Description that the components share with each other, which may include target

population, inclusion, collaboration, etc.); and up to 4 additional pages per component for Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages.

Page limits include work plan; content beyond specified limits may not be reviewed. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. 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.

For the purposes of this NOFO, there is a 40-page limit for the Project Narrative, inclusive of the Work Plan.

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 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 period of performance. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

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 period of performance. (See CDC Project Description: Strategies and Activities section.)

1. Collaborations

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

2. Target Populations and Health Disparities

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

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of

these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
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.

Applicants should prepare a budget narrative and justification for the strategies they are proposing to implement in each category. Costs should be divided equally between work on Category A (Diabetes Management and Type 2 Diabetes Prevention) and Category B (Cardiovascular Disease Prevention and Management) strategies. For example, if an applicant is eligible to apply for a total of $2,000,000, the proposed budget should be divided equally between staff, contractors, and other costs needed to support work on Category A strategies ($1,000,000) and Category B strategies ($1,000,000). The total amount of funding requested should not exceed the total dollar amount for which the applicant is eligible to apply. (Refer to the Funding Table for specific funding amounts for each recipient.)

Recipients will be required to attend a 3-day meeting/training to be held in Atlanta in the first year of the funding cycle, and should budget for key program staff and evaluators to attend. This includes staff working on both the Category A and Category B strategies.

13. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: http://www.whitehouse.gov/omb/grants_spoc/.

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.

14a. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be

identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 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.

14b. 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.

14c. 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.

14d. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit 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/additionalrequirements/ar-25.html

15. 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.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

No additional restrictions.

16. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at www.grants.gov.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https://www.grants.gov/ help/html/help/ index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

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

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

Such requests are handled on a case-by-case basis.
An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.
   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

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 the Office of Grants Services. Complete applications will be reviewed for responsiveness by 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.

iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points: 0

iii. Applicant's Organizational Capacity to Implement the Approach

Organizational Capacity – The extent to which the applicant:

- Describes its organizational capacity to carry out the Category A and B strategies, including coordination with other federally and privately funded programs within the state in order to leverage resources and maximize reach and impact.
- Describes its ability to address health equity.
- Describes how it will minimize duplication of effort.
- Describes how it will access subject matter expertise (staff and/or contractual) relevant

to the strategies selected.

Project Management – The extent to which the applicant:

- Describes core project management plans and capability to execute Categories A and B, including roles and responsibilities of project staff.
- Describes who will have day-to-day responsibility for key tasks such as: leadership of the project; monitoring of the project's on-going progress; preparation of reports; program evaluation; and communication with partners and CDC.
- Describes any contractual organization(s) that will have a significant role(s) in implementing program strategies and achieving project outcomes.
- Describes how any consultants and/or partner organizations will contribute to achieving project outcomes.

Budget Maximum Points: 0

Budget

Evaluate the extent to which the applicant proposes a budget which:

- Aligns with the proposed work plan.
- Is supportive of the intent of and budgetary guidance in the NOFO, including a 50/50 split in budgetary support for work on Category A and B strategies.
- Supports CDC fiscal policy (e.g., provides all six required elements for proposed contractors). (Refer to CDC's Budget Preparation Guidelines at: http://www.cdc.gov/grants/interestedinapplying/applicationresources.html for more information.)

i. Approach Maximum Points: 0

Because this NOFO is non-competitive, a Technical Review will be conducted by CDC staff. The review criteria below will be used. Applications will not be scored.

i. Approach

Purpose and Outcomes - The extent to which the applicant:

- Describes how it will address the problem statement, required project period outcomes, and its approach to addressing the required program strategies by category to achieve the outcomes, including identification of target populations and inclusion of populations who may otherwise be missed by the program.

Collaboration – The extent to which the applicant:

- Describes how it will collaborate with CDC-funded programs as well as programs external to CDC in implementing the Category A and B program strategies.

Work Plan - The extent to which the applicant describes a detailed 9-month work plan for "Year 1" that:

- Aligns with the program logic model in the "CDC Project Description, Approach"

section.

- Specifies the strategies and performance measures (from the table in the "Evaluation and Performance Measurement, CDC Evaluation and Performance Measurement Strategy" section) the applicant will be working on, and provides a proposed data source, baseline, and target for each measure.
- Specifies the scope, setting(s), and population(s) of focus for work under each strategy.
- Lists appropriate activities that will be done to accomplish the work and achieve the performance measures for each strategy, including sufficient detail to determine key milestones and deliverables planned.
- Describes how it will apply Category A and B strategies in the same communities/settings, where appropriate, so that work may be mutually reinforcing, and address complementary Category A and B strategies in a way that will benefit both people with prediabetes or diabetes and people with high blood pressure and with or at risk for high blood cholesterol.
- Provides a general summary of activities for Years 2-5. Includes plans for identifying and accessing data for any short-term performance measures where data are currently unavailable (i.e., those measures on the work plan that are missing information on data source, baseline, and target).

ii. Evaluation and Performance Measurement Maximum Points: 0

ii. Evaluation and Performance Measurement

The extent to which the applicant:

- Describes how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Describes the type of evaluations to be conducted (i.e. process and/or outcome).
- Describes how key evaluation questions will be answered.
- Describes potentially available data sources for evaluation and performance measurement.
- Describes how evaluation findings will be used for continuous program and quality improvement.
- Describes appropriate data collection approaches, measures, and data sources.
- Describes the amount of the award allocated to evaluation.
- Describes how applicants will work with professional evaluators (either internal or external) to meet the evaluation and performance reporting requirements.

Because this NOFO is non-competitive, a Technical Review will be conducted by CDC staff. The above review criteria will be used. Applications will not be scored.

c. Phase III Review

All applicants submitting a technically acceptable application will be funded for this NOFO. Applications will be reviewed using a Technical Review process involving CDC program staff and will not be scored.

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.
In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Successful applicants can anticipate notice of funding by September 30, 2018 with a start date

of September 30, 2018.

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 NOFO will be subject to the DUNS, 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 or by U.S. mail.

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 http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

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

- AR-7: Executive Order 12372 Review
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-24: Health Insurance Portability and Accountability Act Requirements
- AR-25: Data Management and Access
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-34: Language Access for Persons with Limited English Proficiency

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

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the period of performance. 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 NOFO outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	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
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of period of performance.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	Yes

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

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide

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

Evaluation
• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically 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 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 weblinks 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 recipient must submit the Annual Performance Report via www.Grantsolutions.gov 120 days prior to the end of the budget period.

Carryover requests must:

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

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. 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, awardees 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)

This report is due 90 days after the end of the period of performance. 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 period of performance, 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).

No additional information.

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

Lazette Lawton, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Email: 1815COMMS@cdc.gov

Grants Management Office Information

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

Stephanie Latham, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Email: fzv6@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: ogstims@cdc.gov

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
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A

- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Indirect Cost Rate, if applicable
- Bona Fide Agent status documentation, if applicable

For this NOFO, there is a 40-page limit for the Project Narrative, inclusive of the Work Plan.

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 http:// 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.
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 period of performance. 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.
Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
CFDA Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.

CDC Assurances and Certifications: Standard government-wide grant application forms.
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. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
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 2020: 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.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point

of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.

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.
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.