

Funding Opportunity Announcement (FOA) New, Non-research, Domestic

AMENDMENT #1

Page 2

May 30, 2014, 3:30-5:30 p.m. Eastern Daylight time, Call-in number: 877 918 9241 (toll free), Participant Passcode 5073952

Page 14

- CDC recommends using the public health benchmark of a minimum of 10% of the annual award to support evaluation activities.

AMENDMENT #2

Page 57. Add: "CDC encourages questions concerning this FOA. Please submit your question to <http://www.cdc.gov/chronicdisease/about/reach/fag/index.htm>. All questions must be submitted by July 14, 2014. CDC is unable to respond to any questions submitted after that date."

AMENDMENT #3

pages 2, 33, 35, 36. Due to issues with receipt, it has been determined that if a Letter of Intent is submitted by an organization at any time, then the application from that organization will be accepted for consideration.

The minor changes that have been made to this FOA do not require the applicant to download a new application package as indicated by the automated message generated by Grants.gov. As a result, please disregard the notice sent by Grants.gov.



**PPHF 2014: Racial and Ethnic Approaches
to Community Health (REACH) - financed in
part by Prevention and Public Health
Funding**

FOA DP14-1419PPHF14

**Division of Community Health
National Center for Chronic Disease Prevention
and Health Promotion**

Effective date: 09/30/14

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Part I. Overview Information

<p>Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to DP14-1419PPHF14#. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.</p>	
A. Federal Agency Name:	
Centers for Disease Control and Prevention (CDC)	
B. Funding Opportunity Title:	
PPHF 2014: Racial and Ethnic Approaches to Community Health (REACH) - financed in part by Prevention and Public Health Funding	
C. Announcement Type:	
This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered. Research for this purpose is defined at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf .	
D. Agency Funding Opportunity Number:	
CDC-RFA-DP14-1419PPHF14	
E. Catalog of Federal Domestic Assistance (CFDA) Number:	
CDFA 93.738, 93.304 Racial and Ethnic Approaches to Community Health (REACH) - financed in part by Prevention and Public Health Funding	
F. Dates:	
1. Letter of Intent (LOI) Deadline: June 6, 2014 (Required)	
2. Application Deadline: July 22, 2014, 11:59 p.m. U.S. Eastern Daylight Time, on www.grants.gov	
3. Informational conference call for potential applicants: May 30, 2014, 3:30-5:30 p.m. Eastern Daylight time, Call-in number: 877 918 9241 (toll free), Participant Passcode 5073952	
G. Executive Summary:	
1. Summary Paragraph:	
<p>CDC announces the availability of fiscal year 2014 (FY14) funds to implement DP14-1419PPHF14: PPHF 2014: Racial and Ethnic Approaches to Community Health (REACH) - financed in part by Prevention and Public Health Funding.</p> <p>This 3-year initiative will award funds to help create healthier communities by:</p> <ol style="list-style-type: none">1. Strengthening existing capacity to implement locally tailored evidence- and practice-based, policy, systems, and environmental improvements in priority populations experiencing disparities in chronic diseases and associated risk factors;	

2. Supporting implementation, evaluation and dissemination of population-based strategies, and
3. Supporting effective implementation of existing population-wide policy, systems, and environmental (PSE) improvements, ultimately leading to reducing or eliminating health disparities in racial and ethnic communities.

Applicants will be able to choose from two levels of funding:

Basic Implementation level will support those communities:

1. Having existing infrastructure components that need to be strengthened,
2. Having recently active coalitions and partnerships with a history of successfully working together on issues relating to health or other disparities,
3. Selecting strategies that are based upon a community health needs assessment that has been completed since 2010, and
4. Needing a discrete amount of time to strengthen infrastructure, activate coalitions and partners, and finalize work plans in order to be actively ready for implementation of locally tailored evidence- and practice-based, policy, systems, and environmental improvements.

Comprehensive Implementation level will support those communities:

1. With existing, strong infrastructure components,
2. Having recently active coalitions and partnerships with a history of successfully working together on issues relating to health or other disparities,
3. Selecting strategies that are based upon a community health needs assessment that has been completed since 2010, and
4. Having an infrastructure, a coalition and partnership network, and an existing work plan that allow the funded community to immediately implement locally tailored evidence- and practice-based, policy, systems, and environmental improvements.

These approaches are not intended to exclude any racial or ethnic group or other non-target population. Instead, this FOA tailors interventions to address challenges that have made prevention efforts less effective in the past. Exclusion of any individual or group of individuals from federally-funded opportunities is not allowed.

a. Eligible Applicants: Limited competition
b. FOA Type: Cooperative agreement
c. Approximate Number of Awards: 15-20 Basic Implementation and 30-40 Comprehensive Implementation
d. Total Project Period Funding: \$105,000,000
e. Average One Year Award Amount: \$400,000-Basic Implementation (range: \$300,000 - \$500,000); \$800,000- Comprehensive Implementation (range: \$600,000 - \$1,000,000)
f. Number of Years of Award: 3 Years
g. Approximate Date When Awards will be Announced: September 30, 2014

h. Cost Sharing and /or Matching Requirements:
Not applicable for this announcement

Part II. Full Text

A. Funding Opportunity Description
1. Background
<p>a. Statutory Authorities: This program is authorized under section 317(k)(2) of the Public Health Service Act, 42 U.S.C. 247b(k)(2) and Title IV, Section 4002 of the Affordable Care Act, Prevention and Public Health Fund.</p>
<p>b. Healthy People 2020:</p> <p>Healthy People 2020 is committed to the vision of a society in which all people live long, healthy lives. The Racial and Ethnic Approaches to Community Health (REACH) initiative funded under this cooperative agreement supports relevant Healthy People 2020 goals: (1) Create social and physical environments that promote good health for all; (2) Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weight; (3) Improve access to comprehensive, quality health care services; and (4) Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure. This site is accessible at: http://www.healthypeople.gov.</p>
<p>c. Other National Public Health Priorities and Strategies:</p> <p>This REACH initiative also aligns with and supports other relevant national strategies, including the <i>Health and Human Services Action Plan to Reduce Racial and Ethnic Disparities: A Nation Free of Disparities in Health and Health Care (HHS Disparities Action Plan)</i>. The <i>HHS Disparities Action Plan</i> outlines goals and actions to reduce health disparities among racial and ethnic minorities. The HHS goals related to the REACH initiative are: (1) Strengthen the nation’s health and human services infrastructure and workforce; and (2) Advance health, safety, and well-being of the American people. The <i>HHS Disparities Action Plan</i> website can be accessed at: http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=285. In addition, this REACH initiative aligns with and supports The <i>National Stakeholder Strategy for Achieving Health Equity (National Stakeholder Strategy)</i>. The <i>National Stakeholder Strategy</i> was established to mobilize a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation toward achieving health equity. This initiative aligns with several <i>National Stakeholder Strategy</i> goals: (1) Awareness—Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations. (2) Health System and Life Experience—Improve health and healthcare outcomes for racial, ethnic, and underserved populations; and (3) Cultural and Linguistic Competency—Improve cultural and linguistic competency and the diversity of the health-related workforce. Additional information can be accessed at: http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286</p>

d. Relevant Work:

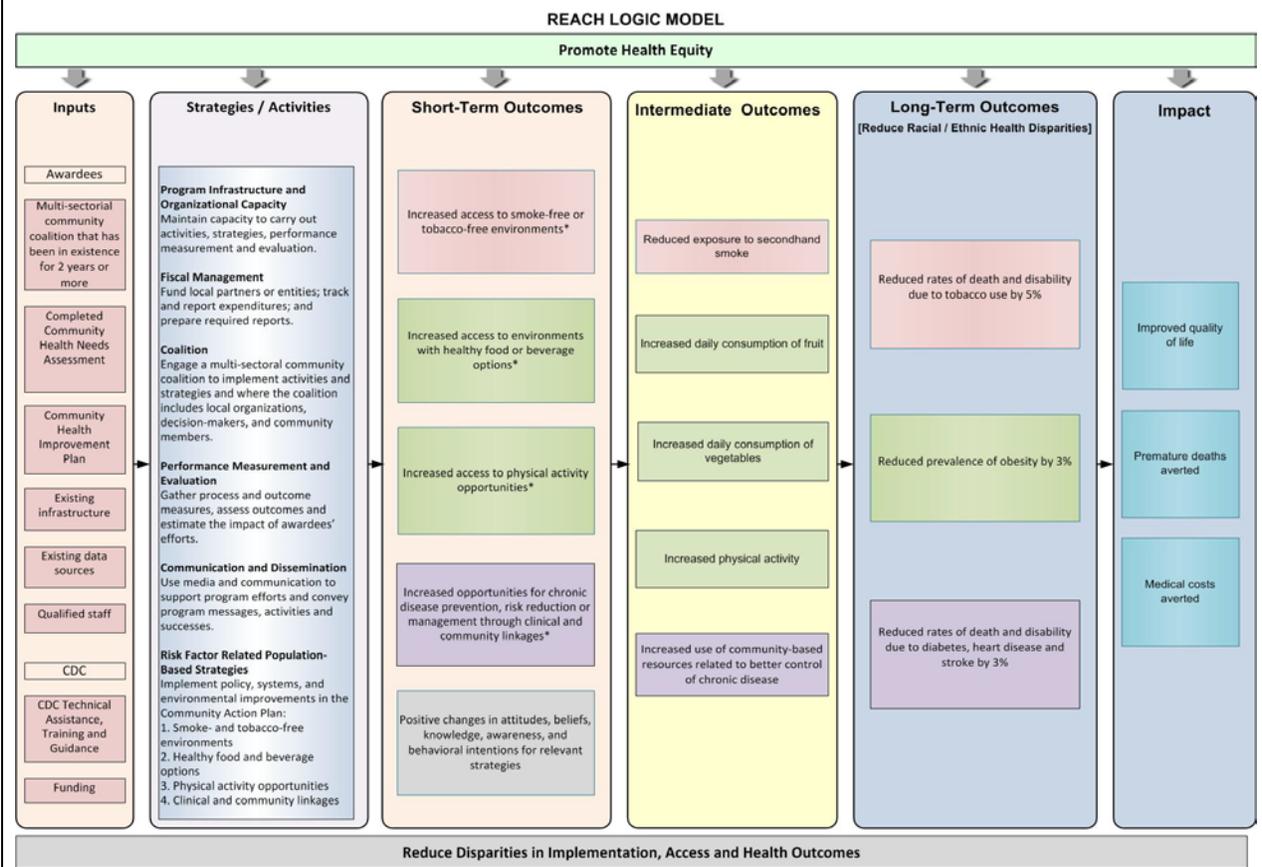
This initiative builds on the body of knowledge developed through previous [REACH Programs](#) (i.e., REACH 2010, REACH CORE, REACH U.S., REACH Minority-Serving Organizations, and REACH National Networks) that have successfully addressed health disparities at the community level in the following priority population groups: African American/Black; American Indian/Alaska Native; Asian; Hispanic/Latino; and Native Hawaiian/Other Pacific Islander populations. For 15 years, the CDC REACH program has empowered community members in priority population groups to seek better health, help change local healthcare practices, and mobilize communities to implement evidence-based public health programs to reduce health disparities across a broad range of health conditions. This Funding Opportunity Announcement (FOA) seeks to strengthen existing capacity to implement locally tailored evidence- and practice-based population-based improvements in priority populations experiencing chronic disease disparities and associated risk factors; and support implementation, evaluation and dissemination of strategies. This FOA will also support effective implementation of existing PSE improvements; thus, offering opportunities for community changes to take comprehensive action to address risk factors contributing to the most common and debilitating chronic conditions. Additional information on the REACH Program is accessible on the CDC website: <http://www.cdc.gov/nccdphp/dch/programs/reach/>

2. CDC Project Description

a. Approach:

The REACH logic model (see Figure 1 and Appendix A) provides community coalition partners with a framework to drive program planning, implementation, and evaluation. It is a tool that can be used to organize evidence around program results. All proposed activities should be connected to elements reflected in the logic model and contribute to decreasing or eliminating health disparities, with the ultimate goal of improving quality of life, averting premature deaths, and reducing medical costs within the priority population(s). Recipients will be accountable for short-term outcomes identified in the logic model.

Figure 1. REACH Logic Model



* Means outcomes that awardee is held accountable for in the project period.

i. Problem Statement:

Despite significant progress in reducing and eliminating racial and ethnic health disparities over the past decades, disparities continue to persist and are widening for some population groups. Chronic diseases, such as obesity, heart disease, diabetes and cancer, disproportionately affect certain populations. For example, the adult obesity rates in the U.S. are higher among non-Hispanic African Americans and Mexican Americans than among non-Hispanic Whites. Research in the area of racial and ethnic health disparities suggests that disparities are created and maintained through various, interrelated and complex pathways. Poverty, lack of education, property neglect, tobacco use and exposure, physical inactivity, poor nutrition, and lack of access to quality health care services are some of the factors that influence health and contribute to racial and ethnic health disparities. For disadvantaged racial and ethnic populations, the exposure to risks for chronic disease exists across the lifespan, and is often accompanied by chronic stress associated with the social and psychological experience of living in an unhealthy neighborhood and concentrated poverty conditions. An

effective program to eliminate health disparities is characterized by the integration of tailored strategies across the social and physical environment of racial and ethnic communities. This orientation distinguishes the aims of REACH from other community-based chronic disease prevention programs.

Incorporating within the program a community-based participatory approach (CBPA) unites public health and partners from various settings and disciplines with communities to address racial and ethnic health disparities. This is done by balancing improvements in public health practice with responses to community needs. With these established partnerships many communities are in the readiness stage for building and sustaining long-term successful partnerships; implementing and evaluating culturally appropriate strategies and other CBPA activities; defining practice-based and promising approaches based on CBPA; and disseminating successful strategies for use in other racial and ethnic communities. Eliminating the root causes of racial and ethnic health disparities can be realized by combining CBPA with sound public health practice, and evaluating these approaches to improve the health of the community. The REACH program's use of this comprehensive perspective helps advance the understanding of how social, cultural, political, organizational, and environmental systems impact disparities.

ii. Purpose:

This 3-year initiative will award funds to create healthier communities by strengthening existing capacity to implement locally tailored evidence- and practice-based population-based PSE improvement strategies in priority populations experiencing chronic disease disparities and associated risk factors, and supporting implementation, evaluation and dissemination of these strategies. This FOA will also support effective implementation of existing PSE improvements and offers the opportunity for communities to take comprehensive action to address risk factors contributing to the most common and debilitating chronic conditions.

The intent of REACH is to also build an evidence base that supports community centered approaches to reducing or eliminating health disparities. Applicants will provide compelling data to support the priority population selected; that data should be accompanied by justification for selection of the intervention(s) that will improve population health. Applicants should plan a strong evaluation of proposed activities and strategies. This will contribute to an increased understanding of how racial and ethnic minority communities and their partners can effectively reduce or eliminate health disparities, and achieve health equity.

iii. Outcomes:

Measurable outcomes are essential for determining the extent to which strategies

achieve their objective of creating a healthier community with a lower burden of chronic disease and associated risk factors. REACH outcomes are categorized as short-term, intermediate and long-term. The responsibility for outcome measurement will depend upon the outcome type, and is described below.

1. **Short-term Outcomes** - As part of their local evaluation plan, awardees will be responsible for measuring short-term outcomes. Monitoring progress on short-term outcomes also provides an opportunity for awardees to make adjustments to strategies that might result in increased long-term health of the priority population. All awardees will be expected to measure and report the short-term outcomes from the list (a.) through (d.) below that are relevant to the chronic disease risk factor(s) that are the focus of their work plan or Community Action Plan (CAP) as described on page 10. Outcomes (a.) through (d.) are referred to as Awardee Reach, or the estimated number of people with access to healthier environments and opportunities. CDC will provide guidance on estimating Awardee Reach, after awards are made. Short-term outcome (e.) is optional at the discretion of the awardee. CDC will aggregate awardee short-term outcome data as part of the REACH National Evaluation Plan. Short-term outcomes include:
 - a) Increased access to smoke-free or tobacco-free environments
 - b) Increased access to environments with healthy food or beverage options
 - c) Increased access to physical activity opportunities
 - d) Increased opportunities for chronic disease prevention, risk reduction or management through clinical and community linkages
 - e) Positive changes in attitudes, beliefs, knowledge, awareness, and behavioral intentions for relevant strategies

2. **Intermediate Outcomes** - As part of the REACH National Evaluation Plan, CDC will be responsible for measuring intermediate outcomes. Because available data are typically not adequate to measure these changes in an individual community, CDC will identify communities with similar strategies and aggregate available data (e.g., from BRFSS) from multiple communities, as possible. In larger communities, adequate data may be available for awardees to assess intermediate outcomes. Intermediate outcomes include:
 - Reduced exposure to secondhand smoke
 - Increased daily consumption of fruit
 - Increased daily consumption of vegetables
 - Increased consumption of healthy beverages
 - Increased physical activity
 - Increased use of community-based resources related to better control of chronic disease

3. **Long-term Outcomes** - As part of the REACH National Evaluation Plan, CDC will be responsible for estimating long-term outcomes. CDC will model changes in long-term outcomes based on performance monitoring and short-term outcome data. Long-term outcomes include:

- Reduced rates of death and disability due to tobacco use by 5% in the implementation area.
- Reduced prevalence of obesity by 3% in the implementation area.
- Reduced rates of death and disability due to diabetes, heart disease and stroke by 3% in the implementation area.

4. **Impact** - As part of the REACH National Evaluation Plan, CDC will be responsible for estimating impact. CDC will model impact based on performance monitoring and short- and intermediate-term outcome data. Impact includes:

- Improved quality of life
- Premature deaths averted
- Medical costs averted

iv. Funding Strategy:

Two levels of funding will be awarded: Basic Implementation and Comprehensive Implementation.

Basic Implementation applicants should be well positioned to address one risk factor with one racial and ethnic priority population group. These applicants, with CDC technical assistance, will have up to 6 months to finalize a three-year CAP. The applicant should strengthen the infrastructure and existing organizational and partnership capacities to ensure implementation activities begin within 30 days of CAP approval or no later than the start of Year 2.

Comprehensive Implementation applicants are expected to immediately implement their CAP and require minimal CDC technical assistance. These applicants should address at least two risk factors with one or two racial / ethnic priority population groups.

All recipients will have similar performance expectations for implementation efforts.

v. Strategies and Activities:

REACH aims to strengthen existing capacity to implement evidence- and practice-based PSE improvements in priority population communities experiencing chronic disease health disparities.

This FOA supports two funding level categories: **Basic Implementation** and **Comprehensive Implementation**. Applicants will propose activities for the Comprehensive Implementation or Basic Implementation category. Applicants **may not** apply for both categories.

Basic Implementation awardee activities will include:

Program Infrastructure and Organizational Capacity

Program infrastructure and organizational capacity are essential components to ensure successful planning, implementation, and evaluation for a public health program. Applicants should ensure the program has adequate staff and the ability to administer, manage, and evaluate the program throughout the project period.

- Identify at minimum a Program Manager (1.0 FTE) and administrative support within 30 days post award.
- Understanding that Year 1 will be primarily used to prepare for full implementation, beginning Year 2 CDC recommends using the public health benchmark of a minimum of 10% of the annual award to support evaluation activities.¹
- Year 1 funding may be used to support evaluation planning and establishment of baseline and data collection processes, among others.
 - Providing support for planning and implementation, monitoring of short-term outcomes, and evaluation.
- The applicant should use Year 1 and CDC technical assistance to ensure the infrastructure is strengthened and ready to begin full implementation no later than the start of Year 2.
- Understanding that Year 1 will be primarily used to prepare for full implementation, beginning Year 2 CDC recommends that the applicant should plan to use a minimum of 10% of the annual award to support communication activities. This includes activities, such as buying and placing a radio ad, working with a local news outlet to feature a program success, and briefing tribal or community leaders and decision makers at a partner event or elsewhere.
 - Provide support for planning, implementing, and evaluating communication activities.
 - Track and report activities annually.
- Develop a draft sustainability plan by end of Year 2. CDC will provide guidance to funded awardees post award.
- Basic Implementation Year 1 funding will be used to support the following.
 - completing and submitting an approved, finalized three-year CAP within 6 months
 - using quick hiring to ensure key staff are in place within 6 months

¹ Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs — 2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014

- strengthening stakeholder and coalition engagement to support implementation activities
- beginning implementation of CAP within 30 days of approval or no later than the start of Year 2
- identifying and selecting contractors and consultants to assist with program infrastructure and implementation activities
- initiating communication and evaluation support activities

Fiscal Management

Fiscal management refers to appropriately managing funds throughout the project period. The applicant will manage its funding, complete timely and accurate reporting, and monitor any funding provided to local entities to complete work associated with this funding opportunity announcement.

- Identify a Fiscal Manager to monitor the cooperative agreement funds, program contracts, and grants, ensuring funds are expended and are in support of approved activities.
- Provide funding to appropriate local entities or coalitions committed to the goals of the initiative and actively engaged in selected strategies.
- Establish procedures to track and report expenditures in accordance with CDC Procurement and Grants Office federal guidelines and procedures.

Coalition

The coalition is a collection of individuals and organizations working together to achieve specific goals. The coalition should be functioning and multi-sectoral in composition, partner with community representative(s), and practice CBPA during the entire project period.

- Demonstrate that a multi-sectoral coalition has been actively engaged for at least two consecutive years since 2010 and has capacity to conduct the work of this funding opportunity. The coalition must include representatives with two years of experience in serving the priority population in the tribe or community, as well as , as well as 1) local health departments or similar tribal health organizations, 2) tribal or community-based organizations, 3) university/academic institutions and 4) non-traditional partners (e.g., local education agencies, parks and recreation, transportation, environmental health, housing and urban development, public safety, financial, and health care organizations). *Two years of experience will help assure that coalition representatives have substantive experience with populations of interest and are familiar with community population health issues that are critical to this effort, e.g., community based participatory approaches, community health needs assessments and stakeholder engagement.* If the applicant intends to work on improving linkages to quality health care, the coalition must include representation from local health care organizations. The coalition should have considerable experience using CBPA to plan, implement, and

evaluate PSE improvements for the proposed priority population(s).

- Demonstrate key accomplishments, including success in reducing health disparities, through mobilizing partners to implement PSE improvements locally that increase smoke-free or tobacco-free environments, physical activity opportunities, healthy food and beverage options, and access to quality health care, as well as address health disparities.
- During Year 1, the awardee should strengthen the coalition to ensure it is ready to implement the CAP and achieve outcomes.

Community Action Plan

The CAP is the work plan or road map for guiding the applicant and coalition throughout the project period. This will assist with implementing the proposed activities and strategies. The applicant is responsible for working with the coalition to develop, implement, and selectively evaluate a comprehensive CAP.

- In collaboration with the coalition and partners, submit a Year 1 CAP with the application. In addition, the applicant should provide a high level plan for Years 2-3 that will be fully developed during Year 1. Collaborate with CDC to obtain final approval of the CAP within 6 months post-award. Planning activities should position the awardee to implement this strategic and comprehensive CAP within their selected priority population(s) no later than the start of Year 2.
- Identify one of the following priority populations: African American/Black, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, or Hispanic/Latino.
- Applicants should propose to enhance the reach and impact of existing policies, systems, and environments rather than developing new ones. Data and justification must be provided.
- Identify one of the following chronic disease risk factors that disproportionately impact one priority population group:
 - Tobacco use and exposure
 - Poor nutrition
 - Physical inactivity
 - Lack of access to chronic disease prevention, risk reduction and management opportunities
- Select evidence-based PSE strategies shown to improve the one chronic disease risk factor selected. The strategies should be responsive to the unique social and physical environments characterizing the health disparities within the identified priority population. These strategies should be culturally and locally tailored to meet the community's needs. Examples of strategies that address an existing policy, system or environment improvement that may have in the past created barriers to decreasing health disparities are provided in Appendix B.
- Activities should align with the community health needs assessment, available data (e.g., incidence, prevalence, morbidity, mortality, health behaviors, etc.), community

engagement findings, and opportunities for policy, systems, and environmental improvement.

- Propose objectives that are specific, measurable, achievable, realistic, and time-phased (SMART). Objectives and related activities should be clearly connected to intended outcomes. All objectives and related activities must be deliberate in how they connect with each other and the overall project outcomes.
- Implement a combination of broad and culturally tailored strategies that will impact at least 75% of the selected priority population across multiple settings. Applicants should specify the census tract numbers that will be served by the proposed program activities or strategies.

Performance Measurement and Evaluation

Performance measurement and evaluation allows the awardee and CDC to track progress and measure outcomes of awardees' efforts.

- Proposed objectives and activities in the awardees' CAPs should clearly relate to the selected chronic disease risk factor and relevant short-term outcomes.
- Estimates of the targets for the relevant short-term outcomes related to awardee reach will be refined using CDC guidance after CAPs are approved.
- Input activities, objectives and projected awardee reach from the approved CAP into the CDC identified electronic performance monitoring and reporting system.
- Provide updates on CAP implementation progress to CDC through monthly calls with the Project Officer and quarterly awardee submission of progress data on activities and objectives in the CDC identified electronic performance monitoring and reporting system.
- Use CAP performance monitoring data for ongoing program improvement and midcourse corrections.
- Use CAP performance monitoring data and other available sources to document the steps taken to implement the selected strategies. Recipient must notify CDC Project Officer within two weeks of identification of any missed activities or other key implementation milestone(s) to schedule a technical assistance call.
- Track overall progress on short-term outcomes, as well as specific progress on activities designed to address health disparities.
- Use evaluation activities to help ensure interventions are meeting the needs of the priority population.
- Develop and distribute at least one unique dissemination documents created for stakeholders or the broader community based on the outcome evaluation.
 - Developed by the end of Year 3, the document(s) may be briefing updates, reports, case studies, peer-reviewed manuscripts or use other formats.
 - Funded applicants can reach other professionals through peer reviewed manuscripts in journals, presentations at conferences, and guest editorials.
- Submit performance monitoring and financial expenditure data to CDC twice a year

through the CDC identified electronic performance monitoring and reporting system.

Communication

Communicating accurate and timely information is a component of effective public health programs. Communication also helps to inform, educate, and empower people about health issues. Applicants should plan to use media and communication to support their program efforts and convey program messages, activities, and successes throughout the funding period. CDC has resources and technical assistance available to help awardees.

- Use media and communication to support program efforts and convey successes to key audiences (i.e., public, partners, stakeholders) at least every 1-3 months. This would include activities such as buying and placing a radio ad, working with a local news outlet to feature a program success, using social media to share information with the public, preparing presentations or talking points for partners, and talking points briefing tribal or community leaders and decision makers at a partner event or elsewhere.
- Monitor and report media activities yearly. This will help applicants track their work and plan future activities. A sample media tracking worksheet will be provided to funded applicants for their use.
- Develop a communication plan, which notes the audience, key messages, and communication-specific activities.
- Submit at least two success stories per year over the course of the project period. CDC recommends using its online success story application (<http://www.cdc.gov/nccdphp/dch/success-stories/>) to meet this requirement.

Comprehensive Implementation awardee activities will include:

Program Infrastructure and Organizational Capacity

Program infrastructure and organizational capacity are essential components to ensure successful planning, implementation, and evaluation for a public health program. Applicants should ensure the program has adequate staff and the ability to administer, manage, and evaluate the program throughout the project period.

- Identify at minimum a Program Manager (1.0 FTE) and administrative support within 30 days post award.
- Support for evaluation activities. CDC recommends using the public health benchmark of a minimum of 10% of the annual award to support evaluation activities.²
 - Provide support for planning and implementation, monitoring of short-term outcomes, and evaluation.
- Support for communication activities. This includes activities, such as buying and placing

² Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs — 2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014

a radio ad, working with a local news outlet to feature a program success, and briefing tribal or community leaders at a partner event.

- Provide support for planning, implementing, and evaluating communication activities.
- Track and report activities annually.
- Develop a draft sustainability plan by Year 2. CDC will provide guidance to funded awardees post award.

Fiscal Management

Fiscal management refers to appropriately managing funds throughout the project period. The awardee will manage its funding, complete timely and accurate reporting, and monitor any funding provided to local entities to complete work associated with this funding opportunity announcement.

- Identify a Fiscal Manager to monitor the cooperative agreement funds, program contracts, and grants; ensuring funds are expended and are in support of approved activities.
- Provide funding to appropriate local entities or coalitions committed to the goals of the initiative and actively engaged in selected strategies.
- Establish procedures to track and report expenditures in accordance with CDC Procurement and Grants Office federal guidelines and procedures.

Coalition

The coalition is a collection of individuals and organizations working together to achieve specific goals. The coalition should be a functioning, multi-sectoral group with community representatives that practices CBPA during the entire project period.

- Demonstrate key accomplishments in mobilizing partners to implement local PSE improvements that increase physical activity opportunities, healthy food and/or beverage options, and access to quality health care or smoke-free or tobacco-free environments, as well as address health disparities.
- Demonstrate a functioning multi-sectoral coalition that has been in existence for at least two consecutive years since 2010. The coalition must include 1) representatives with two years of experience in serving the priority population in the tribe or community, as well as 2) local health departments or similar tribal health organizations, 3) tribal or community-based organizations, 4) university/academic institutions and 5) non-traditional partners (e.g., parks and recreation, transportation, environmental health, housing and urban development, public safety, financial, and health care organizations). If the applicant intends to work on improving linkages to quality health care services, the coalition must include representation from local health care organizations. The coalitions should have considerable experience using CBPA to plan, implement, and evaluate PSE strategies for the proposed priority population(s).
- Demonstrate key accomplishments in mobilizing partners to implement local PSE

improvements that increase smoke-free or tobacco-free environments, physical activity opportunities, healthy food and beverage options, and access to quality health care, as well as address health disparities.

If any coalition is receiving federal funds, a condition of participation is that the coalition complies with all applicable federal funding guidance. Please see General Provisions, Title V, Division H, Consolidated Appropriations Act, 2014. Section 503 - Proper Use of Appropriations, described later in this document.

Community Action Plan

The CAP is the work plan or road map for guiding the applicant and coalition throughout the project period. This will assist with implementing the proposed activities and strategies. The applicant is responsible for working with the coalition to develop, implement and evaluate a comprehensive CAP.

- Submit as part of the application a three year Community Action Plan (CAP) in collaboration with the coalition and partners. Collaborate with CDC to obtain final approval of the CAP within 30 days post-award. The CAP should be ready for implementation immediately after submitting the final, approved CAP.
- Identify no more than two of the following priority populations: African American/Black, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, or Hispanic/Latino.
- Comprehensive Implementation applicants must select one priority population to ensure their efforts are well-focused, and may select up to two priority populations. Using CBPA, each priority population an applicant proposes to address through this FOA must be fully engaged through planning, implementation, and evaluation of the proposed strategies, and the dissemination of findings. The applicant should clearly describe governance and the decision-making structure, culturally appropriate processes of engagement for selected priority populations, and how work is coordinated across or among the two priority populations.
- Identify pre-existing policies, systems, or environments that have shown limited or no improvement in behavioral and/or health outcomes for the priority population(s) identified when compared to the same outcomes for the broader population or that have exacerbated health inequalities in the priority population(s). Data and justification must be provided.
- Identify at least two of the following chronic disease risk factors that disproportionately impact the priority population:
 - Physical inactivity
 - Poor nutrition
 - Poor linkages to quality health care services
 - Tobacco use and exposure
- Select evidence-based PSE strategies shown to improve physical activity opportunities, provide healthy food and/or beverage options, and support access to quality health care

or smoke-free or tobacco free environments. The strategies should be responsive to the unique social and physical environments characterizing health disparities within the identified priority population. Strategies should be culturally and locally tailored to meet the community's needs. Example strategies that address a pre-existing population-wide policy/system/environment improvement that may create barriers to decreasing health disparities are provided in Appendix B.

- Align with the community health needs assessment, available data (e.g., incidence, prevalence, morbidity, mortality, health behaviors, etc.), community engagement findings, and opportunities for policy, systems, and environmental improvement.
- Propose objectives that are specific, measurable, achievable, realistic, and time-phase (SMART). Objectives and related activities should be clearly connected to intended outcomes.
- Implement a combination of broad and culturally tailored strategies that will reach at least 75% of the selected priority population across multiple settings. Settings should be defined by the specific census tracts that will be served by the program. Applicants should specify the census tract numbers that will be served by the proposed program activities or strategies.

Performance Measurement and Evaluation

Performance measurement and evaluation allows the awardee and CDC to track progress and measure outcomes of awardees' efforts.

- Proposed objectives and activities in the awardees' CAPs should clearly relate to the selected chronic disease risk factors and relevant short-term outcomes.
- Estimates of the targets for the relevant short-term outcomes related to awardee reach will be refined using CDC guidance after CAPs are approved.
- Input activities, objectives and projected awardee reach from the approved CAP into the CDC identified electronic performance monitoring and reporting system.
- Provide updates on CAP implementation progress to CDC through monthly calls with the Project Officer and quarterly awardee submission of progress data on activities and objectives in the CDC identified electronic performance monitoring and reporting system.
- Use CAP performance monitoring data for ongoing program improvement and midcourse corrections.
- Use CAP performance monitoring data and other available sources to document the steps taken to implement the selected strategies. Recipient must notify CDC Project Officer within two weeks of identification of any missed activities or other key implementation milestone(s) to schedule a technical assistance call.
- Track overall progress on short-term outcomes, as well as specific progress on activities designed to address health disparities.
- For those awardees opting to implement a strategy in a new priority population or setting, conduct outcome evaluation.

- Develop and distribute at least one unique dissemination document created for stakeholders or the broader community based on the outcome evaluation.
 - Developed by the end of Year 3, the document(s) may be briefing updates, reports, case studies, peer-reviewed manuscripts or use other formats.
 - Funded applicants can reach other professionals through peer reviewed manuscripts in journals, presentations at conferences, and guest editorials.
- Submit performance monitoring and financial expenditure data to CDC twice a year through the CDC identified electronic performance monitoring and reporting system.

Communication

Communicating accurate and timely information is a component of effective public health programs. Communication also helps to inform, educate, and empower people about health issues. Applicants should plan to use media and communication to support their program efforts and convey program messages, activities, and successes throughout the funding period. CDC has resources and technical assistance available to help funded applicants.

- Use media and communication to support program efforts and convey successes to key audiences (i.e., public, partners, stakeholders) at least every 1-3 months. This would include activities such as buying and placing a radio ad, working with a local news outlet to feature a program success, using social media to share information with the public, preparing presentations or talking points for partners, and talking points briefing tribal or community leaders and decision makers at a partner event or elsewhere.
- Monitor and report media activities yearly. This will help applicants track their work and plan future activities. A sample media tracking worksheet will be provided to funded applicants for their use.
- Develop a communication plan, which notes the audience, key messages, and communication-specific activities.
- Submit at least two success stories per year over the course of the project period. CDC recommends using its online success story application (<http://www.cdc.gov/nccdphp/dch/success-stories/>) to meet this requirement.

SUGGESTED STRATEGIES FOR POPULATION-BASED APPROACH BY CHRONIC DISEASE RISK

FACTORS (RFs) – *This list includes **examples** of local-level population-based strategies that can be selected for inclusion in the CAP and should be implemented consistent with applicable federal laws.*

RF #1: Increase the number of people with access to tobacco- and smoke-free environments:

- Increase the number of settings that have a 100% smoke-free policy.
- Increase the number of smoke-free multi-unit housing complexes that have a smoke-free policy.
- Use point-of-sale communication strategies to reduce access to some or all tobacco

products

- Prevent youth access to tobacco products, including electronic cigarettes and other electronic nicotine delivery systems

RF #2: Increase the number of people with access to environments with healthy food and beverage options:

- Increase policies and practices to support breastfeeding (e.g., health care, workplaces, childcare settings)
- Increase availability of local farmers' fruits and vegetables via farmer distribution agreements with public and private organizations (e.g., work sites, hospitals, schools, other community settings)
- Increase availability of healthy foods in communities, including working with community partners to incentivize new grocery store development, expanding farmers markets, small store initiatives, mobile vending carts, and restaurant initiatives
- Promote purchase of fruits, vegetables, and other healthy foods through food assistance program incentives, such as accepting EBT payments at Farmer's Markets and providing "Health Bucks" coupons to EBT users who purchase fruits and vegetables.
- Increase availability and affordability of healthy foods and beverages in institutional settings, workplaces, prisons, senior centers, childcare settings, and government facilities

RF #3: Increase the number of people with access to physical activity opportunities:

- Increase employee physical activity opportunities in workplaces through flexible work hours, access to gyms, and promoting the use of stairs (instead of elevators)
- Work with education partners such as Parent-Teacher Associations, School Board Associations and others to share information on the current state of children's elementary school physical activity levels, and how quality physical education programs can improve their children's health and academic performance. Offer technical assistance to schools districts implementing quality physical education programs.
- Increase opportunities for physical activity in public settings:
 - Improved community designs to make streets safe for pedestrians, bicyclists, and public transit users (e.g., neighborhood slow zones, community-wide traffic calming)
 - Joint use agreements (e.g., school grounds open to the public during off hours)
- Improve physical activity and education policies and practices in early child care settings
- Work with community partners to assess the impact of community changes on

community health and well-being, including physical activity opportunities.

RF #4: Increase the number of people with access to opportunities for chronic disease prevention, risk reduction, or management through clinical and community linkages:

- Increase access to chronic disease preventive services and self-management programs (e.g. tobacco cessation support groups) in worksites and community settings
- Increase number of referrals to community-based resources and services for chronic disease risk reduction and management (e.g., hypertension, diabetes, and obesity)
- Increase number and training of multi-disciplinary teams (i.e., physicians, pharmacists, community health workers), including core competency training for community health workers and cultural competence training for health care providers
- Establish health IT systems to:
 - Collect data on populations bearing a disproportionate burden of chronic disease
 - Provide feedback on quality of care across health care providers and health care organizations

1. Collaborations –

a. With CDC funded programs:

Recipients are encouraged to work with any other CDC-funded programs in their geographic area. This will help ensure proposed activities are complementary with other CDC-funded programs operating in the same area.

- State- and/or local-level CDC funded programs for chronic disease (e.g., [Division of Community Health, Office on Smoking and Health](#); [Division for Heart Disease and Stroke Prevention](#); [Division of Cancer Prevention and Control](#); [Division of Population Health](#); [Division of Diabetes Translation](#); [Division of Nutrition, Physical Activity, and Obesity](#))
- Million Hearts Initiative® - <http://millionhearts.hhs.gov/index.html>
- Healthy Community Design Initiative - <http://www.cdc.gov/healthyplaces/>

b. With organizations external to CDC:

For both funding levels: All applicants must provide evidence of a fully developed and established coalition that has been active for at least two years, grounded in CBPA, as well as actively involved in the planning, development and implementation of a draft CAP. To establish evidence of a coalition/partnership grounded in CBPA, coalition partners must be included in the development of the application and operational aspects of the CAP. Applicants must include one “Letter of Involvement” from each contributing coalition member to detail their specific involvement in the CAP. At a minimum five letters are required. These Letters of Involvement must clearly describe the partner level of participation in developing the application, anticipated contribution to overall

program strategies and activities. If Tribal resolutions, MOUs, or MOAs exist and are related to this application, they should also be submitted from each coalition member. Name the file “Letters of Involvement/tribal resolutions/MOUs/MOAs, and upload it as a PDF file at www.grants.gov.

Applicants may also include letters of support, as appropriate, and name the file “Letters of Support”, and upload it as a PDF file at www.grants.gov. These letters of support are not considered as strong evidence of a fully developed and established coalition.

Collaborations should include entities such as tribal or local health departments; tribal or community based organizations; health care organizations; faith-based organizations; tribal organizations; local, regional, state, or national organizations, including local affiliates of national organizations with a demonstrated history and experience working with racial and ethnic populations in order to alleviate certain disparate impacts; or university/academic institutions, or non-traditional partners (e.g., local education agencies, parks and recreation, transportation, environmental health, housing and urban development, public safety, financial, and health care organizations). The coalition should include 1) members with two years of experience in serving the priority population in the community, 2) local health departments or similar tribal health organizations, 3) tribal or community-based organizations, 4) university/academic institutions, and 5) non-traditional partners. If the applicant intends to work on improving linkages to quality health care services, the coalition must include representation from the local health care organizations. Linkages with other tribal, state and community partners working together to promote health equity and prevent chronic diseases are encouraged.

The applicant should describe the coalition functions that facilitate planning, education, outreach, dissemination, and evaluation efforts. Applicant may use the CDC [A Practitioners Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease](http://www.cdc.gov/nccdphp/dch/health-equity-guide/) (<http://www.cdc.gov/nccdphp/dch/health-equity-guide/>) to inform aspects of its programming. Applicants should include in the application any available agreements (ex. Tribal resolution, MOU, MOA) with organizations that are involved in work associated with the CAP.

Comprehensive Implementation- The coalition’s Letters of Involvement should collectively present evidence that it is functioning, and ready to immediately help implement the CDC-approved 3-year CAP.

Basic Implementation- The coalition’s Letters of Involvement should collectively

present evidence that it is functioning, and ready to help implement the CDC-approved year 1 CAP (also includes a high level plan for years 2 and 3), and directly contributes to the development of a CDC-approved final CAP that includes years 2 and 3.

2. Target Populations:

Basic Implementation applicants are to focus their strategies at the community or tribal level on addressing health disparities in one of the following priority population groups and Comprehensive Implementation applicants up to two priority population groups:

- African American/Black
- American Indian/Alaska Native
- Asian American
- Hispanic/Latino
- Native Hawaiian/Other Pacific Islander populations.

Applicants should focus their efforts on specific target populations in the priority population(s). For the REACH FOA, these specific target populations are defined primarily as geographic sub-areas with high rates of poverty and lack of high school education. It is recommended to define specific target populations on the basis of poverty and education, applicants must provide the following data:

- A map of the census tracts included in the selected vulnerable population
- A list of the census tracts
- the demographic makeup of that area (age, sex and race/ethnicity)
- % with income below [100% federal poverty level](#)
- % of adults ≥ 25 years of age without a high school education.

These data can be obtained from the census bureau:

<http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>.

Applicants may find it easier to access these data from the following web site:

www.CHNA.org.

It is recommended that specific target populations be considered if the census tracts where the population resides have the following characteristics:

- At least 30% with income below [100% federal poverty level](#), and
- At least 25% of adults ≥ 25 years of age without a high school education.

To further define specific target populations, it is recommended that applicants include:

- Information about additional measures of vulnerability that are available at CHNA.org.; examples include linguistically isolated populations (households where English is not the preferred language by adults 14 years of age or older) and populations who have limited access to health food (e.g. “food deserts”)

(See Glossary)

- Information from other sources, such as vital statistics data, data from local health surveys and hospitals.

Inclusion:

N/A

b. Evaluation and Performance Measurement:

i. CDC Evaluation and Performance Measurement Strategy:

CDC Evaluation Strategies for REACH include:

1. Implement the National Evaluation Plan which is based on the three levels of outcome measures.
 - Aggregate short-term outcomes across awardees by strategies, as appropriate.
 - Measure intermediate-term outcomes. Intermediate-term outcomes will reflect changes in targeted health-related behaviors (see outcome measures, above) at the population level. Because available data are typically not adequate to measure these changes in an individual community, CDC will identify communities whose strategies have similar objectives and aggregate available data (e.g., BRFSS) for multiple communities, as possible.
 - Model long-term outcomes from Awardee Performance Monitoring data and Awardee Reach data .
 - Model impact from Awardee Performance Monitoring data and Awardee Reach data.
2. Provide detailed guidance and technical assistance on:
 - CDC performance monitoring and reporting system.
 - Measurement of Awardee Reach which will be rolled up into Short-term Outcome measures, i.e. the number of people who have access to healthier environments as a result of the implementation of awardee strategies.
 - Awardee assessment of actual use of at least one implemented healthier environment.
 - Awardee outcome evaluation of PSE strategies applied in new priority populations or settings. Where applicable, this will include finalization of an Outcome Evaluation Plan.

ii. Applicant Evaluation and Performance Measurement Plan:

The Awardee Evaluation and Performance Measurement Plan will be comprised of three components:

1. CDC may revise the existing requirements in which case a detailed explanation of any additional requirements will be provided in the Notice

of Award to successful applicants. Any additional reporting requirements will not exceed applicable grants regulations limits. The Awardee Evaluation and Performance Measurement Plan will be comprised of three components:

2. Tracking progress and completion of strategies. By using the CDC identified electronic performance monitoring and reporting system, each awardee will track overall progress on infrastructure and short-term outcome objectives, as well as, specific progress on activities on a quarterly basis. This collection of this data is known as *performance monitoring data*. CDC will provide training and guidance on the use of the performance monitoring and reporting system.
 - Use ongoing performance monitoring data, along with any community health needs assessment data, for ongoing program improvement and midcourse corrections.
 - Track overall progress on outcome objectives as well as specific progress on activities designed for vulnerable populations. Use performance monitoring data and other available sources to document the steps taken to implement PSE improvements by describing successes, barriers, and challenges.

3. Measurement of Short-term Outcomes. Using detailed guidance from CDC (provided post-award), awardees will set targets and then monitor progress towards these targets on the number of people who have access to healthier environments as a result of the implementation of each awardee strategies describe in the CAP objectives. This is known as Awardee Reach for each strategy. These targets will be ultimately rolled up into the relevant short-term outcomes.
 - For example, an awardee might be implementing two strategies that are targeting different populations in different settings. One strategy is increasing physical activity in elementary age children by implementing evidence-based strategies in elementary schools (e.g., physical education, recess) to increase youth physical activity, which would increase physical activity for 55,000 children enrolled in these schools. The awardee will track the successful implementation of recommended strategies in each school so that they will know how many children have access to an improved physical activity environment. The second strategy is increasing physical activity in 350 early care/child care centers by implementing recommended evidence based strategies of physical activity in these settings, which would increase physical activity for

2,000 children enrolled in these programs. The awardee will track the successful implementation of recommended evidence based strategies in each early care/child care centers, so that they will know how many children have access to an improved physical activity environment. The target short-term outcome would combine the target Awardee Reach for these two strategies, and progress would be tracked over time. Thus, the target short-term outcome would be 57,000 people with increased access to physical activity opportunities.

- Report Awardee Reach data for each strategy and update on a quarterly basis.

4. Assessment of actual use of a healthier environment. With guidance from CDC, awardees will assess the actual use of at least one healthier environment they created by implementing a strategy. This is required for all awardees regardless of funding level and must be completed before the end of the 3-year project period. This assessment is complementary with the estimated Awardee Reach for the selected healthier environment.

- For example, an awardee plans to achieve increased access to healthier foods in corner stores. They decide, in collaboration with CDC Evaluation Technical Assistance, to assess whether healthier foods are purchased at these stores after the strategy is in place. Therefore, they develop an assessment plan. Using the same assessment method, they measure the purchases of healthier foods in a selected number of stores before the strategy, and after the strategy was completed.
- CDC Evaluation Technical Assistance will work closely with the awardee to design a simple, low cost assessment. Whenever possible, the assessment will use methods and survey questions successfully used in other community health improvement programs.
- Report the results of this assessment to CDC. As appropriate, incorporate the results into a success story that is shared as described above.

5. In addition, Awardees should adhere to the following guidance:

- Awardees are encouraged to use available data to measure intermediate-term outcomes, when possible. However, as mentioned above, due to lack of adequate, existing data in many communities, primary responsibility for measuring intermediate-

term outcomes will rest in most cases with CDC.

- Communities with access to adequate data to measure intermediate-term outcomes might include: 1) counties with a large number of respondents to the Behavioral Risk Factor Surveillance System (BRFSS), 2) counties that conduct the Youth Risk Behavior Surveillance System (YRBSS).
- Awardees should share their successes and lessons learned through the creation and dissemination of two (or more) success stories per year (one submitted every 6 months with the Interim and Annual Progress Report). As previously stated, success stories should include the challenge, solution, results, and how to sustain success long-term. CDC recommends using its online success story application (<http://www.cdc.gov/nccdphp/dch/success-stories/>) to meet this requirement.

Outcome evaluation of strategies applied in a new priority population or setting.

1. In order to expand the evidence base for effective community strategies, **Comprehensive Implementation** Awardees strategies implemented in new priority populations or settings should include rigorous outcome evaluation to determine strategy effectiveness. In addition, awardees should use common measures and metrics, so that their findings can be compared with others. CDC evaluation technical assistance liaisons will provide assistance with the finalization of the Outcome Evaluation Plan and the selection of common measures and metrics.
- Within 30 days after finalizing the CAP with the Project Officer, submit to CDC an outcome evaluation plan for strategies proposed for implementation in a new priority population or setting that meets the criteria described above and that is directly tied to appropriate components of the CAP (refer to Evaluation Guide on Developing an Evaluation Plan available at http://www.cdc.gov/dhdsp/state_program/evaluation_guides/pdfs/evaluation_plan.pdf).
 - The plan must include a logic model that illustrates the relationship between program activities and expected outcomes and reflects initiative priorities.
 - The plan activities must be described on a timeline as they relate to proposed objectives in the CAP.
 - The plan must include a methodological overview and a

description of how the planned evaluation activities will:

- Target PSE goals,
 - Assess impact on health disparities, and
 - Ensure broad dissemination of evaluation findings to stakeholders at multiple levels.
- The plan may focus on particular geographic or physical settings, age groups, or vulnerable populations experiencing a disproportionate burden of chronic disease and conditions.
 - The plan must identify area- and program-specific data sources to assess strategies outcomes, including as appropriate changes in proper nutrition, physical activity, exposure to second hand smoke, and risk reduction or chronic disease management through clinical and community linkages.
2. In addition, **Comprehensive Implementation** Awardees develop and distribute:
- One or more unique dissemination documents created for stakeholders or the broader community based on evaluation and/or performance monitoring data. Developed by the end of Year 3, these document(s) may be briefing updates, reports, case studies, manuscripts, or take other formats.

c. Organizational Capacity of Awardees to Execute the Approach:

Funding will be provided to highly qualified applicants serving racial and ethnic populations with documented burdens of chronic diseases, conditions and risk factors that include social determinants of health and with the following experience and support in place:

- Demonstrated success working with multiple partners or experience working with community, tribal, or other leaders, as appropriate;
- Demonstrated track record of improving community outcomes (including documented evaluations) through policy, systems, environmental, programmatic, and infrastructure improvements;
- Demonstrated efforts aimed at reducing health disparities; and
- Demonstrated ability to meet reporting requirements such as programmatic, financial, and management benchmarks as required by the FOA.

CDC will provide support to communities that have demonstrated significant and effective past experience in addressing racial and ethnic health disparities at the community level and with additional resources can achieve larger scale community health impacts through PSE improvements.

Successful applicants will identify and hire staff with appropriate qualifications to

implement and manage all levels of activity within the program. Minimum staffing requirements include a Program Manager highly knowledgeable and experienced in CBPA, and administrative support staff. Staff must be physically located within the community. Resumes of key coalition members and organizational staff, an organizational staffing chart for the applicant organization, and a staffing plan that describes actual position titles with descriptions, lines of supervision and a brief description of roles and responsibilities of all program staff is required.

Applicants will possess well documented evidence of successful collaborative community health efforts with a broad range of partners. The evidence of a coalition should be reflected in a variety of materials: tribal resolutions, MOAs, MOUs, Letters of Involvement, meeting minutes, coalition newsletters, media articles, length of membership, frequency of active membership, etc.

Applicants must demonstrate the existence of an established and collaborative coalition (with at least two years of continuous activity) that develops and sustains linkages and collaborations, as feasible, with such entities as local, state, or tribal health departments; community or tribal health centers; faith-based organizations; tribal organizations; national organizations that target the selected population or health disparities; or university/academic institutions. The coalition must have representation from individuals with direct connections to the priority population community. The applicant, as the funded entity, will work with key partners and the coalition to implement PSE improvement strategies and achieve objectives identified in the Community Action Plan (CAP). It is expected that the community/coalition capacity is fully developed and will require minimal investment to operationalize the CAP; funds are not available for capacity building.

d. Work Plan:

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section.

- The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies, and activities, evaluation and performance measurement, including key milestones.
- Applicants must name this file “Work Plan” and upload it as a PDF file at www.grants.gov.
- The work plan, or CAP, is a guide to the awardee in implementing their work, assists the Project Officer in monitoring awardee activities, and reflects activities supported by the annual budget. The CAP should also demonstrate how the outcomes, strategies, activities, timelines, and staffing/collaborations work together. The

applicant should consider how to sustain activities include in the CAP after funding ends.

Comprehensive Implementation applicants: Provide a detailed CAP that covers Years 1-3.

The CAP should:

- Support a detailed program description with strategy documentation and a proposed logic model.
- Align with the community health needs assessment, available data (e.g., incidence, prevalence, morbidity, mortality, health behaviors, etc.), community engagement findings, and opportunities for PSE improvement.
- Be well organized and ready for implementation. All strategy tools and documents should be in place no later than the end of Year 1 (e.g., protocols for strategy delivery) to support a well-executed implementation rollout.
- Describe key activities, priority population(s), milestones and timelines for achieving strategy implementation, anticipated outcomes, SMART objectives (specific, measureable, achievable, realistic, and time phased), and plans for collecting data and measuring progress of objectives and outcomes.
- Include evidence-based strategies to improve physical activity opportunities, provide healthy food or beverage options, and support access to quality health care services or access to smoke-free or tobacco-free environments for at least 75% of the priority population in a defined geographic area.
- Include strategies which are evidence- or practice-based, culturally tailored and responsive to the unique social and physical environments of the priority population.
- Document the planning process including key decisions, changes in the initial plan, and the lessons those changes represent.
- Note the percent of key partners and coalition members who are community decision makers, health agencies, institutions, and others whose expertise supports the PSE improvements.
- Clearly specify roles and responsibilities for the funded organization, partners, and coalition members for implementing the CAP and sustaining activities after CDC funding ends. Contributions may also be reflected in any planning documents or letters of involvement.
- Demonstrate the use of CBPA.
- Facilitate the evaluation of strategies that are being implemented in a new priority population or setting.
- Give consideration to how the activities can be replicated so that other communities across the nation might use them in the future if they are successful.

Basic Implementation applicants: Provide a detailed CAP for Year 1 and a high level plan for

Years 2-3.

The CAP should:

- Support a detailed program description with strategy documentation and a proposed logic model.
- Align with the community health needs assessment, available data (e.g., incidence, prevalence, morbidity, mortality, health behaviors, etc.), community engagement findings, and opportunities for PSE improvement.
- Provide a high level overview for implementation activities in Years 2-3. Information should be included on how all strategy tools and documents will be in place no later than the start of Year 2 (e.g., protocols for strategy delivery) to support a well-executed implementation rollout.
- Describe key activities, priority population(s), milestones and timelines for achieving strategy implementation, anticipated outcomes, SMART objectives (specific, measurable, achievable, realistic, and time phased), and plans for collecting data and measuring progress of objectives and outcomes.
- During the first year, the work plan may include objectives related to strengthening infrastructure that allows the awardee to be fully implementation ready by year two.
- Include PSE, evidence-based strategies to improve physical activity opportunities, provide healthy food or beverage options, and support access to case or access to smoke-free or tobacco-free environments for at least 75% of the priority population in a defined geographic area.
- Include strategies which are evidence- or practice-based, culturally tailored and responsive to the unique social and physical environments of the priority population. If these are not included, the applicant should note how this will be identified and finalized before implementation begins.
- Document the planning process including key decisions, changes in the initial plan, and the lessons those changes represent.
- Note the percent of key partners and coalition members who are community decision makers, health agencies, institutions, and others whose expertise supports the PSE improvements.
- Clearly specify roles and responsibilities for the funded organization, partners, and coalition members for implementing the CAP and sustaining activities after CDC funding ends. Contributions should also be reflected in any planning documents or letters of involvement. Document how planning and implementation uses CBPA.
- Demonstrate the use of CBPA.
- Facilitate the evaluation of appropriate strategies to further the evidence base. For example, include baseline and target measures, priority population, estimated number of people reached, and how each objective or strategy will be evaluated.

- Give consideration to how the activities can be replicated so that other communities across the nation might use them in the future if they are successful.

Appendix C includes a CAP template and example CAP. Applicants are not required to use the template; however, it represents the required elements that will be used in the performance monitoring system for this award, which applicants will be required to report on quarterly.

Note: The CAP will be reviewed extensively and finalized in collaboration with subject matter experts at CDC. It should be developed in conjunction with the development of a Local Evaluation Plan. Revision of CAPs will be a collaborative process, and all partners and coalition members must agree to work with CDC to adjust the CAP to reflect any emerging best practices or guidance. A revised CAP should be submitted with the summary statement response within 30 days of the notice of award.

e. CDC Monitoring and Accountability Approach:

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting). The HHS Awarding Agency Grants Administration Manual specifies the following HHS expectations for post-award monitoring for grants and cooperative agreements:

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

Monitoring may also include the following activities:

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

Other activities deemed necessary to monitor the award, if applicable.

In addition, the DCH strategy for monitoring awardee performance will primarily include:

Utilizing CDC identified electronic performance monitoring and reporting system to track overall awardee progression outcome objectives as well as specific progress on activities on a quarterly basis.

f. CDC Program Support to Awardees:

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

- Technical Assistance:
 - Provide pre-application assistance to potential applicants.
 - Provide Post award technical assistance.
- Provide resources and tools including CDC-developed tools such as Success Story Application, Community Health Online Resource Center, Community Health Media Center, Community Health Needs Assessment, or A Practitioner’s Guide for Advancing Health Equity.
 - Review progress reports, evaluation tools, and CAPs.
 - Facilitate collaborative opportunities with national partners.
- Information Sharing between Awardees:
 - Facilitate routine conference calls, webinars, and information exchange between awardees.
- Develop mechanism for documenting and sharing lessons learned.

B. Award Information

1. **Type of Award:** Cooperative Agreement
CDC’s substantial involvement in this program appears in the CDC Program Support to Awardees section.
2. **Award Mechanism:** U58 Chronic Disease Control Cooperative Agreement
3. **Fiscal Year:** FY2014
4. **Approximate Total Fiscal Year Funding:** \$35,000,000
5. **Approximate Total Project Period Funding:** \$105,000,000
6. **Total Project Period Length:** Three (3) years
7. **Approximate Number of Awards:** 15-20 Basic Implementation and 30-40 Comprehensive Implementation
8. **Approximate Average Award:** : \$400,000-Basic Implementation (range: \$300,000 - \$500,000) / \$800,000- Comprehensive Implementation (range: \$600,000 - \$1,000,000)
9. **Floor of Individual Award Range**\$300,000 for Basic Implementation and \$600,000 for Comprehensive Implementation
10. **Ceiling of Individual Award Range:** \$500,000 for Basic Implementation and \$1,000,000 for Comprehensive Implementation
11. **Anticipated Award Date:** September 30,2014
12. **Budget Period Length:** Twelve (12) months

Throughout the project period, CDC will continue the award based on the availability of funds,

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

13. Direct Assistance:

Direct Assistance (DA) is not available through this FOA

C. Eligibility Information

1. Eligible Applicants:

- Local governments or their bona fide agents
- Public nonprofit organizations
- Private nonprofit organizations
- For profit organizations
- Small, minority, women-owned businesses
- Universities
- Colleges
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized or state recognized American Indian/Alaska Native tribal governments
- American Indian/Alaska Native tribally designated organizations
- Alaska Native health corporations
- Urban Indian health organizations
- Tribal epidemiology centers
- Public Housing Authorities/Indian Housing Authorities

2. Special Eligibility Requirements:

Applicants are required to submit a Letter of Intent (LOI) as part of the application process to be eligible to apply for this program. Failure to submit an LOI will result in non-responsiveness, and the applicant will be prohibited from continuing the application process. Applicants must submit an LOI by the date and time posted in this announcement.

3. Justification for Less than Maximum Competition:

The FY14 Omnibus Bill states that, "The CDC is directed to award all increased funds under the terms and conditions by which the funds were awarded prior to fiscal year 2012." The

REACH model is a targeted place-based intervention that involves community ownership of the interventions. The pre-2012 REACH model focused funding on local organizations that organize and maintain multi-sectoral teams, which are consisting of partners from various local organizations, and have easy access to local data and an understanding of community needs that can be addressed through this FOA. Thus, FOA funding will be provided to these highly qualified applicants serving vulnerable populations with high documented burdens of chronic diseases, conditions and risk factors in community settings. In addition, CBO applicants will be funded with following experience and support in place: demonstrated success working with multiple sectors or experience working with community, tribal, or other leaders; demonstrated track record of improving community outcomes (including documented evaluations) through population-based strategies; and demonstrated ability to meet reporting requirements related to programmatic, financial, and management benchmarks as required by the REACH FOA.

4. Cost Sharing or Matching:

Cost sharing or matching funds are not required for this program.

Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged. Sources for cost sharing or matching include complementary foundation funding, other U.S. government funding sources including programs supported by HHS or other agencies (e.g., Department of Agriculture, Department of Education, Department of Housing and Urban Development, Department of Transportation, Environmental Protection Agency, U.S. Park Service) and other funding sources. Applicants should coordinate with multiple partners such as public health, transportation, education, health care delivery, and agriculture.

5. Maintenance of Effort:

Maintenance of effort is not required for this program.

D. Application and Submission Information

Additional materials that may be helpful to applicants:

<http://www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf> .

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

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

The applicant organization may request a DUNS number by telephone at 1-866-705-

5711 (toll free) or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

- b. System for Award Management (SAM):** The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.
- c. [Grants.gov](http://www.grants.gov):** The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the “Get Registered” option at www.grants.gov.

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

- 2. Request Application Package:** Applicants may access the application package at www.grants.gov.
- 3. Application Package:** Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.
- 4. Submission Dates and Times:** If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by PGO.

a. Letter of Intent (LOI) Deadline must be emailed by 5 p.m. Eastern Daylight Time on

June 6, 2014 or postmarked by June 6, 2014
<p>b. Application Deadline: July 22, 11:59 p.m. U.S. Eastern Daylight Time, at www.grants.gov</p>
<p>5. CDC Assurances and Certifications: All applicants are required to sign and submit “Assurances and Certifications” documents indicated at http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm.</p> <p>Applicants may follow either of the following processes:</p> <ul style="list-style-type: none"> • Complete the applicable assurances and certifications, name the file “Assurances and Certifications” and upload it as a PDF file at www.grants.gov <p>Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC within one year of the submission date.</p>
<p>6. Content and Form of Application Submission: Applicants are required to include all of the following documents with their application package at www.grants.gov.</p>
<p>7. Letter of Intent (LOI):</p> <p>Applicants are required to submit a Letter of Intent (LOI) as part of the application process to be eligible to apply for this program. Failure to submit an LOI will result in non-responsiveness, and the applicant will be prohibited from continuing the application process.</p> <ul style="list-style-type: none"> • The LOI is an opportunity for the applicant to demonstrate that it meets standards provided in the “Organizational Capacity” and “Special Eligibility Requirements” sections. The LOI should be no more than two pages (8.5 x 11), double-spaced, printed on the applicant organization’s letterhead, printed on one side, with one-inch margins, written in English (avoiding jargon), and unreduced 12-point font. If emailed, the LOI should be sent from the applicant organization’s email address. A sample LOI template with the required elements included is provided in Appendix E.FOA Number and title of this FOA • Descriptive title of the proposed project • Description of priority population(s) • The mission statement of the applicant • Brief description of the experience of the applicant in addressing health disparities • Name and brief description of the established coalition that will help plan, manage, and implement the health disparities activities to be conducted in the proposed project, including the date at which the coalition came into existence • Brief descriptions of at least 2 projects/strategies/ significant initiatives related to addressing health disparities in which the coalition has participated • The date and owner of the most recent community health needs assessment

conducted where the proposed REACH project will be implemented

- Name, address, telephone number, and email address of both the proposed Principal Investigator and the Project Director (names must match application)
- Name, address, telephone number, and e-mail address of the primary contact for writing and submitting this application

LOIs may be sent via email to REACHLOI@cdc.gov, or via U.S. express mail or delivery service to:

Ferrinnia (Toni) Augustus-High

– FOA DP14-1419PPHF14

Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Rd, MS#E-09
Atlanta, GA 30341

8. Table of Contents: (No page limit and not included in Project Narrative limit)

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the “Project Narrative” section. Name the file “Table of Contents” and upload it as a PDF file under “Other Attachment Forms” at www.grants.gov.

9. Project Abstract Summary: (Maximum 1 page)

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

10. Project Narrative: (Maximum of 25 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 25 pages will not be considered. The work plan is included in the 25 page limit.)

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section.

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov.

- a. Background:** Applicants must provide a description of relevant background information that includes the context of the problem. (See CDC Background.)
- b. Approach**

- i. **Problem Statement:** Applicants must describe the core information relative to the problem for the jurisdictions or populations they serve. The core information must help reviewers understand how the applicant’s response to the FOA will address the public health problem and support public health priorities. (See CDC Project Description.)
- ii. **Purpose:** Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the CDC Project Description.
- iii. **Outcomes:** Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (i.e., increase, decrease, maintain). (See the program logic model in the Approach section of the CDC Project Description.)

In addition to the project period outcomes required by CDC, applicants should include any additional outcomes they anticipate.

- iv. **Strategy and Activities:** Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Whenever possible, applicants should use evidence-based program strategies as identified by the Community Guide³ (or similar reviews) and reference it explicitly as a source. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies. (See CDC Project Description: Strategies and Activities section.)

- i. **Collaborations:** Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC.

- 1. Applicants must file the tribal resolution, MOU, or MOA, as appropriate, name the file “letters of involvement/tribal resolution/MOUs/MOAs”, and upload it as a PDF file at www.grants.gov.
 - 2. Applicants must file letters of involvement, as appropriate, name the file “Letters of Involvement”, and upload it as a PDF file at www.grants.gov.] [The applicant Letters of Involvement should collectively present strong evidence of a functioning and interconnected coalition, with clear confirmation of its ability to demonstrate immediate action. These should include descriptions of previously successful efforts to achieve health equity amongst similar priority populations and clearly

³ <http://www.thecommunityguide.org/index.html>

describing the scope and level of effort a coalition member or cross sectoral partner will provide as part of the work described in this application.

- ii. **Target Populations:** Applicants must describe the specific target population(s) in their jurisdiction. Refer back to the CDC Project Description section – Approach: Target Population.
- iii. **Inclusion:** Not applicable for this program.

- c. **Applicant Evaluation and Performance Measurement Plan:** Applicants must provide an overall jurisdiction or community-specific evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Describe the type of evaluations to be conducted (i.e., process and/or outcome).
- Describe key evaluation questions to be answered.
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that must be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness.

Awardees will be required to submit an evaluation plan for any strategy implemented in a new priority population or setting within 30 days after the CAP is finalized, as outlined in the reporting section of the FOA.

- d. **Organizational Capacity of Applicants to Implement the Approach:**

Applicant must address the organizational capacity requirements as described in the CDC Project Description. Applicants must name this file “CVs/Resumes” or “Organizational Charts” and upload it at www.grants.gov.

- e. Appendix D provides a list of resources that may be used during the writing of the application.

11. Work Plan: *(Included in the Project Narrative's 25 page limit)*

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies, and activities, evaluation and performance measurement, including key milestones.

Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.

12. Budget Narrative:

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

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

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

If applicable and consistent with statutory authority, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://phaboard.org>). Applicant entities include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that

enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file “Budget Narrative” and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect cost rate is a provisional rate, the agreement must have been made less than 12 months earlier. Applicants must name this file “Indirect Cost Rate” and upload it at www.grants.gov.

13. Tobacco and Nutrition Policies:

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions

and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see:

http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf).

2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>

<http://www.thecommunityguide.org/tobacco/index.html>

<http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>.

14. Health Insurance Marketplaces:

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplaces and the health care law, visit: www.HealthCare.gov.

15. Intergovernmental Review:

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

http://www.whitehouse.gov/omb/grants_s poc/.

16. Funding Restrictions:

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any

such proposed spending must be clearly identified in the budget.

- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC awardees](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

17. Other Submission Requirements:

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

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

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

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

CDC.

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

If you do not receive a “validation” e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Application User Guide, Version 3.0, page 57.

- d. **Technical Difficulties:** If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@www.grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.
- e. **Paper Submission:** If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail or call CDC GMO/GMS, *before the deadline*, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

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

1. Include the www.grants.gov case number assigned to the inquiry;
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be postmarked at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard

copies of the application by U.S. mail or express delivery service).

E. Application Review Information

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

a. Phase I Review:

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC [CIO name] and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

b. Phase II Review:

An objective review panel will evaluate complete and responsive applications according to the criteria listed in the criteria section of the FOA. Applicants will be notified electronically if the application did not meet eligibility and/or published submission requirements thirty (30) days after the completion of Phase II review.

1. Approach: (45 points)

a. Program Infrastructure and Organizational Capacity (6 points)

- a) Does the applicant include resumes or position descriptions for the Program Manager?
- b) Does the applicant include resumes for the evaluation and communication staff?
- c) To what extent does the staff have expertise in CBPA?

b. Fiscal Management (3 points)

- a) Does the applicant provide a description of their financial management systems and/or processes?

c. Coalition (14 points)

- a) What evidence is provided of the coalition being in existence with at least 2 years?
- b) How does applicant fully describe the coalition's involvement in its efforts to implement proposed strategy (s)?
- c) How has applicant demonstrated a clear operational process of community based participatory approach?
- d) Do collaborative partners and the coalition have demonstrated experience and history in reaching the priority population addressed through this funding? How are "Letters of Involvement" in alignment with the proposed community action

plan?

- d. Community Action Plan (7 points)**
 - a) Has the applicant identified 1 risk factor (for basic) or 2 risk factors (for comprehensive)?
 - b) Has the applicant identified at least one evidence-based strategy to address the identified risk factor in the targeted population?
 - c) To what extent does the applicant clearly demonstrate their experience working the selected priority population(s)?
 - d) To what extent does the applicant identify communities where they propose to implement their strategies through the census tract(s)?
 - e) To what extent does the applicant identify poverty and educational attainment to assess the community's level of vulnerability?
 - f) Does the applicant include a community health needs assessment report?
- e. Communication (6 points)**
 - a) To what extent does the applicant propose to use strategic and integrated media and communication to support program efforts and activities/successes to key audiences?
 - b) Does the applicant have a plan to track and report paid, earned, and partner media activities twice yearly (e.g., the applicant may mention using a media impressions worksheet)?
 - c) To what extent does the applicant discuss developing a communication plan?
 - d) Does the applicant talk about the components of the communication plan?
 - e) Does the applicant discuss how it will incorporate audience research and attitude/awareness measures in baseline need assessments and/or surveys?
 - f) Does the applicant give details on how success stories will be submitted each year and over the course of the project period?
 - g) To what extent does the applicant discuss communication staffing and its source (i.e., recipient organization or a partner to support)?
- f. Dissemination and Sustainability (4 points)**
 - a) To what extent does the applicant identify dissemination outlets and audiences for dissemination activities?
 - b) What are the dissemination strategies the applicant plans to use during the project period?
 - c) Does the applicant present plans or opportunities to sharing key program outcomes, lessons learned, and other findings?
 - d) To what extent does the applicant discuss developing and implementing a sustainability plan?
- g. Priority Population (5 points)**
 - a) To what extent does the applicant clearly demonstrate their experience working the priority population?
 - b) To what extent does the applicant identify communities where they propose to implement their strategies through the census tract(s)?

- c) To what extent does the applicant identify poverty and educational attainment to assess the community's level of vulnerability?
- d) Does the applicant include map showing the vulnerable populations footprint?
- 2. Evaluation and Performance Management (30 points)
 - a. Evaluation support (8 points)
 - a) How has the applicant demonstrated commitment to supporting evaluation activities, e.g., has the applicant allocated the recommended benchmark of at least 10% of total budget to evaluation support?
 - b. Evaluation capacity (8 points)
 - a) Are there experienced applicant staff or experienced contracted organization identified to conduct evaluation work (specify in CVs and reports/manuscripts)
 - c. Evaluation Plans/Performance Management Plans- to what extent does the applicant provide evaluation/performance management plans according to the FOA requirements? (14 points)
 - a) Evaluation plan for strategy/strategies implemented in a new priority population or setting – activities are listed and data collection efforts identified to determine benefit of project on community health or infrastructure
 - b) Performance Management Plan (only for **Comprehensive Implementation** applications) - activities listed and data collection efforts identified to determine progress on achieving annual objectives
- 3. Applicant's Organizational Capacity to Implement the Approach: (25 points)
 - a. To what extent does the applicant demonstrate: (10 points)
 - a) Success working with multiple partners or experience working with community, tribal, or other leaders?
 - b) A track record of improving community outcomes (including documented evaluations) through policy, systems, environmental, programmatic, and infrastructure improvements?
 - c) Effective efforts to reduce health disparities?
 - d) The ability to meet reporting requirements such as programmatic, financial, and management benchmarks as required by the FOA?
 - b. Does the applicant provide evidence of successful collaborative community health efforts with a broad range of partners? (3 points)
 - c. Does the applicant provide evidence of a highly functioning coalition? (3 points)
 - d. To what extent does the applicant identify plans to hire key staff (e.g., Program Manager, administrative support, communication staff, evaluator)? (3 points)
 - e. Does the applicant include resumes of key coalition members and organizational staff, an organizational staffing chart, and a staffing plan? (3 points)
 - f. To what extent does the applicant include plans to maintain a coalition? Did the applicant include a coalition roster that includes a description of coalition members' demonstrated history and experience working with racial and ethnic populations in order to alleviate certain disparate impacts (3 points)

Budget: When reviewing budgets, CDC programs must assess whether the budget aligns with the proposed work plan. For additional guidance, check with the CIO extramural program office, GMO or GMS.

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

c. Phase III Review:

All scored applications will be arranged in rank order. To the extent possible applications will be funded in order, by score and rank, determined by the review panel. In addition, the following factors may affect the funding decision. CDC will justify any decision to fund out of rank order based upon the following:

- Racial and ethnic diversity of priority population(s) served ;
- Maintaining geographic diversity across the United States;
- Ensuring that communities with evident health disparities are represented; and
- Ensuring communities with high levels of poverty are represented as documented in the application.

The Selecting Official shall rely on the rank order established by the objective review as the primary factor in making awards. However, in order to maximize the reach and impact of federal funding, the Selecting Official may depart from the rank order to achieve a balance of awards representing 1) racial and ethnic diversity of the priority population(s) served, 2) geographic areas of the United States, 3) assurance that communities with evident health disparities are represented and 4) assurance that communities with high levels of poverty are represented.

2. Announcement and Anticipated Award Dates:

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office (PGO). Applicants not selected for this funding will receive a letter from the programmatic contact listed in Section G. All notifications will be made by September 30, 2014.

F. Award Administration Information

1. Award Notices:

Awardees will receive an electronic copy of the Notice of Award (NoA) from CDC PGO. The NoA shall be the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an authorized GMO and e-mailed to the awardee program director.

Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM

Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

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

2. Administrative and National Policy Requirements:

Awardees must comply with the administrative requirements outlined in 45 C.F.R. Part 74 or Part 92, as appropriate. Brief descriptions of relevant provisions are available at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

The following Administrative Requirements (AR) apply to this project:

- AR-7: Executive Order 12372
- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2010
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- Activities
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)
- AR-35: Nutrition Policies

ARs applicable to awards related to conferences:

- AR-20: Conference Support
- AR-27: Conference Disclaimer and Use of Logos

Organization-specific ARs:

- AR-8: Public Health System Reporting (community-based, nongovernment organizations)
- AR-15: Proof of Non-profit Status (nonprofit organizations)

- AR 23: Compliance with 45 C.F.R. Part 87 (faith-based organizations)]

For more information on the C.F.R., visit the National Archives and Records Administration at <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

3. Reporting

a. CDC Reporting Requirements:

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

- Helps target support to awardees, particularly for cooperative agreements;
 - Provides CDC with periodic data to monitor awardee progress towards meeting the FOA outcomes and overall performance;
 - Allows CDC to track performance measures and evaluation findings to validate continuous program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
 - Enables CDC to assess the overall effectiveness and influence of the FOA.
- Other Provisions that Apply

General Provisions Title II, Division H, Consolidated Appropriations Act (2014).

Section 203 - Cap on Researcher Salaries

None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II; reduced from \$199,700 to \$179,700 effective December 23, 2011.

Section 217 - Gun Control Prohibition

None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

Section 218 - Prevention and Public Health Fund Reporting Requirements

Prevention Fund Reporting Requirements: This award requires the grantee to complete projects or activities which are funded under the Prevention and Public Health Fund (PPHF) (Section 4002 of Public Law 111-148) to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Responsibilities for Informing Sub-recipients: *Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, CFDA number, and amount of 2014 PPHF funds. When a recipient awards 2014 PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental 2014 PPHF funds from regular sub-awards*

under the existing program.

Reporting Requirements:

*Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 - June 30 and July 1 - December 31; and email such reports (in 508 compliant format) to the CDC website (template and point of contact to be provided after award) **no later than 20 calendar days** after the end of each reporting period (i.e. July 20 and January 20, respectively). Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the subrecipient).*

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- No part of any appropriation contained in this Act or transferred pursuant to Sec. 502(a), (b) and (c) of Title V, Division H, Consolidated Appropriations Act, 2014 and section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay 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 the Congress or any State government, State legislature or local legislative body, other than normal and recognized executive-legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

- Sec. 217, Title II, Division H, Consolidated Appropriations Act, 2014. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun

control.

- Sec 422, Title IV, Division H. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, made a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that this further action is not necessary to protect the interests of the Government.

- Sec 423, Title IV, Division H. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation with respect to which any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsibly for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

- Sec 522, Title V, Division H of the Consolidated Appropriations Act, 2014.
Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

- Recipients may not use funds for research.

- Recipients may not use funds for clinical care.

- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual agreements for screening services.

- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

- Reimbursement of pre-award costs is not allowed.

- Funds will not be used to supplant existing state funding for breast and cervical screening services.

General Provisions, Title V, Division H, Consolidated Appropriations Act, 2014.

Section 503 - Proper Use of Appropriations - Publicity and Propaganda

(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay 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 the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

General Provisions, Title IV, Division G, Consolidated Appropriations Act, 2014

Section 422 - Funding Prohibition - Restricts dealings with corporations with recent felonies

None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that further action is not necessary to protect the interests of the Government.

Section 423 - Limitation Re: Delinquent Tax Debts - Restricts dealings with corporations

with unpaid federal tax liability

None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation with respect to which any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

As described in the following text, awardees must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided in the Notice of Award to successful applicants.

b. Specific reporting requirements:

i. Awardee Evaluation and Performance Measurement Plan: Awardees must provide a more detailed evaluation and performance measurement plan within the first six months of the project. This more detailed plan must be developed by awardees as part of first-year project activities, with support from CDC. This more detailed plan must build on the elements stated in the initial plan, and must be no more than 25 pages. At a minimum, and in addition to the elements of the initial plan, this plan must:

- Indicate the frequency that evaluation and performance data are to be collected.
- Describe how data will be reported.
- Describe how evaluation findings will be used to ensure continuous quality and program improvement.
- Describe how evaluation and performance measurement will yield findings that will demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA as it pertains to performance measurement, cost-effectiveness, or cost-benefit).
- Describe dissemination channels and audiences (including public dissemination).
- Describe other information requested and as determined by the CDC program.

When developing evaluation and performance measurement plans, applicants are encouraged to use the Introduction to Program Evaluation for Public Health Programs: A

Self-Study Guide, available at: <http://www.cdc.gov/eval/guide/index.htm>

ii. Annual Performance Report: This report must not exceed 45 pages excluding administrative reporting; attachments are not allowed, but Web links are allowed. The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period. In addition, the awardee must submit an annual Federal Financial Report within 90 days after the end of the calendar quarter in which the budget year ends.

This report must include the following:

- **Performance Measures** (including outcomes)—Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results**—Awardees must report evaluation results for the work completed to date (including any data about the effects of the program).
- **Work Plan**—Awardees must update work plan each budget period.
- **Successes**
 - Awardees must report progress on completing activities outlined in the work plan.
 - Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year.
 - Awardees must describe success stories.
- **Challenges**
 - Awardees must describe any challenges that might affect their ability to achieve annual and project-period outcomes, conduct performance measures, or complete the activities in the work plan.
 - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
 - Awardees must describe how CDC could help them overcome challenges to achieving annual and project-period outcomes and performance measures, and completing activities outlined in the work plan.
- **Administrative Reporting** (No page limit)
 - SF-424A Budget Information-Non-Construction Programs.
 - Budget Narrative—must use the format outlined in “Content and Form of Application Submission, Budget Narrative” section.
 - Indirect Cost-Rate Agreement.

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75%

- of unobligated balances); and
- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.]

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

iii. Performance Measure Reporting: CDC programs must require awardees to submit performance measures annually as a minimum, and may require reporting more frequently. Performance measure reporting must be limited to data collection. When funding is awarded initially, CDC programs must specify required reporting frequency, data fields, and format.

iv. Federal Financial Reporting (FFR): The annual FFR form (SF-425) is required and must be submitted through eRA Commons⁴ within 90 days after the calendar quarter in which the budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. The final FFR expenditure data and the Payment Management System's (PMS) cash transaction data must correspond; no discrepancies between the data sets are permitted. Failure to submit the required information by the due date may affect adversely the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation and include the date by which the information will be provided.

v. Final Performance and Financial Report: At the end of the project period, awardees must submit a final report including a final financial and performance report. This report is due 90 days after the project period ends. (CDC must include a page limit for the report with a maximum of 40 pages).

At a minimum, this report must include:

- Performance Measures (including outcomes)—Awardees must report final performance data for all performance measures for the project period.
- Evaluation Results—Awardees must report final evaluation results for the project period.
- Impact/ Results—Awardees must describe the effects or results of the work completed over the project period, including success stories.
- Additional forms as described in the Notice of Award, including Equipment Inventory Report and Final Invention Statement.

⁴<https://commons.era.nih.gov/commons/>

In addition, awardees must include the following information in their Final Performance Report:

- Summary of successes, challenges, lessons learned, and recommendations on ways to achieve health equity and reduce or eliminate health disparities

A CDC management information system will assist with the development of this Final Performance Report.

Awardees must email the report to the CDC PO and the GMS listed in the “Agency Contacts” section of the FOA.

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

The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible Web site, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than \$25,000.

For the full text of these requirements, see:

<http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=BILLS>.

G. Agency Contacts

CDC encourages questions concerning this FOA. Please submit your question to <http://www.cdc.gov/chronicdisease/about/reach/faq/index.htm>. All questions must be submitted by July 14, 2014. CDC is unable to respond to any questions submitted after that date.

For **programmatic technical assistance**, contact:

CAPT Graydon Yatabe, RD, MPH, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

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

Ferrinnia (Toni) Augustus-High,
Grants Management Specialist

Department of Health and Human Services
CDC Procurement and Grants Office

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

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

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348.

H. Other Information

Following is a list of acceptable attachments that applicants can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Work Plan
- Table of Contents for Entire Submission
- Letters of Involvement
- Resumes/CVs
- Letters of Support
- Organizational Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate , if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable
- Tribal Resolution
- Bona Fide Agent status documentation, if applicable

I. Glossary

Administrative and National Policy Requirements, Additional Requirements (ARs):

Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A catalog published twice a year that describes domestic assistance programs administered by the federal government. This catalog lists projects, services, and activities that provide assistance or benefits to the American public. This catalog is available at <https://www.cfda.gov/index?s=agency&mode=form&id=0bebbc3b3261e255dc82002b83094717&tab=programs&tabmode=list&subtab=list&subtabmode=list>.

CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.

CDC Assurances and Certifications: Standard government-wide grant application forms.

Communication: The means of delivering a message through radio, television, newspapers, magazines, online outlets, etc. to reach or impact people widely.

Community Action Plan: serves as the work plan or roadmap for the work that will be done under this FOA. Defines multi-year and one-year objectives and strategies and milestones to accomplish them. Awardee identifies baseline and targeted changes and how they will be measured.

Community-based participatory approach: joint effort that involves public health and community representatives in all phases of the program delivery process (i.e., planning, implementation, and evaluation). The joint effort engages community members, employs local knowledge in the understanding of health problems and the design of strategies, and invests community members in the processes and products of research. In addition, the collaborative is invested in the dissemination and use of research findings to improve community health and reduce health disparities. <http://www.cdc.gov/prc/program-research/research-projects/community-partnership.htm>

Community health needs assessment: a process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community. An ideal assessment includes information on risk factors, quality of life, mortality, morbidity, community assets, forces of change, social determinants of health and health inequity.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the “life” of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument that establishes a binding, legal procurement relationship between CDC and an awardee, and obligates the awardee to furnish a product.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award.

Cost Sharing or Matching: Refers to program costs not borne by the federal government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

Direct Assistance: An assistance support mechanism, which must be specifically authorized by statute, whereby goods or services are provided to awardees in lieu of cash. Direct assistance generally involves the assignment of Federal personnel or the provision of equipment or supplies, such as vaccines. <http://intranet.cdc.gov/ostlts/directassistance/index.html>.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by

telephone, a DUNS number will be provided immediately at no charge. If requested via the internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>.

Earned media: Mentions and articles in news or feature stories in radio, print, TV, and digital.

Environmental Change: Physical, social, or economic factors designed to influence people's practices and behaviors. (CHANGE Tool) More information can be found at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a2.htm>

Evidence-based method: A strategy for explicitly linking public health or clinical practice recommendations to scientific evidence of the effectiveness and/or other characteristics of such practices. (Community Guide) Evidence-based public health practice is the careful, intentional and sensible use of current best scientific evidence in making decisions about the choice and application of public health strategies. (Community Commons)

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single Web site at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to an awardee for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" Web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices,

and the elimination of health and health care disparities.

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across settings, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the strategy will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Intergovernmental review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following Web address to get the current SPOC list: http://www.whitehouse.gov/omb/grants_spoc/.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Letter of Involvement: Letters from partners that describe in detail the partner's comprehensive contribution to the overall program strategy. This letter should provide a clear understanding of what and how the coalition partner will contribute to the strategy that will assist the funded program with successful outcomes in the reduction of health disparities, utilizing the guidelines as established in the FOA.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that an awardee must agree to contribute and maintain a specified level of financial effort from its own resources or other nongovernment sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

New FOA: Any FOA that is not a continuation or supplemental award.

Multi-sectoral Coalitions: Include representation from a number of organizations in a community that may include businesses, pre-K through secondary education, universities, non-profit organizations, tribal and local health departments, health care organizations, community planning agencies, local housing authorities, social services, agricultural extensions programs, civic organizations, park and recreation departments, faith-based institutions, and other community-based organizations, as well as community members.

Nongovernment Organization (NGO): Any nonprofit, voluntary citizens' group that is organized on a local, national, or international level.

Notice of Award (NoA): The only binding, authorizing document between the awardee and CDC that confirms issue of award funding. The NoA will be signed by an authorized GMO and provided to the awardee fiscal officer identified in the application.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The observable benefits or changes for populations or public health capabilities that will result from a particular program strategy.

Paid Media: Information is distributed via a one-way advertising model.

Partner Media: Media channels operated by partners such as listservs, web sites, newsletters, social media, etc.

Performance Measurement: The ongoing monitoring and reporting of program

accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Plain Writing Act of 2010: Requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

Policy: For purposes of this FOA, policy refers to programs and guidelines adopted and implemented by institutions, organizations and others to inform and establish practices and decisions and to achieve organizational goals. Policy efforts do not include activities designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or Executive Orders (“legislation and other orders”) proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, and awardees may not use federal funds for such activities. This restriction extends to both grass-roots lobbying efforts and direct lobbying. However, for state, local, and other governmental grantees, certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are not considered impermissible lobbying activities and may be supported by federal funds. Please refer to Additional Requirement (AR) 12 referenced in the FOA for further guidance on this prohibition.

Population in Poverty: Percent or number of individuals that are living in households with income below 100% of the Federal Poverty Level. Available at www.chna.org

Population with No High School Diploma: Percent or number of persons aged 25 or older without a high school diploma or equivalency. Available at www.chna.org

Poverty Rate: Poverty is considered a key driver of health status. This indicator reports the percentage of the population living below 100% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
www.communitycommons.org

Practice-based Strategy: strategies based on lessons learned and best practices that may or may not be published.

Program Strategies: Public health interventions or public health capabilities.

Program Official: Person responsible for developing the FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.

Public Health Accreditation Board (PHAB): National, nonprofit organization that improves tribal, state, local, territorial, and U.S. public health departments and strengthens their quality and performance through accreditation.

Sectors: Includes community, community institution/organization, government, faith-based, health care, school, business, and work site.

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

Stakeholder: A person or organization with direct interest, involvement, or investment in a coalition or its efforts. (Community Commons)

Strategies: Means by which policy, programs, and practices are put into effect as population-based approaches (e.g., offering healthy food and beverage options in vending machines at schools, implementing activity breaks for meetings longer than one hour) versus individual-based approaches (e.g., organizing health fairs, implementing cooking classes, disseminating brochures). (Community Commons & CHANGE Tool) More information can be found at: <http://www.rwjf.org/pr/product.jsp?id=42514>; <http://www.cdc.gov/mmwr/pdf/rr/rr5807.pdf>

Sustainability: A community's ongoing capacity and resolve to work together to establish, advance, and maintain effective strategies that continuously improve health and quality of life for all. (Community Commons)

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial

decisions, or the practice of nations. *Black's Law Dictionary 2 Kent, Comma 450.*

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Vulnerable Populations: For the purpose of the PICH FOA, vulnerable populations are defined primarily on the basis of education and income; specifically, a group of census tracts where the population has the following characteristics:

- At least 30% with income below [100% federal poverty level](#), and
- At least 25% of adults >25 years of age without a high school education.

Additionally, vulnerable populations may be defined by other criteria such as disability status, linguistic isolation, food deserts, as well as information from other sources such as vital statistics data, data from local health surveys and hospitals.

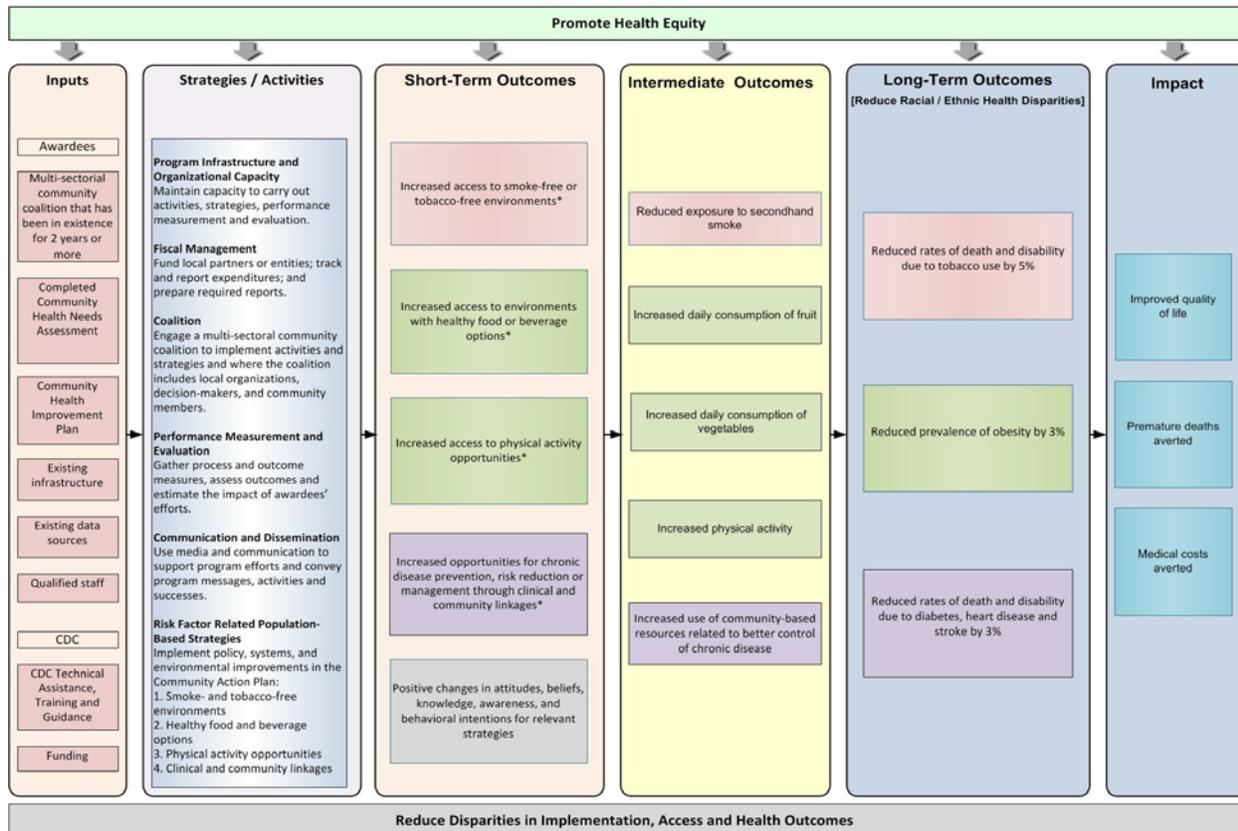
Vulnerable Populations Footprint — [A tool](#) that allows users to identify the percent of residents living in poverty and the percent of adults who do not have a high school diploma in order to specify an strategy area. It is a resource for identifying communities that are in greatest need and guiding strategies to help meet those needs.

Work Plan: The summary of annual strategies and activities, personnel and/or partners who will complete them, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

Work Plan: The summary of annual strategies and activities, personnel and/or partners who will complete them, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget. Also known as Community Action Plan (CAP).

Appendix A

REACH LOGIC MODEL



* Means outcomes that awardee is held accountable for in the project period.

Appendix B

Strategy Implementation to Maximize Impact

Chronic Disease Risk Factors	Key Factors	Barriers or Unintended Consequences	Opportunities to Maximize Impact
Tobacco use and exposure*	Access to cessation services	Given existing inequities in access to and quality of health care access to cessation supports and services may vary.	<ul style="list-style-type: none"> • Incorporate free or low-cost cessation services before and during policy implementation to help motivated individuals quit. • Offer and promote cessation services in or near residents at convenient times before and during policy implementation.
Poor nutrition*	Access to affordable healthy food options	Low-income communities and communities of color may have higher food prices for healthy food than high-income and white communities.** Additionally, healthy food retailers may not accept SNAP and WIC as forms of payment.	<ul style="list-style-type: none"> • Increase SNAP participant purchasing power by providing incentives for the purchase of healthy food. • Lower retail costs by supporting efforts that encourage lower prices (e.g., streamlining distribution, facilitating bulk purchasing by multiple stores).
Physical inactivity*	Limited capacity	Home-based childcare facilities are relied on heavily by low-income and single-parent families. These facilities, along with other small childcare facilities, may have limited	<ul style="list-style-type: none"> • Understand challenges and provide technical assistance and continuing education programs to build capacity among providers.

		capacity to adequately implement or may not be included in physical activity program or policy requirements.	<ul style="list-style-type: none"> Promote cost-neutral physical activity strategies and find creative ways to leverage existing resources in these settings.
Health care access~	Access to quality health care	Given existing inequities in access to and quality of health care access to cessation supports and services may vary.	<ul style="list-style-type: none"> Collaborate with self-insured employer to adopt an organizational policy that allows employees to receive culturally and linguistically appropriate coaching and medication management by local pharmacists at no cost to the employee. Work with schools of pharmacy to develop and implement a standardized medication management training curriculum that is available to all pharmacists in the community.

*Source: [CDC Practitioners Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease](#)

~ Source: [A Program Guide For Public Health: Partnering with Pharmacists in the Prevention and Control of Chronic Diseases](#)

** Zhang, Q. Jones, S., Ruhm, CJ, Andrews M. (2013). Higher food prices may threaten food security status among American low-income households with children. [J Nutr.](#) Oct;143(10):1659-65.

Appendix C
Work Plan (Community Action Plan) Template

COMMUNITY ACTION PLAN - TEMPLATE – for Division of Community Health FY2014 FOAs

(Draft of April 16, 2014)

Note: The format of this template correlates with the data entry fields in CDC’s Chronic Disease Management Information System, which will eventually be used by awardees.

Applicant Name		Location of Project	
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Project Period Objective (PPO)

*(Measures how many **people** will be affected by the “reach” of all the Annual Objectives (AOs) associated with this PPO; exception is for “Infrastructure” PPO*)*

Risk Factor/Program Goal/Short-term Outcome <i>(choose one per PPO)</i>	--- Environments with Healthy Food or Beverage Options --- Opportunities for Prevention of Chronic Diseases through Clinical and Community Linkages --- Physical Activity Opportunities --- Tobacco-free environments					
Objective ID	<i>(To be entered by applicant; recommend starting with 1.0)</i>					
Measurement	Direction of Change	Unit of Measurement	What Will Be Measured	Baseline	Target	Data Source
	Increase	Number of people	<i>(to be entered by applicant)**</i>	<i>(to be entered by applicant)</i>	<i>(to be entered by applicant)</i>	<i>(to be entered by applicant)</i>

Timeframe: Start Date	<i>(To be entered by applicant; Start Date must be between September 30, 2014 and September 29, 2015)</i>
End Date	<i>(To be entered by applicant; End Date must be no later than September 29, 2017)</i>
PPO <i>(recommended final wording):</i>	<ul style="list-style-type: none"> ➤ Increase the number of people with increased access to tobacco- and smoke-free environments from [Baseline] to [Target] by September 2017. ➤ Increase the number of people with increased access to environments with healthy food or beverages options from [Baseline] to [Target] by September 2017. ➤ Increase the number of people with increased access to physical activity opportunities from [Baseline] to [Target] by September 2017. ➤ Increase the number of people with increased access to prevention, risk reduction and chronic disease management opportunities from [Baseline] to [Target] by September 2017.
PPO Description	<p><i>(To be entered by applicant. Describe the objective and how it will impact the problem: Descriptions should provide contextual information about the objective’s purpose, how the objective will impact the health problem, and specificity about the objective’s scope and people reached. Additionally, it should include background, history, and rationale for the objective, and provide a clear summary of how associated Annual Objectives will achieve proposed reach. Together, the Annual Objectives should represent a coherent strategy to reach this PPO.</i></p> <p><i>Each objective needs a unique description. Descriptions should not be copied and pasted from one objective to another.)</i></p>

* Recommended wording for any “Infrastructure” PPO: By September 29, 2017, increase the number of infrastructure components supporting community health activities from 0 to XX. Annual Objectives related to coalition support, communications, evaluation planning, and sustainability would be placed in this PPO.

**See definitions on page 5 to determine what the text in this field should be for each of the PPO areas

Annual Objective (AO)

*(Measures how many **settings or sectors** will be affected by the attainment of this AO)*

Related PPO: <i>[insert PPO the AO refers to here]</i>		<i>(to be entered by applicant)</i>				
AO Objective ID	<i>(to be entered by applicant; if you have more than one AO under the same PPO then the second AO would be X.2 and so on)</i>					
Measurement	Direction of Change	Unit of Measurement	What Will Be Measured	Baseline	Target	Data Source
	<i>(Select one: Increase, Decrease or Maintain)</i>	number of	<i>(to be entered by applicant)</i>			
Timeframe: StartDate	<i>(To be entered by applicant; must be between September 30, 2014 and September 29, 2015)</i>					
End Date	<i>(To be entered by applicant; must be no later than September 29, 2015)</i>					
Setting <i>(select only one setting per AO)</i>	<input type="checkbox"/> Community <input type="checkbox"/> Community Institution/Organization <input type="checkbox"/> Faith-based <input type="checkbox"/> Health Care <input type="checkbox"/> School <input type="checkbox"/> Work Site <input type="checkbox"/> Other (Specify) _____					
Related Strategy <i>(select one evidence- or practice-</i>	<i>(to be entered by applicant)</i>					

<i>based strategy per AO)</i>	
Justify the selection of this strategy	<i>(to be entered by applicant)</i>
Estimated number of Units <i>(for the selected Setting)</i>	<i>(to be entered by applicant)</i>
Estimated number of people reached <i>(for the selected setting)</i>	<i>(to be entered by applicant)</i>
Population Focus	<input type="checkbox"/> General Population <input type="checkbox"/> Specific Population <i>(review list of options in Definitions; select only if objective is designed to help a specific group)</i>
Objective description	<i>(to be entered by applicant; should include how the applicant envisions the achievement of milestones will achieve the objective.)</i>

Activities/Milestones (list at least 4 and no more than 10 Milestones per AO)

Related AO: <i>[insert the AO the milestones refer to here]</i>		<i>(to be entered by applicant)</i>					
Milestone ID	Milestone Title	Milestone Description	Start Date	End Date	Lead Staff	Key Partners	Output/ Measure
X.X.1							
X.X.2							
X.X.3							
X.X.4							
X.X.5							
X.X.6							
X.X.7							
X.X.8							
X.X.9							
X.X.10							

Appendix D

Applicant Resources (ex. Practitioners Guide to Health Equity)

Centers for Disease Control and Prevention. Anti-lobbying restrictions for CDC grantees. <http://www.cdc.gov/obesity/downloads/Anti-Lobbying-Restrictions-for-CDC-Grantees-July2012-508.pdf>.

US Department of Health and Human Services. Social determinants of health. <http://www.healthypeople.gov/2020/topicsobjectives2020/overview>.

Healthypeople.gov. Determinants of health. [http:// www.healthypeople.gov/2020/](http://www.healthypeople.gov/2020/)

Centers for Disease Control and Prevention – Division of Community Health. A Practitioner’s Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease. Atlanta, GA: US Department of Health and Human Services; 2013.

Appendix E

Letter of Intent (LOI) – Sample Template

Please note – while this exact form is not required, the elements found in the table below must be included in your LOI. A sample letter using the table is provided below. The LOI should be on the letterhead of the applying organization. If you are sending the LOI by email, please send from the organization’s email address.

June 5, 2014

Mrs. Toni Augusta-High – FOA #14-1419
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Rd, MS E-09
Atlanta, GA 30341

Dear Mrs. Augusta-High:

Please accept this Letter of Intent (LOI) to apply for the Funding Opportunity Announcement DP14-1419 - PPHF 2014: Racial and Ethnic Approaches to Community Health (REACH). Enclosed is our completed required LOI elements table, outlining our proposal. We look forward to submitting our complete application.

Sincerely,

Applicant Organization Administrator

Required LOI Element	Applicant Response
1. Descriptive title of the proposed project	
2. Description of priority population(s)	
3. The mission statement of the applicant (<i>copied from organization documents</i>)	
4. Brief description of the experience of the applicant in addressing health disparities	
5. Name and brief description of the established coalition that will help plan, manage, and implement the health disparities activities to be conducted in the proposed project, including the date at which the coalition came into existence	

6. Name, address, telephone number, and email address of both the proposed Principal Investigator and the Project Director (names must match application)	
7. Brief descriptions of at least 2 projects/strategies/ significant initiatives related to addressing health disparities in which the coalition has participated	
8. The date and owner of the most recent community health needs assessment conducted where the proposed REACH project will be implemented	
9. Name, address, telephone number, and e-mail address of the primary contact for writing and submitting this application	