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

Office of the Director

Notice of Funding Opportunity

Application due January 15, 2025

Advancing Public Health Actions to Prevent and Control Chronic Disease in the U.S. Territories and Freely Associated States

Opportunity number: CDC-RFA-DP-25-0024

Contents

Before you begin

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

SAM.gov registration (this can take several weeks)

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

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

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

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on January 15, 2025.

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

Step 1:
Review the Opportunity

In this step

Basic information

Centers for Disease Control and Prevention (CDC)

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Office of the Director

Enhancing data-driven and cultural approaches for preventing, managing, and controlling chronic diseases in the U.S. territories and freely associated states.

Summary

Six out of ten adults living in the United States have at least one chronic disease. The cost of managing individuals with chronic conditions is a significant portion of the nation's healthcare expenses. The United States has made progress in chronic disease prevention and control over recent decades. However, similar advancements have not been made in the U.S. territories and freely associated states.

The U.S. territories and freely associated states include:

- American Samoa
- The Commonwealth of the Northern Mariana Islands (CNMI)
- The Federated States of Micronesia (FSM)
- Guam
- Puerto Rico
- The Republic of the Marshall Islands (RMI)
- The Republic of Palau (Palau)
- The U.S. Virgin Islands (USVI)

The unique challenges these islands face make addressing chronic disease particularly complex. These challenges include:

- High disease burden.
- Dispersed populations.
- Limited infrastructure.
- Diverse cultures and languages.

Have questions?
See Contacts and Support.

Key facts

Opportunity name: Advancing Public Health Actions to Prevent and Control Chronic Disease in the U.S. Territories and Freely Associated States

Opportunity number: CDC-RFA-DP-25-0024

Federal assistance listing: 93.377

Key dates

Application deadline: January 15, 2025

Informational call: December 3, 2024

Expected award date: February 27, 2025

Expected start date: March 31, 2025

- Vulnerability to natural disasters.
- Strained healthcare systems.
- High healthcare costs.

This cooperative agreement will support integrated, evidence-based strategies and activities to prevent and manage chronic disease in the U.S. territories and freely associated states. This notice of funding opportunity (NOFO) aims to reduce disability and death rates associated with chronic diseases by decreasing the prevalence of modifiable risk factors that contribute to chronic diseases in these islands. Focus areas include:

- Preventing and reducing tobacco use and secondhand smoke exposure.
- Preventing and managing diabetes.
- Improving oral health disparities.

There are two components to this NOFO. The first is a required Core Component, which uses evidence-based strategies to promote health and reduce chronic disease. The second is an optional, competitive Oral Health Component, which addresses oral disease with evidence-based interventions and practices.

Note on key terms

In this NOFO, we use the terms “chronic disease” and “non-communicable disease (NCD)” interchangeably to refer to long-term health conditions that persist over time.

Funding details

Type: Cooperative agreement

Expected total program funding over the performance period: $17,450,000

Expected total program funding per budget period: $3,490,000

Expected awards: 8

Funding floor per applicant per budget period: $230,000

Expected average award amount per budget period: $475,000

Average award amount per budget period for the Core Component: $450,000

Average award amount per budget period for the Oral Health Component: $200,000

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

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

Funding strategy

We will only award funding to one recipient per U.S. territory or freely associated state. If we receive multiple applications from the same U.S. territory or freely associated state, only the highest scoring application will be funded. We will award for each component as follows:

- For the Core Component, we intend to fund up to eight recipients.
- For the Oral Health Component, we intend to fund up to one recipient. The Oral Health Component recipient must also be awarded for the Core Component.

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

Eligibility

Who can apply

Eligible applicants – open competition

Only these types of organizations may apply:

- State governments.
- County governments.
- City or township governments.
- Special district governments.
- Independent school districts.
- Public and state-controlled institutions of higher education.
- Native American tribal governments (federally recognized).
- Public housing authorities and Indian housing authorities.
- Native American tribal organizations, other than federally recognized tribal governments.
- Nonprofits having a 501(c)(3) status, other than institutions of higher education.
- Nonprofits without 501(c)(3) status, other than institutions of higher education.
- Private institutions of higher education.
- For-profit organizations other than small businesses.
- Small businesses.
- Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Non-domestic (non-U.S.) components of U.S. organizations are not eligible to apply. Non-domestic entities (foreign institutions) are not eligible to apply.

Other required qualifying factors

The following additional eligibility requirements apply. If you do not comply with these requirements, we will deem your application non-responsive, and it will not undergo further review.

Ability to access and submit data

If you are not a Department or Ministry of Health in the jurisdiction you are applying for, you must attach a memorandum of agreement (MOA) or memorandum of understanding (MOU) with the Department or Ministry of Health in that jurisdiction. We require specific surveillance and health system data from recipients to make sure you are meeting performance measures. Therefore, you must demonstrate that you will be able to access that data and submit it to us.

The MOU or MOA should specify that the Department or Ministry of Health will do the following:

- Provide you with access to surveillance and health system data.
- Grant you the authority to submit the data to CDC.
- Collaborate with you to make sure complete data are submitted to CDC.

You must provide the MOU or MOA in an attachment labeled "MOU_DataAccess" when you submit your application via Grants.gov.

Location

You must provide proof of your location in one of the U.S. territories or freely associated states listed here:

- American Samoa
- The Commonwealth of the Northern Mariana Islands (CNMI)
- The Federated States of Micronesia (FSM)
- Guam
- Puerto Rico
- The Republic of the Marshall Islands (RMI)
- The Republic of Palau (Palau)
- The U.S. Virgin Islands (USVI)

You must be able to implement this program in the U.S. territory or freely associated state in which you operate and are located.

Evidence of location may include documentation showing that you are a territorial government or a bona fide agent in the U.S. territory or freely associated state. A bona fide agent is an agency or organization recognized by the state as eligible to submit an application under state eligibility in place of a state application.

If you are applying as a territorial government or bona fide agent of a jurisdiction or local government, you must attach evidence of location documentation from the state or local government. This documentation must be provided as an attachment labeled "Evidence of Location" when you submit your application via Grants.gov.

Cost sharing and matching funds

This program has no cost-sharing requirement or matching funds requirement. If you choose to include cost-sharing funds as a contribution to the award, we won't consider it during review of your application.

Although cost-sharing or matching funds are not required, we strongly encourage you to leverage other resources and related ongoing efforts to promote sustainability.

Program description

Background

Overview

The U.S. territories and freely associated states include:

- American Samoa
- The Commonwealth of the Northern Mariana Islands (CNMI)
- The Federated States of Micronesia (FSM)
- Guam
- Puerto Rico
- The Republic of the Marshall Islands (RMI)
- The Republic of Palau (Palau)
- The U.S. Virgin Islands (USVI)

For more than 10 years, CDC has supported a variety of strategies and activities aimed at improving island health by preventing chronic diseases and their risk factors, improving chronic disease management, and promoting healthy behaviors.

In recent decades, chronic disease prevention and control have improved in the U.S. However, progress is slower in the U.S. territories and freely associated states. These islands often have higher rates of chronic diseases and associated risk factors. In order to reduce chronic disease rates in the Islands among all population groups, raising public and decision maker awareness of the population health impact of chronic diseases and their associated risk factors as well as the evidence-based policies and interventions that prevent and reduce them, must be continually addressed.

Addressing chronic disease in these islands is challenging for many reasons, including:

- High disease burden.
- Dispersed populations.
- Limited infrastructure.
- Limited availability of surveillance data.
- Diverse cultures and languages.

- Vulnerability to natural disasters.
- Strained healthcare systems.
- High healthcare costs.

Promoting health equity is essential for effective chronic disease prevention. By understanding the unique perspectives and context of island communities and tailoring strategies to match, programs can reduce health disparities and improve overall well-being in the U.S. territories and freely associated states. This NOFO will focus on strategies that address health disparities and social determinants of health, as reflected in the NCCDPHP Approach to Social Determinants of Health.

This NOFO builds on the lessons learned from two previous cooperative agreements, CDC-RFA-DP14-1406 and CDC-RFA-DP19-1901. The strategies and activities supported by this NOFO have been tailored to align more closely with the specific needs, capabilities, capacity, and interests of the islands. Our goal is to address the root causes of chronic disease and prioritize impactful approaches.

Related work

The following CDC programs conduct work related to the programs funded through this NOFO.

- Prevention and Control of Chronic Disease and Associated Risk Factors in the U.S. Affiliated Pacific Islands, U.S. Virgin Islands, and Puerto Rico (CDC-RFA-DP19-1901)
- National and State Tobacco Control Program
- Racial and Ethnic Approaches to Community Health (REACH)
- State Actions to Improve Oral Health Outcomes - Funded Oral Health Programs
- State Physical Activity and Nutrition (SPAN) Program
- The National Cardiovascular Health Program

Other CDC resources

These resources may be helpful for planning related programs:

- Disability and Health Promotion
- Heart Disease and Stroke Best Practices Clearinghouse
- National Diabetes Prevention Program Customer Service Center
- CDC Diabetes Self-Management Education and Support Toolkit
- The Community Guide

- The Public Health Professionals Gateway
- Evidence-Based Tobacco Prevention and Control Guides
- Surgeon General's Reports on Smoking and Tobacco Use (cdc.gov)
- Oral Health Information and Resources

Purpose

The purpose of this NOFO is to improve the health of the U.S. territories and freely associated states by decreasing the prevalence of modifiable risk factors that cause or contribute to chronic diseases. Our goal is to reduce the rates of disability and death associated with the chronic diseases affecting the islands' populations.

This NOFO includes two components:

- A mandatory Core Component to promote health and reduce chronic diseases within each of the eight U.S. territories and freely associated states.
- An optional, competitive Oral Health Component to address oral health in one of the U.S. territories or freely associated states.

Core Component approach

Overview of the Core Component

The Core Component is mandatory for all applicants.

The Core Component outlines a set of evidence-based strategies and activities to promote health and reduce chronic disease across the U.S. territories and freely associated states. The objectives of the Core Component are to:

- Prevent and reduce tobacco use and secondhand smoke exposure.
- Prevent and manage diabetes and diabetes-related complications.

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

Outcomes are the results that you intend to achieve and usually show the intended direction of change, such as increase or decrease.

Not all outcomes apply to all strategies. The table shows how they apply.

Core Component logic model

The logic model shows the strategies and activities of the program along with the outcomes we expect over time. The required outcomes are topic specific but may not be limited to one or the other. We will require you to report on the asterisked (*) outcomes as follows.

Table: Core Component strategies and outcomes

Strategies	Short-term outcomes (1-2 years)	Intermediate outcomes (2-5 years)	Long-term outcomes (5 years or more)
1. Systematically collect, share, and use non-communicable disease (NCD) population-based and/or clinical data to drive local public health action and evaluate impact.	• Improved completeness and quality of NCD surveillance data. • Increased capacity to collect, analyze, and disseminate NCD data and data related to tobacco use, secondhand smoke/aerosol exposure, and tobacco-related disparities.	• Increased availability and use of population-based and clinical data on NCDs and risk factors, including those related to tobacco use (for example, educational materials and evidence-based interventions).	• Decreased tobacco use among adults and adolescents.* • Increase implementation of evidence-based interventions to reduce morbidity, mortality, and disparities due to NCDs and risk factors, including those related to tobacco.*
2. Implement policy, system, and environmental (PSE) change strategies to improve awareness and prevention of chronic disease and associated modifiable risk factors.	• Increased public and decision-maker awareness and knowledge of the risks of chronic disease, including the dangers of tobacco use and the effectiveness of tobacco control interventions and social norm change.* • Increased awareness about the benefits of smokefree environments and	• Decreased exposure to tobacco marketing.* • Increased implementation and compliance with tobacco control policies, including comprehensive smokefree policies.* • Reduced access to tobacco products and reduced social norms accepting of tobacco use.*	• Decreased initiation of tobacco use among youth and young adults. • Decreased exposure to secondhand smoke/aerosol.

Strategies	Short-term outcomes (1-2 years)	Intermediate outcomes (2-5 years)	Long-term outcomes (5 years or more)
	increased support for them.*		
3. Implement culturally appropriate health communication to prevent and/or control risk factors that lead to chronic disease.	• Increased culturally appropriate health communication interventions and messages to reach both the general population and populations experiencing tobacco-related disparities.* • Increased reach of prediabetes awareness messages both in the general population and among healthcare professionals.*	• Increased overall quit attempts and increased quit attempts using evidence-based services to help people quit using tobacco. • Decreased susceptibility to experimentation with tobacco products, including e-cigarettes and other emerging tobacco products.	
4. Promote health systems changes to improve screening, treatment, care, and support for people with and at risk for chronic disease.	• Increased health systems that routinely screen for tobacco use, advise tobacco users to quit, and promote and support evidence-based services to help people quit using tobacco.* • Increased engagement of clinical and public health team members in the	• Increased use of evidence-based services to help people quit using tobacco. • Increased overall quit attempts and increased quit attempts using evidence-based services to help people quit using tobacco. • Improved quality and availability of diabetes	• Improved health outcomes among people with diabetes.*

Strategies	Short-term outcomes (1-2 years)	Intermediate outcomes (2-5 years)	Long-term outcomes (5 years or more)
	NCD Collaborative.*	management and care services.*	
5. Coordinate actions to increase access to, use of, and participation in evidence-based chronic disease prevention and management services.	• Increased awareness of the need to support and promote services to help people quit using tobacco via healthcare providers and partners. • Increased establishment and maintenance of culturally tailored diabetes self-management education and support (DSMES) programs.* • Increased implementation of culturally tailored, CDC-recognized type 2 diabetes prevention programs.*	• Increased engagement and coordination of partners to improve access to and use of culturally appropriate, evidence-based services to help people quit using tobacco.* • Increased engagement in culturally tailored DSMES programs among adults with diabetes.* • Increased participation in culturally tailored, CDC-recognized type 2 diabetes prevention programs among adults at high risk for type 2 diabetes.*μ	• Improved self-management among people with diabetes.* • Reduced risk for type 2 diabetes among adults participating in culturally tailored, CDC-recognized type 2 diabetes prevention programs. *μ

* Indicates outcomes you are required to report on. You are only required to report on outcomes for the specific activities you have selected to work on.

μ Indicates outcomes for which CDC will provide data for linked performance measures.

Core Component strategies and activities

This section elaborates on the strategies and activities described in the logic model and provides details on expectations of recipients to implement the NOFO. In describing your approach, you must include background information that supports the need for NCD prevention activities in your U.S. territory or freely associated state. You must describe the strategies and activities you plan to implement during the period of performance.

We expect you to implement all five strategies in the Core Component during the five-year period of performance. Each strategy has different requirements for which activities you must implement. Some requirements involve more than one strategy.

You are welcome to select more than the required number of activities. However, choosing additional activities will not impact your application score.

The summary of required activities provides a summary of the requirements for each strategy.

Strategy 1

Systematically collect, share, and use non-communicable disease (NCD) population-based and/or clinical data to drive local public health action and evaluate impact.

You must select at least two of these activities:

- **1.1:** Develop and/or update your NCD surveillance plan and/or NCD data dashboard. If you are also applying for the Oral Health Component, you must incorporate oral health indicators and dissemination activities into the NCD surveillance plan and/or NCD data dashboard.
- **1.2:** Conduct surveys, such as NCD hybrid survey, Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavioral System (YRBS), Global Youth Tobacco Survey (GYTS), and Global Adult Tobacco Survey (GATS).
- **1.3:** Disseminate and use surveillance data to plan and implement your program.

You must implement activities 1.4 and 1.5:

- **1.4:** Develop and/or maintain a jurisdiction NCD coalition that includes engaged, diverse members interested in working to prevent and reduce tobacco use and secondhand smoke exposure, prevent and manage diabetes, and improve oral health disparities (if you are applying for the Oral Health Component) through data-informed public health actions.

- **1.5:** Work with the jurisdiction NCD coalition and other partners to develop and/or update a five-year NCD strategic plan that engages partners in planning, monitoring, and implementing strategies and activities.

Strategy 2

Implement policy, system, and environmental (PSE) change strategies to improve awareness and prevention of chronic disease and associated modifiable risk factors.

Activities for this strategy focus on tobacco prevention and control. **You will educate and engage partners, decision-makers, and the public on the scientific evidence base for activities to prevent initiation of tobacco use or reduce exposure to secondhand smoke**. Tobacco use includes e-cigarettes and betel nut with tobacco, where applicable.

> Activities must be consistent with the permissible activities in CDC's Anti-Lobbying Restrictions.

You must select at least one activity from either the youth prevention activities or the secondhand smoke reduction activities.

Youth prevention activities

You will educate partners, decision-makers, and the public on the scientific evidence-base for:

- **2.1:** Establishing and strengthening tobacco-free policies in schools and on college and university campuses.
- **2.2:** Raising the minimum age of tobacco sales to at least 21.
- **2.3**: Strengthening licensing requirements to sell tobacco products, including e-cigarettes.
- **2.4:** Prohibiting the sale of all flavored tobacco products (for example, combustibles and e-cigarettes), including menthol.
- **2.5:** Restricting the location, number, type, or density of tobacco retailers through, for example, zoning or licensing requirements.
- **2.6**: Reducing exposure to tobacco industry marketing.
- **2.7:** Increasing the price of tobacco products, including e-cigarettes. Evidence-based strategies could include taxes, prohibiting discounts and redemption coupons, and minimum price laws.

Secondhand smoke reduction activities

You will educate partners, decision-makers, and the public on the scientific evidence base for:

- **2.8:** Increasing and enhancing comprehensive smokefree policies, including policies for workplaces, bars, restaurants, and casinos and gaming facilities.
- **2.9:** Increasing tobacco-free policies in healthcare facilities and campuses, including behavioral health (mental health and substance use disorders) facilities.

Strategy 3

Implement culturally appropriate health communication approaches to prevent and/or control risk factors that lead to chronic disease.

Activities for this strategy focus on diabetes prevention and tobacco prevention and control.

Diabetes prevention

You must select a minimum of one activity for diabetes prevention from either Strategy 3 or Strategy 5. Choose either activity 3.1 or activity 5.1. You may also choose to work on both. You can learn more about activity 5.1 under diabetes prevention in Strategy 5.

- **3.1:** Share information to raise awareness of prediabetes in both the general population and among healthcare professionals.

Tobacco prevention and control

You must select a minimum of one of the following tobacco prevention and control health communication activities. The activity you choose should communicate the evidence base for the policy activity you selected in Strategy 2.

- **3.2:** Educate the public, partners, and decision-makers about the evidence base for interventions that prevent or help people to quit tobacco use, using data, earned media, and culturally appropriate paid media.
- **3.3:** Educate and engage decision-makers and partners, such as parents, schools, and community-based organizations, on evidence-based strategies to reduce youth use of emerging tobacco products, including e-cigarettes.

- **3.4:** Implement tailored and culturally appropriate evidence-based health communication strategies to reach population groups experiencing tobacco-related disparities.
- **3.5:** Educate and engage the public, partners, and decision-makers on evidence-based strategies to reduce exposure to secondhand smoke using data, earned media, and culturally appropriate paid media.

Strategy 4

Promote health systems changes to improve screening, treatment, care, and support for people with and at risk for chronic disease.

Activities for this strategy focus on diabetes management and tobacco prevention and control.

Diabetes management

You must select a minimum of one diabetes management activity from either Strategy 4 or Strategy 5. Choose either activity 4.1 or activity 5.2. You can learn more about activity 5.2 under diabetes management in Strategy 5.

- **4.1:** Partner with clinical teams through the Non-Communicable Disease (NCD) Collaborative to improve care for people with diabetes and address gaps in needed services.

Tobacco prevention and control

You must select a minimum of one tobacco prevention and control activity from either Strategy 4 or Strategy 5. Choose either activity 4.2, activity 4.3, activity 4.4, activity 5.3, or activity 5.4. To learn more about activity 5.3 and activity 5.4, see Strategy 5.

- **4.2:** Engage healthcare providers and health systems to routinely screen for tobacco use, advise tobacco users to quit, and promote and support evidence-based quit services.
- **4.3:** Engage healthcare providers and health systems to expand tobacco use screening and delivery of tobacco education and treatment for youth and young adults, including for e-cigarettes and betel nut with tobacco, where applicable.
- **4.4:** Increase engagement with behavioral health and substance use disorder providers and behavioral health systems to address tobacco use and incorporate delivery of evidence-based services to help people quit using tobacco into the routine workflow.

Strategy 5

Coordinate actions to increase access to, use of, and participation in evidence-based chronic disease prevention and management services.

Activities for this strategy focus on diabetes prevention, diabetes management, and tobacco prevention and control.

Diabetes prevention

You must select a minimum of one diabetes prevention activity from either Strategy 3 or Strategy 5. Choose either activity 3.1 or activity 5.1. You can learn more about activity 3.1 under diabetes prevention in Strategy 3.

- **5.1:** Improve access to and participation in culturally tailored, CDC-recognized type 2 diabetes prevention programs by establishing new programs, supporting enrollment of participants in existing programs, or participating in National Diabetes Prevention Program (National DPP) umbrella hub arrangements where feasible.

Diabetes management

You must select a minimum of one diabetes management activity from either Strategy 4 or Strategy 5. Choose either activity 4.1 or activity 5.2. You can learn more about activity 4.1 under diabetes management in Strategy 4.

- **5.2**: Improve access to and participation in culturally tailored diabetes self-management education and support (DSMES) programs.

Tobacco prevention and control

You must select a minimum of one tobacco prevention and control activity from either Strategy 4 or Strategy 5. Choose either activity 4.2, activity 4.3, activity 4.4, activity 5.3, or activity 5.4. To learn more about activity 4.2, activity 4.3, and activity 4.4, see Strategy 4.

- **5.3:** Work with the NCD/tobacco control coalition and other partners to increase availability of culturally appropriate, evidence-based, or promising practice services to help people quit using tobacco.
- **5.4**: Promote use of available evidence-based or promising practice services to help people quit using tobacco by educating healthcare professionals, allied health professionals, and patients.

Summary of required activities

This table summarizes the requirements for all five strategies of the Core Component.

Table: Required activities

Strategy	Required activities	Total number of required activities
Strategy 1	• Any two of: ◦ Activity 1.1 ◦ Activity 1.2 ◦ Activity 1.3 • Activity 1.4 • Activity 1.5	Four
Strategy 2	• Any one of: ◦ Activity 2.1 ◦ Activity 2.2 ◦ Activity 2.3 ◦ Activity 2.4 ◦ Activity 2.5 ◦ Activity 2.6 ◦ Activity 2.7 ◦ Activity 2.8 ◦ Activity 2.9	One
Strategy 3	• Any one of: ◦ Activity 3.2 ◦ Activity 3.3 ◦ Activity 3.4 ◦ Activity 3.5	One
Diabetes prevention strategies (Strategies 3 and 5)	• Any one of: ◦ Activity 3.1 ◦ Activity 5.1	One
Diabetes management strategies (Strategies 4 and 5)	• Any one of: ◦ Activity 4.1 ◦ Activity 5.2	One
Tobacco prevention and control strategies (Strategies 4 and 5)	• Any one of: ◦ Activity 4.2	One

Strategy	Required activities	Total number of required activities
	◦ Activity 4.3 ◦ Activity 4.4 ◦ Activity 5.3 ◦ Activity 5.4	

Core Component outcomes

We expect you to report on the asterisked (*) short-term, intermediate, and long-term outcomes in the Core Component logic model by the end of the five-year period of performance. You will be required to report on performance measures linked to the asterisked outcomes that you select to work on. You must identify outcomes consistent with the outcomes in the program's logic model.

This section lists all of the asterisked outcomes from the logic model.

Short-term outcomes

- Increased public and decision-maker awareness and knowledge of the risks of chronic disease, including the dangers of tobacco use, and the effectiveness of tobacco control interventions and social norm change.
- Increased awareness about benefits of smokefree environments and increased support for them.
- Increased reach of prediabetes awareness messages in the general population and among healthcare professionals.
- Increased health communication interventions and messages to reach both the general population and populations experiencing tobacco-related disparities.
- Increased health systems that routinely screen for tobacco use, advise tobacco users to quit, and promote and support evidence-based services to help people quit using tobacco.
- Increased engagement of clinical and public health team members in the NCD Collaborative.
- Increased establishment and maintenance of culturally tailored diabetes self-management education and support (DSMES) programs.
- Increased number of culturally tailored, CDC-recognized type 2 diabetes prevention programs.

Intermediate outcomes

- Decreased exposure to tobacco marketing.
- Increased implementation of tobacco control policies
- Increased implementation of comprehensive smokefree/tobacco-free policies.
- Increased smokefree environments.
- Reduced access to tobacco products and reduced social norms accepting of tobacco use.
- Increased engagement and coordination of partners to improve access to and use of culturally appropriate, evidence-based services to help people quit using tobacco.
- Improved quality and availability of diabetes management and care services.
- Increased engagement in culturally tailored DSMES programs among adults with diabetes.
- Increased participation in culturally tailored, CDC-recognized type 2 diabetes prevention programs among adults at high risk for type 2 diabetes. (CDC will provide data for this outcome.)

Long-term outcomes

- Improved self-management among people with diabetes.
- Improved health outcomes among people with diabetes.
- Reduced risk for type 2 diabetes among adults participating in culturally tailored, CDC-recognized type 2 diabetes prevention programs. (CDC will provide data for this outcome.)
- Decreased tobacco use among adults and adolescents.

Oral Health Component approach

Overview

The Oral Health Component is optional. You must apply for and be awarded the Core Component to be considered for the Oral Health Component.

The Oral Health Component strategies address oral health disparities by supporting interventions and practices to address oral disease in the U.S. territories and freely associated states. Interventions must include:

- Oral health surveillance.

- Evidence-based preventive dental services (EBPDS). EBPDS are defined as only dental sealants and fluoride varnish for school-aged children.
- Infection prevention and control.

In describing your approach for this component, you must include background information that supports the need to reduce oral health disparities in your U.S. territory or freely associated state. You must describe the strategies and activities you plan to implement during the period of performance.

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

Oral Health Component logic model

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

Table: Oral Health Component strategies and outcomes

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
1. Oral health surveillance: Monitor the burden of oral diseases and access to preventive services, disseminate findings to inform program and policy decisions, and incorporate oral health data into existing surveillance systems and plans, where appropriate.	• Improved monitoring of oral health trends. • Improved completeness and quality of oral health surveillance data. • Increased dissemination of data on oral disease, risk factors (such as tobacco use or medical and dental visits among adults with Type 2 diabetes), and use	• Increased use of oral health data by decision-makers, partners, and the public.	• Reduced disparities in receipt of evidence-based preventive dental services (EBPDS) across populations with a large burden of oral health disparities.***** • Decreased untreated decay in populations with a large burden of health disparities.

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
	of preventive oral health services.*		
2. Evidence-based preventive dental services (EBPDS): Identify high-need school and community settings requiring EBPDS. Use secondary data to enhance equitable access and delivery of EBPDS, particularly for populations experiencing oral health disparities.	• Increased implementation of EBPDS programs. • Increased dissemination of information about the benefits of adopting EBPDS among decision-makers, parents, educators, and school administrators.	• Increased availability of and access to EBPDS programs.	
3. Infection prevention and control (IPC): Promote IPC in dental settings by fostering partnerships, conducting training, and advocating for the use of IPC guidelines and resources, particularly within programs serving communities experiencing oral health disparities.	• Increased awareness and use of dental IPC recommendations and resources, especially among EBPDS programs and other dental programs or facilities serving communities with oral health disparities.*	• Increased capacity of programs that serve populations with a large burden of health disparities to adhere to CDC IPC guidelines.	• Increased adherence to IPC Standard Precautions and other infection prevention recommendations, in both traditional and non-traditional dental settings.

* Indicates outcomes you are required to report on.

Oral Health Component strategies and activities

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

The Oral Health Component is optional. You must apply for the Core Component to be considered for the Oral Health Component.

If you want to apply for the Oral Health Component, submit only one application and make sure that you clearly identify the Core and Oral Health Components in your application. Applicants who do not receive funding through the Oral Health Component may still be eligible for funding under the Core Component if their application is successful.

We will only make one award under the Oral Health Component.

Once selected for award, the Oral Health Component recipient is expected to implement all three of the following strategies and all corresponding activities during the five-year period of performance. These strategies should be implemented in island school and community oral health programs, as appropriate.

Strategy 1

Oral health surveillance: Monitor the burden of oral diseases and access to preventive services, disseminate findings to inform program and policy decisions, and incorporate oral health data into existing surveillance systems and plans, where appropriate.

Activities

The following activities are required:

- **1.1**: Incorporate oral health indicators and dissemination activities into the NCD surveillance plan to monitor the burden of oral disease and inform program and policy decisions.
  1.2: Develop, maintain, and disseminate a document that describes the burden of oral disease, risk and protective factors affecting oral disease, and the provision of oral health dental services.
  1.3: Analyze, interpret, and disseminate secondary data about relationships between the oral health of adults with Type 2 diabetes and their overall health, as well as their use of and access to medical and dental care. The goal of this activity is to support medical-dental integration efforts.

Strategy 2

Evidence-based preventive dental services (EBPDS): Identify high-need school and community settings requiring EBPDS. Use secondary data to enhance equitable access and delivery of EBPDS, particularly for populations experiencing oral health disparities.

You must identify schools and non-school settings (such as Community Health Centers or Head Start centers) with the highest need for EBPDS, in order to increase use of and access to preventive services. The goal of this strategy is to establish and maintain relationships with entities that can help reach populations with a large burden of health disparities.

In addition, you must collect and use data to inform efforts for and improve equitable access to EBPDS delivery programs in populations with a large burden of health disparities. Specifically, this approach aims to enhance program delivery across communities disproportionately experiencing barriers to oral health services or having an elevated risk of cavities. You must describe known barriers to oral health services and how you plan to overcome those barriers.

Activities

The following activities are required:

- **2.1**: Use data analyses and program implementation data to identify EBPDS needs and expand access to EBPDS for school-aged children.
- **2.2:** Build or use existing partnerships to increase EBPDS participation in populations and communities that disproportionately experience barriers to oral health services or have an elevated risk for cavities.

Strategy 3

Infection prevention and control (IPC): Promote IPC in dental settings by fostering partnerships, conducting training, and advocating for the use of IPC guidelines and resources, particularly within programs serving communities experiencing oral health disparities.

You must promote IPC in dental settings through establishing IPC partnerships, completing IPC training courses, and promoting the use of IPC trainings, guidelines, and other infection prevention resources. You must specifically promote the use of these trainings and resources among oral health programs serving EBPDS school programs, as well as other dental programs or facilities serving communities with oral health disparities.

You must expand your capacity for IPC in dental settings by establishing partnerships with organizations with expertise in IPC and a shared mission to

promote it. We require you to work with your jurisdiction's Healthcare-Associated Infection (HAI) programs.

Activities

The following activities are required:

- **3.1**: Promote dental IPC resources through new or existing partnerships with HAI programs and school and community organizations with oral health IPC expertise.
- **3.2:** Implement activities that promote use of dental IPC resources.
- **3.3**: Promote access to non-CDC infection control trainings and resources among island oral health staff. Funded recipients must promote the following CDC resources:
  - CDC's Summary of Infection Prevention Practices in Dental Settings
  - Foundations: Building the Safest Dental Visit
- CDC DentalCheck Mobile App

Oral Health Component outcomes

We expect you to achieve the asterisked (*) outcomes in the Oral Health Component logic model by the end of the five-year period of performance. You must identify outcomes consistent with those in the program's logic model. See the Oral Health Component logic model for a full list of outcomes.

Short-term outcomes

- Increased dissemination of data on oral disease, risk factors (for example, medical and dental visits among adults with Type 2 diabetes), and use of preventive oral health services.
- Increased awareness and use of dental IPC recommendations and resources, especially among EBPDS programs and other dental programs or facilities serving communities with oral health disparities.

Intermediate outcomes

Increased availability of and access to EBPDS programs.

Focus populations

This NOFO will serve populations living in the eight U.S. territories and freely associated states.

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

Equal opportunities

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

Health disparities

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

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

Social determinants of health are conditions in the environments where people are born, live, learn, work, play, worship, and age. These determinants affect a wide range of health, functioning, and quality-of-life outcomes and risks.

The U.S. territories and freely associated states face a unique set of challenges due to their geographic location, land topography, and accessibility to resources. Additionally, they are shaped by distinct cultural and historical practices that influence health behaviors and outcomes. Some of these contributing factors include:

- **Social determinants of health:** Historical traumas such as colonialism have contributed to poverty, unemployment, and poor housing. These conditions are known to increase the risk for unhealthy behaviors and chronic diseases.
- **Natural disasters:** Typhoons and hurricanes often result in loss of water, electricity, housing, and health services.

- **Healthy food access:** Isolated jurisdictions have limited access to fresh produce because their economies have moved away from farming and fishing. Shipping costs for these foods make them unaffordable for most residents.
- **Public health infrastructure:** Island jurisdictions have limited staff with public health training. Distance from the continental United States can make in-person training unfeasible. Technology limitations, such as unreliable internet connections and phone lines, can limit access to virtual training and other technical assistance.
- **Healthcare systems:** Some of the factors that limit preventive healthcare are shortages of healthcare workers, an emphasis on hospital-based acute care, and the enormous costs of sending patients off-island for specialized care.

This NOFO will focus on implementing strategies that address health disparities along with associated social determinants of health. These efforts are crucial for enhancing health and ensuring equity in these island communities.

Organizational capacity

Core Component

Upon receipt of award, you must be able to implement this program in the U.S. territory or freely associated state in which you operate and are located. The following subsections explain how you should demonstrate your organizational capacity and readiness to implement the program.

Organizational structure and staff capacity

You must submit the following attachments:

- An organizational chart indicating where the program will be housed within the organization. The organizational chart must be submitted as a PDF attachment named “Organizational Chart” and uploaded to Grants.gov.
- A staffing plan that demonstrates access to staff or contractors/ consultants with expertise in relevant subject matter to implement the selected strategies and activities. For example, this might include expertise in project management, diabetes subject matter, tobacco prevention and control subject matter, health communications, evidence-based policies, health equity, and evaluation. The staffing plan should be

named “Staffing Plan_organization name” and uploaded as a PDF file on Grants.gov. At a minimum, the staffing plan must describe:

- A minimum of 1.5 full-time equivalent (FTE) for program coordination and program implementation across tobacco- and diabetes-related activities.
- A staff member to lead the project. This individual should have previous experience with grants administration, program planning and implementation, partnership development, and staff supervision.
- Staff who will have the day-to-day responsibility for key tasks such as leadership of work on selected strategies, monitoring of the project’s ongoing progress, preparation of reports, program evaluation, and communication with partners and CDC.
- How cross-training among core staff will be conducted throughout the period of performance so that key program functions are maintained during hiring freezes or vacancies.

- Resumes and job descriptions for each proposed staff member.
  - Include job descriptions for any vacant positions as well.
  - Resumes and job descriptions should be named “Resumes and job descriptions” and uploaded as a PDF file on Grants.gov.

History of experience

The organizational capacity section of your application must describe your organization’s experience with doing the following activities at the population level in the U.S. territory or freely associated state in which you are applying:

- Addressing chronic diseases and modifiable risk factors.
- Conducting the following, especially with NCD work:
  - Program planning.
  - Surveillance.
  - Program evaluation.
  - Performance monitoring.
  - Financial reporting.
  - Budget management and administration
  - Personnel management.
- Implementing diabetes management and prevention activities, which may include:

    - Partnering with clinical teams to improve the quality of diabetes care.
    - Raising awareness of prediabetes in the general population and among healthcare professionals.
    - Implementing chronic disease management and prevention programs, including diabetes self-management education and support (DSMES) and the National DPP lifestyle change program.
- Experience working with healthcare teams or organizations to improve quality of care and health outcomes for people with diabetes, using health systems data from local partners in the U.S. territories and freely associated states.
- Implementing tobacco prevention and control activities, including evidence-based tobacco control policy strategies and health communication interventions.
- Collecting, reporting, and using chronic disease-specific surveillance and health system data, such as NCD Hybrid Survey data or BRFSS and youth risk behavior surveys such as GYTS, for program development and planning.
- Developing and tailoring quality assurance or quality improvement strategies to improve chronic disease outcomes and using clinical or health systems data from local partners.

You must also describe your organization's experience doing the following:

- Educating the public, partners, and decision-makers in the U.S. territories and freely associated states on the evidence base for tobacco control policy.
- Partnering with NCCDPHP, other federally funded programs, or other international and non-government organizations (for example, World Health Organization or Pan American Health Organization) that support your capacity or add value to the project.

Oral Health Component

You must describe your organizational capacity and readiness to implement the Oral Health Component. You should describe:

- The existing organizational infrastructure of the oral health program, including who will have management authority over the Oral Health Component. Your organizational chart should illustrate the reporting relationships of staff supporting this program. The organizational chart

must be named “Organizational Chart_Oral Health” and uploaded as an attachment with your application.

- An adequate staffing plan to implement and evaluate the Oral Health Component. The staffing plan should be named “Staffing Plan_organization name_Oral Health” and be uploaded as an attachment with your application. The staffing plan should describe the roles and responsibilities of project staff involved in the implementation of the project activities and explain who will have day-to-day responsibility for key tasks, including:
  - Leadership of the project.
  - Monitoring the project’s on-going progress.
  - Preparing reports.
  - Program evaluation.
  - Communication with partners and CDC.
- Resume and job descriptions for each proposed staff member that shows their relevant expertise, experience, and capacity to implement the Oral Health Component and achieve project outcomes. Resumes and job descriptions should be named “Resumes and job descriptions_Oral Health” and uploaded as an attachment with your application.
- Capacity to identify baseline data, collect oral health surveillance data, and track outcomes.
- Experience or capacity to promote strategies to reduce oral diseases and related risk factors, including a focus on population-based approaches to helping people make healthy choices. Experience implementing programs in partnership with your communities, including populations with a large burden of health disparities.
- Ability to establish and maintain strong and diverse working relationships with partners and stakeholders, such as:
  - Coalitions.
  - Departments of education.
  - Medicaid programs.
  - Policymakers.
  - Health center programs.
  - Academic institutions.
  - Drinking water agencies.
  - Dental associations.
  - Community-based organizations.

- Experience identifying and overcoming barriers to successful implementation of required strategies and activities.

Collaborations

For both the Core Component and the Oral Health Component, you must collaborate with other related programs and organizations that have a role in achieving program outcomes.

Collaborations may focus on:

- Improving health systems and surveillance.
- Building capacity through training and technical assistance.
- Sharing data.
- Developing and maintaining coalitions.
- Selecting intervention settings
- Implementing health communication strategies.
- Using electronic health records, other electronic clinical decision support, and referral systems.

Other CDC programs and CDC-funded organizations

For both the Core and Oral Health Components, you are required to collaborate with island recipients funded to implement the National Comprehensive Cancer Control Program (CDC-RFA-DP22-2202) in the U.S. territories and freely associated states so you can maximize impact and leverage resources.

You must obtain a letter of support from your island's Comprehensive Cancer Control Program describing any planned collaborations related to the strategies and activities outlined in this NOFO, including joint objectives as reflected in the cancer control plan. The file must be named "LettersofSupport_CompCancer" and uploaded as an attachment with your application.

You must obtain a letter of support from an organization that can provide connections and peer-to-peer learning with other chronic disease directors and staff within the NCD Collaborative. The letter must detail your engagement with NCD activities and illustrate the possibilities for sustaining this collaboration in your proposed project. Please name the letter of support "LetterofSupport_NCD" and upload it as an attachment with your application.

You should also collaborate with other CDC programs designed to reduce chronic diseases caused or exacerbated by tobacco use or exposure to

secondhand smoke, such as heart disease and stroke, cancer, asthma, and other chronic lung conditions. Additionally, you should collaborate with other CDC programs designed to reduce risk factors associated with diabetes, including prediabetes, high blood pressure, tobacco use, obesity, lack of physical activity, and lack of oral health.

Examples of relevant CDC programs include, but are not limited to:

- Building Capacity to Increase Commercial Tobacco Cessation
- Behavioral Risk Factor Surveillance System (BRFSS): Impact on Population Health
- Expanding the National Approach to Chronic Disease Education and Awareness
- Racial and Ethnic Approaches to Community Health (REACH)
- Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations
- CDC's National Networks Driving Action: Preventing Tobacco- and Cancer-Related Health Disparities by Building Equitable Communities
- Community Health Workers for COVID Response and Resilient Communities
- Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems
- Public Health Emergency Preparedness (PHEP)

In the collaborations section of your project narrative, you must describe your past or present collaborations with CDC-funded programs that have a role in achieving the program outcomes.

Examples of relevant CDC-funded organizations include, but are not limited to:

- Pacific Island Health Officers' Association (PIHOA)
- Association of State & Territorial Dental Directors
- Tobacco Control Network
- Asian Pacific Partners for Empowerment, Advocacy, and Leadership (APPEAL)

Organizations not funded by CDC

For both the Core Component and the Oral Health Component, you must collaborate with a variety of public and private organizations, international organizations, and other federally funded programs (aside from CDC) that leverage resources and maximize the reach and impact of the program

strategies and activities. These may also include multi-sectoral organizations that support your local NCD strategic plan or local NCD coalitions, alliances, or steering committees.

In the collaborations section of your project narrative, you must describe your past or present collaborations with organizations not funded by CDC that have a role in achieving the program outcomes. These organizations may include international health organizations and other non-governmental organizations serving populations similar to this program's focus populations.

You must also demonstrate your experience working with your island's NCD coalition by submitting a letter of support that indicates their commitment to and role in achieving the outcomes described in this NOFO. Collaborating with your island's NCD coalition enables you to combine expertise, resources, and knowledge in tackling the challenges presented by chronic diseases. You must name this file "LetterofSupport_Coalition" and upload it as an attachment with your application.

Additional partner organizations may include:

- Employers.
- Community-based organizations and coalitions.
- Commercial or government health plans.
- Hospitals.
- Federally qualified or community health centers.
- Nonprofit agencies.
- Professional associations.
- Quality improvement organizations.
- Other federal, state, or local government agencies.
- Organizations offering the National DPP lifestyle change program or DSMES.

Examples of relevant organizations not funded by CDC include, but are not limited to:

- National and international nonprofit and provider groups
- World Health Organization (WHO)
- Pan American Health Organization (PAHO)
- Pacific Chronic Disease Council (PCDC)
- Cancer Council of the Pacific Islands
- National Association of Chronic Disease Directors (NACDD)

- The Pacific Community (spc.int) (SPC)
- Association of State and Territorial Dental Directors (ASTDD)
- Association of Asian Pacific Community Health Organizations (AAPCHO)
- Departments of Education

Data, monitoring, and evaluation

For both the Core Component and the Oral Health Component, you will be required to:

- Maintain processes, procedures, and data systems to monitor program activities and report performance measures.
- Participate in monitoring and evaluation activities related to strategies and outcomes outlined in the logic model. CDC may lead activities that include interviews, surveys, and other forms of data collection.
- Report performance measures annually. CDC will provide guidance on each performance measure before the first reporting period.
- Report successes and challenges annually using the Annual Performance Reports (APR).

CDC strategy

Throughout the five-year period of performance, we will work with you to monitor activities and demonstrate program impact through process and outcome evaluation. We will assess the extent to which CDC-funded activities lead to intended outcomes.

We will use evaluation data to:

- Help monitor your program strategies and activities.
- Demonstrate achievement of your program outcomes.
- Tailor professional development and technical assistance to your needs.
- Suggest possible program improvements.
- Build a stronger evidence base for specific program interventions.
- Clarify how program strategies and activities apply to different populations, settings, and contexts.
- Inform future program and policy directions for reducing the rates of disability and death associated with chronic disease.
- Determine if program strategies are scalable and effective at improving the health of populations in U.S. territories and freely associated states.

We will use an evaluation approach that consists of:

- Ongoing monitoring and evaluation through collecting and reporting performance measures.
- Your individual, recipient-led evaluations.
- A CDC-led overarching evaluation.

Evaluation questions

Throughout the five-year period of performance, we will work with you individually and with recipients collectively to answer the following evaluation questions. These questions are based on the program logic model, activities, performance measures, and other data provided by recipients.

In your application, you must describe your ability to collect the data needed to respond to the evaluation questions. You should identify available, feasible data sources and partnerships that you will use to collect the data.

Evaluation questions for the Core Component

- How much has implementation of strategies and activities resulted in the program outcomes?
- What factors were associated with effective implementation of strategies and activities?
- What were the key lessons learned, barriers, and facilitators regarding the implementation of strategies and activities?
- How much has the documented use of surveillance data influenced local public health actions?
- How did collaboration increase among those working on NCDs and associated risk factors? Did those connections facilitate implementation of strategies and activities?

Evaluation questions for the Oral Health Component

- How have oral health activities increased the number of schools and communities offering EBPDS? How much has receipt of EBPDS increased among those who are underserved by oral health services, people living in households with incomes below the federal poverty level, and people in school settings?
- How have schools and community oral health programs increased their use and understanding of IPC standard precautions?
- How has oral health surveillance data been used to assess oral health disparities, trends, and social determinants? How has it informed decision-making within island health departments and community oral health programs?

Required performance measures

Following are draft performance measures you will need to report on after award. We will work with you before we require data submission to refine and finalize the required performance measures for this program.

The following tables show the performance measures for each component. The performance measures correspond to the activities and outcomes in the logic models. You are required to report on all performance measures, unless specified otherwise. You are expected to submit performance measure data on an annual basis as part of the annual progress report (APR) throughout the five-year period of performance. See reporting requirements.

Table: Core Component performance measures

Outcomes	Required performance measures
Improved completeness and quality of NCD surveillance data. Increased capacity to collect, analyze, and disseminate NCD data and data related to tobacco use, secondhand smoke/aerosol exposure, and tobacco-related disparities.	Number and type of tobacco-related surveys implemented during the funding year (for example, GATS, GYTS, rapid high school survey), including modules to collect data on populations experiencing disparities.
Decreased tobacco use among adults and adolescents.	Tobacco use prevalence in adults. Tobacco use (including e-cigarettes) prevalence in adolescents.
Increase implementation of evidence-based interventions to reduce morbidity, mortality, and disparities due to NCDs and risk factors, including those related to tobacco.	Number and type of interventions implemented informed by surveillance data.
Increased engagement of clinical and public health team members in the NCD Collaborative.	Number of clinical and public health team members participating in the NCD Collaborative.
Improved quality and availability of diabetes management and care services.	Number of gaps in care and services identified and addressed in collaboration with NCD Collaborative teams.
Improved health outcomes among people with diabetes.	Number and percentage of adults with diabetes who have an A1C level greater than 9. A1C data will be monitored by the NCD Collaborative teams.

Outcomes	Required performance measures
Increased establishment and maintenance of culturally tailored diabetes self-management education and support (DSMES) programs.	Number of culturally tailored DSMES programs established or maintained.
Increased implementation of culturally tailored, CDC-recognized type 2 diabetes prevention programs.	Number of culturally tailored, CDC-recognized type 2 diabetes prevention programs in place.
Increased engagement in culturally tailored DSMES programs among adults with diabetes.	Number of adults with diabetes participating in culturally tailored DSMES programs.
Improved self-management among people with diabetes.	Number and percent of adults with diabetes participating in culturally tailored DSMES programs who have a diabetes self-management plan in place.
Increased reach of prediabetes awareness messages both in the general population and among healthcare professionals.	Number of people reached through prediabetes awareness events (such as PSAs and community education events).
Increased public and decision-maker awareness of the dangers of tobacco use and the effectiveness of tobacco control interventions and social norm change. Increased awareness about the benefits of smokefree environments and support for them.	Number of jurisdictions with policies in the development stage.
Decreased exposure to tobacco marketing. Increased evidence-based strategies and activities that prevent and control tobacco use and dependence and exposure to secondhand smoke. Reduced access to tobacco products and reduced social norms accepting of tobacco use.	Number and reach of jurisdictions with increased evidence-based strategies and activities that prevent youth initiation of tobacco product use. For example, decreased sale of flavored tobacco products, increased tobacco prices, and minimum legal sales age. Number and reach of jurisdictions with community smokefree policies, including policies for workplaces, restaurants, bars, casinos and gaming facilities, and mental health and substance use facilities.
Increased health communication interventions and messages to reach both the general population and populations experiencing tobacco-related disparities.	Number of paid, earned, and digital media efforts targeting the general population and populations experiencing disparities to prevent and reduce tobacco use and promote quitting, including use of quitline services where available.

Outcomes	Required performance measures
Increased health systems that routinely screen for tobacco use, advise tobacco users to quit, and promote evidence-based services to help people quit using tobacco.	Number and reach of health systems that routinely screen for tobacco use, advise tobacco users to quit, and promote evidence-based services to help people quit using tobacco.
Increased engagement and coordination of partners to improve access to and use of culturally appropriate, evidence-based services to help people quit using tobacco.	Number, type, and reach of culturally appropriate, evidence-based services to help people quit using tobacco.

Table: Oral Health Component performance measures

Outcomes	Required Performance Measures
Increased dissemination of data on oral disease, risk factors (such as tobacco use, or medical and dental visits among adults with Type 2 diabetes), and use of preventive oral health services.	Number of disseminated oral health surveillance products that include data on oral disease, risk factors, and use of preventive oral health service. Number of publicly disseminated products that summarize analyses of surveillance data about relationships between the oral health of adults with Type 2 diabetes, overall health, and their use of and access to medical and dental care.
Reduced disparities in receipt of evidence-based preventive dental services (EBPDS) across populations with a large burden of health disparities.	Number of children and adolescents who received sealants in communities that experience a large burden of oral health disparities. Number of children and adolescents who received fluoride varnish in communities that experience a large burden of oral health disparities. Number of schools and community sites with EBPDS programs.
Increased use and awareness of dental IPC recommendations and resources, especially among EBPDS programs and other dental programs or facilities serving communities with oral health disparities.	Number of funded recipient staff members completing IPC training annually. Number of dental programs or facilities serving communities with oral health disparities that receive IPC resources or training activities. Number of EBPDS staff who have completed Foundations training annually.

Individual evaluation led by recipients

The purpose of the individual evaluations, which will be led by recipients, is to make sure you are incorporating evaluation data into planning, implementing, and reporting on project activities. These evaluations also make sure that evaluation data is used for continuous program quality improvement. When possible, evaluation data should be used to inform plans to reduce or eliminate health disparities.

You should propose tailored evaluation activities that are appropriate and feasible. Your proposed evaluation activities should center around the evaluation questions and the strategies and asterisked outcomes in the logic models. Your data collection activities may include:

- Surveys.
- Interviews.
- Focus groups.
- Data collection from EHRs and health systems.
- Administrative records.

We will provide technical assistance to recipients as needed.

Overarching evaluation led by CDC

The purpose of the overarching evaluation, which will be led by CDC, is to understand the challenges and successes of implementation, as well as key partnerships and lessons learned that facilitated implementation of the cooperative agreement. The overarching evaluation may include interviews, surveys, or focus groups with recipients.

We will incorporate data from your performance measures and your individual evaluations into the overarching evaluation as appropriate. We will create case studies in collaboration with recipients in the last year of the five-year period of performance that can be used to inform future decisions and share outcomes with interested parties.

Evaluation and performance measurement plan

You must provide an evaluation and performance measurement plan for the Core Component. Use the measures required under the CDC strategy. Include the following elements in the plan.

For the Oral Health Component, it is optional to submit a plan with your application. However, an evaluation and performance measurement plan is required six months after the award.

Methods

Describe:

- How you will:
  - Collect the performance measures.
  - Respond to the evaluation questions.
  - Use evaluation findings for continuous program quality improvement.
  - Incorporate evaluation and performance measurement into planning, implementation, and reporting of project activities.
- How findings will contribute to reducing or eliminating health disparities, if relevant.
- How key program partners will participate in the evaluation and performance measurement process.
- How you will share evaluation findings with communities and populations of interest in a way that meets their needs.

Data management

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

- The data you plan to collect and their available data sources.
- The feasibility of collecting appropriate evaluation and performance data.
- A data management plan (DMP) that includes:
  - The data you will collect or generate
  - If there are reasons why you cannot share data collected or generated under this award with CDC. These could include legal, regulatory, policy, or technical concerns.
  - Who can access data and how you will protect it
  - Data standards that ensure released data have documentation that describes collection methods, what the data represent, and data limitations
  - Archival and long-term data preservation plans
  - How you will update the DMP as new information is available over the life of the project. You will provide updates to the DMP in annual reports. For more information about CDC's policy on the DMP, see Data Management and Access Requirement at CDC's website.
- Other relevant data information, such as performance measures you propose.

For a definition of "public health data" and other key information, see AR 25: Data Management and Access on our website.

A DMP is not required as part of your application. A DMP will be required by CDC six months post award including the elements above. The DMP will need to be approved by CDC. See reporting.

Evaluation activities

You must take on specific evaluation activities. Describe:

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

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

Work plan

You must provide a work plan for your project. The work plan connects your period of performance outcomes, strategies and activities, and measures. It provides more detail on how you will measure outcomes and processes.

You must submit a proposed work plan for Year 1 with your application. You are expected to submit an updated workplan each year.

If you are applying for both the Core Component and the Oral Health Component, you must submit a separate work plan for each component.

In your work plan, identify:

- Activities to be implemented.
- At least three tasks or steps you plan to implement as you work to achieve each selected activity.
- Performance measures associated with your activities (see performance measures by component).
- Outcomes consistent with outcomes in the program's logic model.
- Staff and any contractors, consultants, or partners responsible for overseeing or implementing the activities.
- The timeline and due dates for activities in the first year.

We provide a sample template that can be used for both the Core Component and Oral Health Component work plans. You may use a different format for your work plan, but you need to include all required elements listed in this

section. We will provide feedback and technical assistance to recipients to finalize the work plan post-award.

Table: Sample work plan format

Activities to be implemented (From Component Strategies and Activities sections)	Steps to implement activities	Performance measures (From Data, Monitoring, and Evaluation section)	Relevant period of performance outcomes (From Outcomes section)	Responsible position or party	Completion date
Strategy 1:					
1.					
2.					
3.					
Strategy 2:					
1.					
2.					
3.					

Paperwork Reduction Act

Any activities involving structured information collection from 10 or more individuals or organizations may fall under the Paperwork Reduction Act (PRA). Whether PRA applies depends on the level of involvement of the federal government. Collections under the PRA require review and approval by the White House Office of Management and Budget. For further information about requirements under PRA see CDC Paperwork Reduction Act Compliance. Collections can include activities such as surveys, focus groups, database transfers, and similar activities.

Funding policies and limitations

General guidance

- Your budget is arranged in eight categories: salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual.
- You may use funds only for reasonable program purposes consistent with the award, its terms and conditions, and federal laws and regulations that apply to the award. Questions about this determination should be posed to the grants management specialist.
- You must plan to attend the National Conference on Tobacco or Health (NCTOH) from August 26 to 29, 2025, in Chicago, IL. The staff member identified as the program lead is required to attend. You may also budget for up to two additional staff responsible for tobacco coordination and implementation activities to attend.
- If you selected diabetes management Activity 4.1 under Strategy 4, you must plan to attend an in-person NCD Collaborative Learning Session (date and location to be determined). The staff member identified as the program lead is required to attend. You may also budget for up to two additional staff responsible for diabetes management and prevention activities to attend.
- Generally, you may not use funds to purchase equipment. Clearly identify and justify any such proposed spending in the budget.
- You may use funds to ensure state, tribal, local, and territorial employees funded by CDC grant or cooperative agreement awards are adequately trained and prepared to effectively participate in jurisdictional emergency response activities.

Unallowable costs

You may not use funds for:

- Research.
- Clinical care, except as allowed by law. Blood glucose testing and monitoring supplies, including A1c tests, are not allowed.
- Pre-award costs, unless CDC gives you prior written approval.
- Other than for normal and recognized executive-legislative relationships:

    - Publicity or propaganda purposes, including preparing, distributing, or using any material designed to support or defeat the enactment of legislation before any legislative body.
    - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before any legislative body.
    - See Anti-Lobbying Restrictions for CDC Recipients.
- Provision of direct services including services to help people quit using tobacco. For guidance on some types of costs that we restrict or do not allow, see 45 CFR part 75, General Provisions for Selected Items of Cost.

Indirect costs

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

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

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

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

Method 2 — *De minimis* rate. Per 2 CFR 200.414(f), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you are awaiting approval of an indirect cost proposal, you may also use the *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See 2 CFR 200.1 for the definition of MTDC. You can use this rate indefinitely.

Other indirect cost policies

- As described in 45 CFR 75.403(d), you must consistently charge items as either indirect or direct costs and may not double charge.
- Indirect costs may include the cost of collecting, managing, sharing, and preserving data.

Salary rate limitation

The salary rate limitation in the current appropriations act applies to this program. As of January 2024, the salary rate limitation is $221,900. We will update this limitation in future years.

Program income

Program income is money earned as a result of your award-supported project activities. You must use program income for the purposes and under the conditions of the award. Find more about program income at 45 CFR 75.307.

National public health priorities and strategies

Healthy People 2030

This NOFO addresses the following Healthy People 2030 focus areas and leading health indicators:

- Community
- Diabetes
- Heart Disease and Stroke
- Healthcare
- Healthcare Access and Quality
- Health Communication
- Health Policy
- Neighborhood and Built Environment
- Nutrition and Healthy Eating
- Oral Conditions
- Overweight and Obesity
- Preventive Care
- Physical Activity
- Social and Community Context
- Tobacco Use

Other strategies

This program supports the following national public health priorities and strategies:

- Active People Healthy Nation℠
- CDC National Center for Chronic Disease Prevention and Health Promotion's Social Determinants of Health (SDOH) Framework
- HHS Equity Action Plan
- Step it Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities
- Oral Health in America: Advances and Challenges
- Physical Activity Guidelines for Americans, 2nd Edition
- Dietary Guidelines for Americans 2020-2025
- National Strategy on Hunger, Nutrition, and Health
- National Diabetes Prevention Program
- CDC Diabetes Self-Management Education and Support (DSMES) Toolkit
- Smoking Cessation: A Report of the Surgeon General 2020
- Million Hearts® 2027
- The Innovative Cardiovascular Health Program
- The Surgeon General's Call to Action to Control Hypertension
- The Surgeon General's Advisory on the Health Effects of Social Connection and Community
- WISEWOMAN
- National and State Tobacco Control Program | Smoking and Tobacco Use | CDC
- Surgeon General's Advisory on E-cigarette Use Among Youth

Statutory authority

This program is authorized under sections 301(a), 317(k)(2), and 317M(d) of the Public Health Services Act [42 U.S.C. Sections 241(a), 247(b)(k)(2), and 247(b-14)(d)].

Step 2:
Get Ready to Apply

In this step

Get registered

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

SAM.gov

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

To register, go to SAM.gov Entity Registration and click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register.

Grants.gov

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number CDC-RFA-DP-25-0024.

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

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

Need help? See Contacts and Support.

Help applying

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

Join the informational call

Join our online informational call for this NOFO:

- Date: Tuesday, December 3, 2024
- Time: 6:00 pm ET
- Join on Zoom.
- Meeting ID: 160 1126 1054
- Passcode: 860027

You can also dial in by your location:

- +1 669 254 5252 US (San Jose)
- +1 646 828 7666 US (New York)
- +1 646 964 1167 US (US Spanish Line)
- +1 415 449 4000 US (US Spanish Line)
- +1 551 285 1373 US (New Jersey)
- +1 669 216 1590 US (San Jose)

If you're dialing in, use the following information:

- Meeting ID: 160 1126 1054
- Passcode: 860027
- Find your local number.

Step 3:
Prepare Your Application

In this step

Application contents and format

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

Table: Application contents

Element	Submission form
Project abstract	Use the Project Abstract Summary form.
Project narrative	Use the Project Narrative Attachment form.
Budget narrative justification	Use the Budget Narrative Attachment form.
Attachments	Insert each in the Other Attachments form.
Other required forms	Upload using each standard form.

We will provide instructions on document formats in the following sections. If you don't provide the required documents, your application is incomplete. See initial review to understand how this affects your application.

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

Font: Calibri or Times New Roman

Format: PDF

Size: 12-point font
Footnotes and text in graphics may be 10-point.

Spacing: Single-spaced

Margins: 1-inch

Include page numbers

Project abstract

Page limit: 1

File name: Project Abstract Summary

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

Project narrative

Page limit if you are applying for only the Core Component: 20

Page limit if you are applying for both the Core Component and the Oral Health Component: 25

File name: Project Narrative

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

Background

Describe the problem you plan to address. Be specific to your population and geographic area. See the background section of the program description to review the chronic disease issues addressed by this NOFO.

Approach

Strategies and activities

Describe how you will prevent and manage chronic diseases across the entire population of the U.S. territory or freely associated state where your project is located.

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

- Existing evidence-based strategies.
- Other strategies, with a reference to where you describe how you will evaluate them in your evaluation and performance measurement plan.

The strategies and activities sections of the program description include more information about both the Core Component and the Oral Health Component.

For the Core Component, be sure to clearly state which activities you are choosing to implement. Refer to the summary of required activities to make sure that your choices match the requirements.

Outcomes

Using the logic models in the program description, identify outcomes you expect to achieve or progress on by the end of the period of performance. The program description includes logic models for both the Core Component and the Oral Health Component.

Evaluation and performance measurement plan

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

Work plan

Include a work plan using the requirements in the work plan section of the program description.

If you are applying for both the Core Component and the Oral Health Component, you must submit a separate work plan for each component.

Focus populations and health disparities

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

See the focus populations section of the program description.

Organizational capacity

Describe how you will address the organizational capacity requirements in the organizational capacity section of the program description.

You must provide attachments that support this section, including:

- Staffing plan
- Resumes and job descriptions

- Letters of support
- Organizational chart

Collaborations

Describe how you will collaborate with programs and organizations, both internal and external to CDC. Explain how you will address the requirements in the collaborations section of the program description.

Budget narrative

Page limit: None

File name: Budget Narrative

The budget narrative supports the information you provide in Standard Form 424-A. See other required forms. If you are applying for both the Core Component and the Oral Health Component, you should provide separate budgets for each.

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

The budget narrative must explain and justify the costs in your budget for Year 1. Provide the basis you used to calculate costs. The budget narrative must follow this format:

- Salaries and wages.
- Fringe benefits.
- Consultant costs.
- Equipment.
- Supplies.
- Travel.
- Other categories.
- Contractual costs.
- Total direct costs (total of all items).
- Total indirect costs.

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

You should also provide an estimated budget to have up to three key program staff attend the National Conference on Tobacco or Health (NCTOH) from August 26 to 29, 2025, in Chicago, IL. The staff member identified as the program lead is required to attend.

If you selected diabetes management Activity 4.1 under Strategy 4, you must plan to attend an in-person NCD Collaborative Learning Session (date and location to be determined). The staff member identified as the program lead is required to attend. You may also budget for up to two additional staff responsible for diabetes management and prevention activities to attend.

See funding policies and limitations for policies you must follow.

Attachments

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

Table of contents

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

- **File name:** Table of Contents

Indirect cost agreement

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

File name: Indirect Cost Agreement

Proof of nonprofit status

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

- A copy of a current tax exemption certificate from the IRS.
- A letter from your state's tax department, attorney general, or another state official saying that your group is a nonprofit and that none of your net earnings go to private shareholders or others.

- A certified copy of your certificate of incorporation. This document must show that your group is a nonprofit.
- Any of these for a parent organization. Also include a statement signed by an official of the parent group that your organization is a nonprofit affiliate.

File name: Nonprofit status

Resumes and job descriptions

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

If you are applying for the Oral Health Component, submit a separate file for each of the two components.

File name for the Core Component: Resumes and job descriptions

File name for the Oral Health Component: Resumes and job descriptions_Oral Health

Organizational chart

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

If you are applying for the Oral Health Component, submit a separate file for each of the two components.

File name for the Core Component: Organizational Chart

File name for the Oral Health Component: Organizational Chart_Oral Health

Staffing plan

Provide a staffing plan that that demonstrates you have access to staff or contractors with relevant subject matter expertise to implement the selected strategies and activities. Relevant expertise may include expertise in:

- Project management.
- Diabetes.
- Tobacco prevention and control.
- Health communications.
- Evidence-based policies.

- Health equity.
- Evaluation.

If you are applying for the Oral Health Component, submit a separate file for each of the two components.

File name for the Core Component: Staffing Plan_organization name

File name for the Oral Health Component: Staffing Plan_organization name_Oral Health

Letters of support

Attach letters from relevant organizations supporting your organization's successful work.

Each letter of support should describe the unique expertise of the organization or partner and how they will help you achieve the goals and outcomes of this program. Please see the corresponding sections of the program description for additional information about each required letter of support.

File name: LetterofSupport_CompCancer

File name: LetterofSupport_NCD

File name: LetterofSupport_Coalition

Data access MOU or MOA

Attach a letter documenting your access to data and authorization to submit data to CDC.

File name: MOU_DataAccess

Evidence of location

Attach a letter documenting evidence of your location within one of the U.S. territories or freely associated states.

File name: Evidence of Location

Duplication of efforts

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

Programmatic

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

Budgetary

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

Commitment

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

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

File name: Report on Overlap

Other required forms

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

Table: Required standard forms

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

Step 4: Learn About Review and Award

In this step

Application review

Initial review

We review each application to make sure it meets responsiveness requirements. These are the basic requirements you must meet to move forward in the competition. We won't consider an application that:

- Is from an organization that doesn't meet eligibility criteria. See requirements in eligibility.
- Is submitted after the deadline.
- Proposes research activities. See 45 CFR 75.2 for the definition of research.

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

Core Component merit review

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

Table: Criteria and total points

Criterion	Total number of points = 100
1. Background and approach	25 points
2. Organizational capacity	50 points
3. Evaluation and performance measurement	25 points

Core Component criteria

Background and approach (Maximum points: 25)

Ensure that responses are consistent with the program description requirement sections shown in the following table.

Table: Background and approach criteria for Core Component

Evaluate the extent to which the applicant provides:	Consistent with:
A background that supports the need for NCD/chronic disease prevention activities in their U.S. territory or freely associated state. **(3 points)**	Background
A description of how they will incorporate the five strategies of the NOFO to address tobacco use and secondhand smoke exposure, as well as management of diabetes and prevention of type 2 diabetes in their U.S. territory or freely associated state. **(6 points)**	Approach Strategies and activities Work plan Logic model
An explanation of how they will consider and address health disparities in designing and implementing their strategies and activities. **(3 points)**	Health disparities
A description of their experience and ability to serve the targeted population in one of the eight U.S. territories and freely associated states. **(6 points)**	Focus populations
An adequate description of how they plan to reach and serve the target population and how they plan to include other specific high-risk populations, if applicable, who can benefit from the program. **(3 points)**	Focus populations
A work plan that is aligned with the strategies, activities, outcomes, and performance measures in the approach and identifies: • Activities to be implemented. • At least three tasks or steps the applicant plans to implement as they work to achieve each selected activity. • Performance measures associated with their activities (see performance measures by component). • Outcomes consistent with outcomes in the program's logic model. • Staff and any contractors, consultants, or partners responsible for overseeing or implementing the activities. • The timeline and due dates for activities in the first year. **(4 points)**	Work plan

Organizational capacity (Maximum points: 50)

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

Table: Organizational capacity criteria for Core Component

Evaluate the extent to which the applicant describes:	Consistent with:
Recent experience addressing chronic diseases and modifiable risk factors at the population level in the U.S. territories and freely associated states. **(5 points)**	Organizational capacity
Experience implementing evidence-based tobacco prevention and control activities, diabetes prevention and management activities, and health communication interventions at the population level in the U.S. territories and freely associated states. Experience educating the public, partners, and decision-makers on the evidence base for tobacco control policy strategies. **(8 points)**	Organizational capacity
Relevant experience with program planning, surveillance, program evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management. **(4 points)**	Organizational capacity
Experience collecting, reporting, and using NCD-specific, population-level surveillance data in the U.S. territories and freely associated states. Examples include the NCD Hybrid Survey data and/or BRFSS and youth behavior surveys such as GYTS or YRBS. **(4 points)**	Organizational capacity
Experience working with healthcare teams/organizations to improve quality of care and health outcomes for people with diabetes using health systems data from local partners in the U.S. territories and freely associated states. **(4 points)**	Organizational capacity
A staffing plan that is sufficient to achieve the program outcomes. The staffing plan must: • Clearly define staff roles and responsibilities. • Provide an organizational chart that supports the structure. • Include a minimum of 1.5 FTE across diabetes- and tobacco-related activities for program coordination and implementation. • Describe staff to lead the project. • Describe how cross-training will be conducted. **(3 points)**	Organizational capacity Organizational chart

Evaluate the extent to which the applicant describes:	Consistent with:
Access to staff or contractors with expertise in relevant subject matter to implement the selected strategies and activities. This may include expertise in project management, diabetes subject matter, tobacco prevention and control subject matter, health communications, evidence-based policies, health equity, and evaluation. **(3 points)**	Organizational capacity
History of experience partnering with NCCDPHP, other federally funded programs, and/or other international and non-government organizations that support the applicant's capacity or add value to the project. **(4 points)**	Organizational capacity
Collaboration with island recipients funded to implement the National Comprehensive Cancer Control Program (CDC-RFA-DP22-2202) in the U.S. territories and freely associated states. Applicants must include a letter of support from the National Comprehensive Cancer Control Program describing any planned collaborations related to the strategies and activities outlined in the NOFO. **(5 points)**	Letters of support
Collaboration with an organization that promotes peer exchanges with other NCD programs and partnership with the NCD Collaborative. Applicants must include a letter of support from an organization that can provide connections and peer-to-peer learning with other chronic disease directors and staff within the non-communicative disease (NCD) collaborative. The letter must detail their engagement with NCD activities and illustrate the possibilities of sustaining this collaboration in their proposed project. **(5 points)**	Organizational capacity Collaborations Letters of support
Experience building, maintaining, and working with a diverse NCD coalition that has representatives from various sectors of the jurisdiction. Applicants must include a letter of support from the NCD coalition in the U.S. territory or freely associated state that describes the applicant's experience working with their island's NCD coalition and explains their commitment and role in working to achieve the outcomes of this NOFO. **(5 points)**	Organizational capacity Collaborations Letters of support

Evaluation and performance measurement (Maximum points: 25)

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

Table: Evaluation and performance measurement criteria for Core Component

Evaluate the extent to which the applicant describes:	Consistent with:
The ability to collect the data needed to respond to the evaluation questions and for performance measurement by identifying available, feasible data sources and describing partnerships needed to collect the data. **(7 points)**	Methods Collaborations Organizational capacity Resumes and job descriptions Organizational chart
How key program partners will be engaged in the evaluation and performance measurement planning, implementation, and/or reporting processes. **(3 points)**	Methods Collaborations
Clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementing, and reporting project activities. **(7 points)**	Methods
How performance measurement and evaluation data will be reported, and how findings will be used to demonstrate outcomes and for continuous program quality improvement. **(5 points)**	Methods
How evaluation findings will be shared with communities and populations of interest in a way that meets their needs. How findings will contribute to reducing or eliminating health disparities, if relevant. **(3 points)**	Methods

Budget

Reviewers will not score your budget. It will be reviewed for its completeness on the following criteria:

- The extent to which the proposed budget aligns with the proposed work plan and is consistent with the NOFO.
- Whether you include travel funds for up to three staff to attend the National Conference on Tobacco or Health (NCTOH) from August 26 to 29, 2025, in Chicago, IL.
- If you select diabetes management Activity 4.1 under Strategy 4, whether you include travel funds for up to three staff to attend an in-person NCD Collaborative Learning Session (date and location to be determined).
- If you propose indirect costs, whether you include a current indirect cost rate agreement.

Oral Health Component merit review

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

Table: Criteria and total points

Criterion	Total number of points = 100
1. Background and approach	25 points
2. Organizational capacity	50 points
3. Evaluation and performance measurement	25 points

Oral Health Component criteria

Background and approach (Maximum points: 25)

Ensure that responses are consistent with the program description requirement sections shown in the following table.

Table: Background and approach criteria for Oral Health Component

Evaluate the extent to which the applicant provides:	Consistent with:
Background that supports the need for strategies to reduce oral health disparities in their U.S. territory or freely associated state. **(3 points)**	Background
Strategies, activities, and outcomes that are consistent with the program's logic model, and that are feasible and appropriate to decrease oral health disparities. **(5 points)**	Approach Logic model Work plan Health disparities
Strategies and activities for collecting, analyzing, utilizing, and disseminating data consistent with the overview and logic model. **(3 points)**	Logic model Strategies and activities Work plan
At least one focus population for the project that is consistent with the applicant's background and purpose. **(3 points)**	Focus populations
A description of how they will consider and address health disparities in designing and implementing their strategies and activities. **(4 points)**	Health disparities

Evaluate the extent to which the applicant provides:	Consistent with:
A work plan that is aligned with the strategies, activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC. **(3 points)**	Work plan
A work plan that balances feasible targets and significant reach to decrease oral health disparities. **(4 points)**	Work plan

Organizational capacity (Maximum points: 50)

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

Table: Organizational capacity criteria for Oral Health Component

Evaluate the extent to which the applicant describes:	Consistent with:
Existing organizational infrastructure of the oral health program, including who will have management authority over the Oral Health Component. The organizational chart should describe the reporting relationships of staff engaged in the execution of the program. **(5 points)**	Organization chart Organizational capacity
Relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes. **(6 points)**	Organizational capacity
Roles and responsibilities of project staff involved in the implementation of the project activities, including who will have day-to-day responsibility for key tasks. **(6 points)**	Organizational capacity Resumes and job descriptions Organization chart
Capacity to promote strategies to reduce oral diseases and related risk factors, including a focus on population-based approaches that help people make healthy choices. **(7 points)**	Organization chart Resumes and job descriptions
Experience implementing programs in partnership with their communities, including populations with a large burden of health disparities. **(6 points)**	Organizational capacity Collaborations
Ability to establish and maintain strong and diverse working relationships with relevant partners and stakeholders. These may include coalitions, Departments of Education, Medicaid programs, policymakers, health center	Organizational capacity

Evaluate the extent to which the applicant describes:	Consistent with:
programs, academic institutions, drinking water agencies, dental associations, and community-based organizations. **(7 points)**	Collaborations
Capacity to identify baseline data, collect oral health surveillance data, and track outcomes. **(6 points)**	Organizational capacity
Experience identifying and overcoming barriers to successful implementation of required strategies and activities. **(7 points)**	Organizational capacity

Evaluation and performance measurement (Maximum points: 25)

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

Table: Evaluation and performance measurement criteria for Oral Health Component

Evaluate the extent to which the applicant describes:	Consistent with:
The ability to collect the data needed to respond to the evaluation questions and for performance measurement by identifying available, feasible data sources, describing partnerships needed to collect the data, and clearly defining staff roles and responsibilities. **(5 points)**	Methods Collaborations Organizational capacity Resumes and job descriptions Organizational chart
How key program partners will be engaged in the evaluation and performance measurement planning, implementation, and/or reporting processes. **(5 points)**	Methods Collaborations
Clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. **(5 points)**	Methods
How performance measurement and evaluation data will be reported, and how findings will be used to demonstrate outcomes and for continuous program quality improvement. **(5 points)**	Methods
How evaluation findings will be shared with communities and populations of interest in a way that meets their needs, and how findings will contribute to reducing or eliminating health disparities, if relevant. **(5 points)**	Methods

Budget

Reviewers will not score your budget. It will be reviewed for its completeness on the following criteria:

- The extent to which the proposed budget aligns with the proposed work plan and is consistent with the NOFO.
- If you propose indirect costs, whether you include a current indirect cost rate agreement.

Risk review

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

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

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

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

For more details, see 45 CFR 75.205.

Selection process

We will fund applications in order by the rank that the review panel determines.

We may:

- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Our ability to make awards depends on available appropriations.

Award notices

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

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

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

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

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

Step 5:
Submit Your Application

In this step

Application submission and deadlines

See find the application package to make sure you have everything you need.

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

Make sure you are current with SAM.gov and UEI requirements. See get registered.

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

Deadlines

Application

Due on January 15, 2025 at 11:59 p.m. ET.

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

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

Submission methods

Grants.gov

You must submit your application through Grants.gov. See get registered.

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

See Contacts and Support if you need help.

Other submissions

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.

Mandatory disclosure

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

Send written disclosures to Arthur Lusby at cmx3@cdc.gov and to the Office of Inspector General at grantdisclosures@oig.hhs.gov.

Application checklist

Make sure that you have everything you need to apply:

Component	How to upload	Page limit
☐ Project abstract	Use the Project Abstract Summary Form.	1 page
☐ Project narrative	Use the Project Narrative Attachment form.	20 pages for Core Component; additional 5 pages if applying for the Oral Health Component
☐ Budget narrative	Use the Budget Narrative Attachment form.	None
Attachments (12 total)	Insert each in a single Other Attachments form.	
☐ 1. Table of Contents		None
☐ 2. Indirect Costs Agreement		None
☐ 3. Proof of Nonprofit Status		None
☐ 4. Resumes and Job Descriptions		None
☐ 5. Organization Chart		None
☐ 6. Staffing Plan		None
☐ 7. Letters of Support (3) • Comprehensive Cancer • Organization supporting NCD activities • Coalition		None
☐ 8. Data access MOU or MOA		None
☐ 9. Evidence of location		None
☐ 10. Duplication of Efforts/ Report on Overlap (if applicable)		None

Component	How to upload	Page limit
Other required forms (4 total)	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		No
☐ Budget Information for Non-Construction Programs (SF-424A)		No
☐ Assurances for Non-Construction Program (SF-424B)		No
☐ Disclosure of Lobbying Activities (SF-LLL) (if applicable)		No

Step 6:
Learn What Happens After Award

In this step

Post-award requirements and administration

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

Administrative and national policy requirements

There are important rules you need to read and know if you get an award. You must follow:

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

- The following CDC's Additional Requirements (AR) apply to this NOFO's awards:
  - AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020
  - AR-7: Executive Order 12372 Review
  - AR-9: Paperwork Reduction Act Requirements
  - AR-10: Smoke-Free Workplace Requirements
  - AR-11: Healthy People 2030
  - AR-12: Lobbying Restrictions
  - AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
  - AR-14: Accounting System Requirements
  - AR-21: Small, Minority, And Women-owned Business
  - 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-34: Accessibility Provisions and Non-Discrimination Requirements

Reporting

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

Table: Financial and performance reports

Report	Description	When
Revised Evaluation and Performance Measurement Plan	• Builds on the plan in the application. • Includes measures and targets.	Six months into award.
Annual Performance Report	• Serves as yearly continuation application. • Includes performance measures, successes, challenges. • Updates work plan.	No later than 120 days before the end of each budget period.

Report	Description	When
	• Includes how CDC could help overcome challenges. • Includes budget for the next 12-month budget period. • Program may request an Interim Federal Financial Report, SF-425, with Annual Performance Reports to monitor expenditures.	
Federal Financial Report	• Includes funds authorized and disbursed during the budget period. • Indicates exact balance of unobligated funds and other financial information.	90 days after the end of each budget period.
Final Performance Report	• Includes information similar to the Annual Performance Report.	120 days after the end of the period of performance.
Final Financial Report	• Includes information in Federal Financial Report.	120 days after the end of the period of performance.
Foreign Tax Report	• Includes amount of foreign taxes assessed, reimbursed, and unreimbursed by each foreign government. • Also applies to subawards.	• Annually by November 16. • Quarterly by January 15, April 15, July 15, and October 15 each year.

To learn more about these reporting requirements, see Reporting on the CDC website.

CDC award monitoring

Monitoring activities include:

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

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

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

We may also include the following activities:

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

We can take corrective action if your performance is unsatisfactory. Unsatisfactory performance can include:

- Excessive delays in hiring staff.
- Excessive delays in awarding contracts.
- Excessive delays in implementing required strategies and activities.
- Inability to spend annual budgets, infrequent draw-down of funds, or delays in reporting of funds. We may offset your next year's award with unobligated funds.
- Not attending at least monthly conference calls or webinars with your project officer.
- Not participating in the programmatic meetings, webinars, or events.

CDC's role

CDC will monitor cooperative agreements in partnership with recipients.

The CDC project officers will review your proposed work plan. We will work with you to make sure it accurately reflects required program activities.

Post-award cooperative agreement monitoring, technical assistance, and training will include:

- Ensuring that recipients' work plans are fiscally responsible and have acceptable timelines.

- Communicating as needed, or at minimum monthly, with the project coordinator and the project officer on conference calls or webinars.
- Supporting collaboration across recipients.
- Providing programmatic technical assistance and resources.
- Providing tools and resources aligned with program activities and outcomes.
- Providing assessment and implementation support.
- Facilitating and supporting training and capacity-building activities including peer-to-peer sharing to optimize effective program implementation.
- Working with recipients to solve challenges identified in evaluation and monitoring activities through conference calls, site visits, reverse site visits, and webinars.

Non-discrimination and assurance

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

Contacts and Support

In this step

Agency contacts

Questions related to this NOFO

To submit a question related to this NOFO, please email your question to islandprogdp25-0024@cdc.gov.

We will respond to your question and post the question and answer on the Frequently Asked Questions (FAQs) webpage.

You can find information related to this NOFO on the DP-25-0024 NOFO webpage.

Program

Monique Young
770-488-3434
islandprogdp25-0024@cdc.gov

Grants management

Karen Law
uep2@cdc.gov

Grants.gov

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

SAM.gov

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

Reference websites

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