

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

AMENDMENT I

Page 55. Add: “CDC encourages questions concerning this FOA. Please submit your question to <http://www.cdc.gov/chronicdisease/about/tribalhealthwellness/fag/index.htm>. All questions must be submitted by July 14, 2014. CDC is unable to respond to any questions submitted after that date.”

PPHF 2014: A Comprehensive Approach to Good Health and Wellness in Indian Country – financed solely by Prevention and Public Health Funding

DP14-1421PPHF14

National Center for Chronic Disease Prevention and Health Promotion

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the “Send Me Change Notifications Emails” link to ensure they receive notifications of any changes to [Insert FOA #.] Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

PPHF 2014: A Comprehensive Approach to Good Health and Wellness in Indian Country – financed solely by Prevention and Public Health Funding

C. Announcement Type:

New-Type 1

D. Agency Funding Opportunity Number:

DP14-1421PPHF14

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

CFDA 93.762: PPHF 2014: A Comprehensive Approach to Good Health and Wellness in Indian Country – financed solely by Prevention and Public Health Funding

F. Dates:

1. Letter of Intent (LOI) Deadline: N/A

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 28, 2014, 2:00 pm-3:30 pm Eastern Daylight Time, Call-in number: 800-779-8307 (Toll Free), Participant passcode: 3508689

G. Executive Summary:

This five-year funding opportunity (five year project period, one year budget period) offers support to prevent heart disease and prevent and manage type 2 diabetes and associated risk factors, such as tobacco use, physical inactivity, and unhealthy diet in American Indian tribes and Alaskan Native villages through a holistic approach to population health and wellness. Interventions that increase availability and use of traditional and other healthy foods and beverages, opportunities for physical activities, the elimination of exposure to second-hand tobacco smoke, and culturally relevant health education are the foundations of this grant announcement. There are two components to this funding opportunity announcement Component 1 and Component 2.

Component 1 awardees will use a combination of effective community chosen and culturally adapted policies, systems, and environmental improvements to: (1) reduce use of commercial tobacco and decrease exposure to secondhand tobacco smoke; (2) increase access to and consumption of healthy food and beverages including fruits, vegetables, and water; 3) increase promotion of alternatives to less healthy foods and beverages that are high in sodium, added sugars and solid fats, and reduce total intake of discretionary calories, which include added sugars and solid fats; (4) increase support for breastfeeding; (5) increase opportunities for physical activity, (6) increase health literacy, and (7) strengthen team-based care and community-clinical linkages to promote health and prevent chronic diseases such as diabetes, heart disease, and stroke. Awardees will customize effective environmental approaches for their communities to foster sustainability, broaden community and cross-sector partnerships, and demonstrate health improvements among the population(s) served by this award.

Component 2 awardees will provide leadership, technical assistance, training, and resources to American Indian tribes and Alaskan Native villages, and other tribal organizations, as appropriate, within their IHS Administrative Areas to promote effective community chosen and culturally adapted policies, systems, and environmental improvements, as described in Component 1. Applicants will propose criteria to select American Indian Tribes and Alaskan Native Villages in their respective areas and may provide subawards to initiate Component 1 activities. These American Indian Tribes and Alaskan Native Villages must have significant disease burden and sufficient combined populations to allow the strategies supported by this FOA to reach a significant proportion of tribal members.

The applicant must propose a cohesive workplan, including activities and timelines to support the achievement of FOA outcomes. These activities must be in alignment with the FOA logic model and should have appropriate performance measures and milestones for accomplishing tasks. An overall evaluation and performance plan that is consistent with the CDC evaluation and performance measurement strategies for either Component 1 or 2 must also be proposed. Awardees are expected to implement strategies and activities as outlined in the enclosed logic models.

1. Summary Paragraph:

The primary purpose of this funding is to establish or strengthen and broaden the reach and impact of effective chronic disease prevention programs that improve the health of tribal members and communities. The approach includes a combination of policy and environmental approaches, community clinical linkages, and health system interventions.

a. Eligible Applicants (select one): limited competition

b. FOA Type (select one): cooperative agreement

c. Approximate Number of Awards: 24

- Component 1: up to 12 American Indian Tribes and Alaskan Native Villages – Up to 2 in each of the 12 IHS Areas depending on strength of applications

<ul style="list-style-type: none"> ○ Component 2: up to 12 tribal organizations – up to 1 in each of the 12 IHS Areas depending on strength of applications <p>Go to http://www.ihs.gov/locations/ to identify IHS Areas.</p>
d. Total Project Period Funding: \$60-80 million
e. Average One Year Award Amount: Component 1: \$325,000 (range \$100,000 to \$450,000); Component 2: \$850,000 (range \$650,000 to \$1,100,000)
f. Number of Years of Award: 5 (Pending availability of funds)
g. Approximate Date When Awards will be Announced: 9/15/14
h. Cost Sharing and /or Matching Requirements:
<p>Cost sharing or matching funds are not required for this program. Although there is not a statutory match requirement for this FOA, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged. Examples include complementary foundation funding, other US government funding sources including programs supported by the Department of Health and Human Services and other agencies such as the Department of Agriculture, the Department of Education, the Department of Housing and Urban Development, the Department of Transportation, the Environmental Protection Agency, the US Park Service and other funding sources. Applicants should coordinate with multiple sectors, such as public health, transportation, education, health care delivery, agriculture and others.</p>

Part II. Full Text

A. Funding Opportunity Description
1. Background
<p>a. Statutory Authorities: This program is authorized under Sections 301(a) and 317 of the Public Health Service Act, 42 U.S.C. section 241(a) and 247b) and Title IV, Section 4002 Prevention and Public Health Fund, Affordable Care Act.</p>
<p>b. Healthy People 2020:</p> <p><i>Healthy People 2020</i> provides national health objectives for improving the health of all Americans by encouraging collaborations across sections, guiding individuals toward making informed health decisions and measuring the impact of prevention activities. This program addresses the <i>Healthy People 2020</i> focus areas of Diabetes, Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity, Adolescent Health, Early and Middle Childhood, and Maternal Infant Child Health available at http://www.healthypeople.gov.</p> <p>This program also addresses the <i>Healthy People 2020</i> focus area of Public Health Infrastructure and the goal of increasing the quality, availability, and effectiveness of educational and</p>

community-based programs designed to prevent disease and injury, improve health, and enhance quality of life. Tribal public health infrastructure is strengthened when each tribe adopts local strategies to meet its public health challenges. Interventions are tailored to the cultural beliefs and practices of the population; ultimately leading to decreased morbidity, decreased early mortality and improved quality of life.

c. Other National Public Health Priorities and Strategies:

This program supports strategies to improve multiple chronic diseases and the risk factors associated with the following public health priorities: uncontrolled hypertension; the prevention and control of diabetes; the prevention and management of obesity; increased physical activity and healthy eating in children and adults; increased breastfeeding; commercial tobacco cessation; and improving the management of chronic conditions of students and adults in the following national plans and guidelines:

The Guide to Community Preventive Services: <http://www.thecommunityguide.org/index.html>

The National Prevention Strategy:

<http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf>

The Surgeon General's Call to Action to Support Breastfeeding:

<http://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>

National Physical Activity Plan: <http://www.physicalactivityplan.org>

Dietary Guidelines for Americans, 2010:

<http://www.cnpp.usda.gov/DGAs2010-PolicyDocument.htm>

2008 Physical Activity Guidelines for Americans: <http://www.health.gov/PAGuidelines/>

Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation:

<http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx>

Caring for our Children **National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs, 3rd Edition:** <http://cfoc.nrckids.org/>

Let's Move in Indian Country: www.letsmove.gov

Million Hearts®: www.millionhearts.hhs.gov

National Partnership for Action to End Health Disparities: <http://minorityhealth.hhs.gov/npa/>

CDC-led National Diabetes Prevention Program:

<http://www.cdc.gov/diabetes/prevention/index.htm>

School Health Guidelines to Promote Healthy Eating and Physical Activity:

<http://www.cdc.gov/mmwr/pdf/rr/rr6005.pdf>

2014 Surgeon General's Report: The Health Consequences of Smoking—50 Years of Progress

<http://www.surgeongeneral.gov/library/reports/50-years-of-progress/50-years-of-progress-by-section.htm>

d. Relevant Work:

CDC serves as a leader in developing and applying disease prevention and control, environmental health, and health promotion and health education activities designed to improve the health of the many populations including American Indians and Alaska Natives. CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) leads the nation's efforts to create expertise, information, and tools to support people and communities in preventing chronic diseases and promoting health for all. NCCDPHP tribal support activities are focused on CDC's supportive role in improving the health of American Indian tribes and Alaskan Native village persons and communities. CDC is committed to working with federally recognized tribal governments and tribal organizations and strongly supports chronic disease prevention efforts. In addition, these CDC programs have laid important ground work in chronic disease prevention efforts:

(2002-2004) "Honoring Our Health," between CDC and the American Indian Higher Education Consortium and 22 Tribal Colleges and Universities.

(2005-2008) "Identifying Indicators of Environmental Adaptations to Address Diabetes in American Indian and Alaska Native Communities."

(2002-2010) Diabetes Education in Tribal Schools (DETS) K-12 curriculum, *Health is Life in Balance*. The original *Eagle Books* are included.

(2011-2013) Case studies from 8 tribal communities actively using *Eagle Books* in schools and communities.

(2008-2014) "Using Traditional Foods and Sustainable Ecological Approaches to Promote Health and Prevent Diabetes in American Indian and Alaska Native Communities."

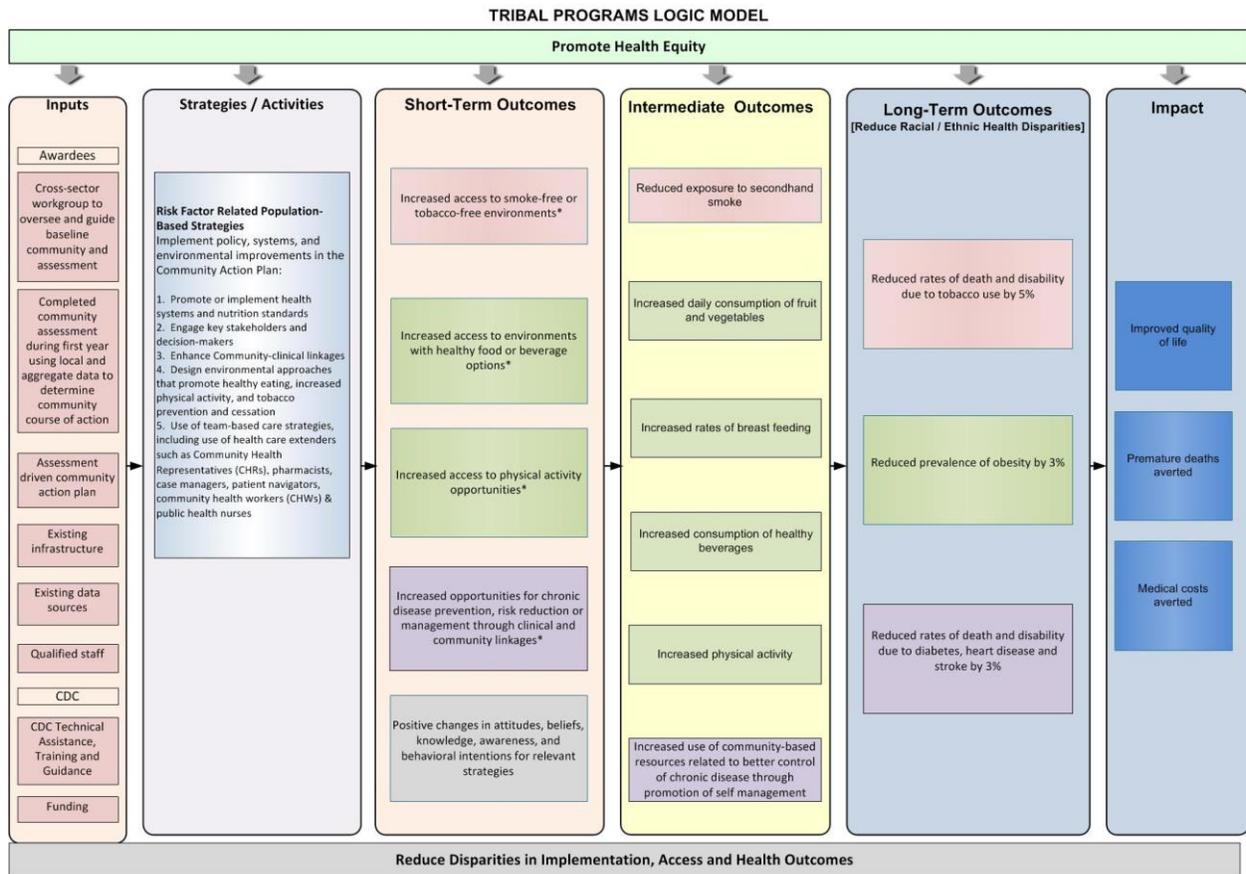
2. CDC Project Description

a. Approach:

The two Logic Models are visual depictions of the program approach and reflect how the activities and short-term, intermediate, and long-term outcomes are related.

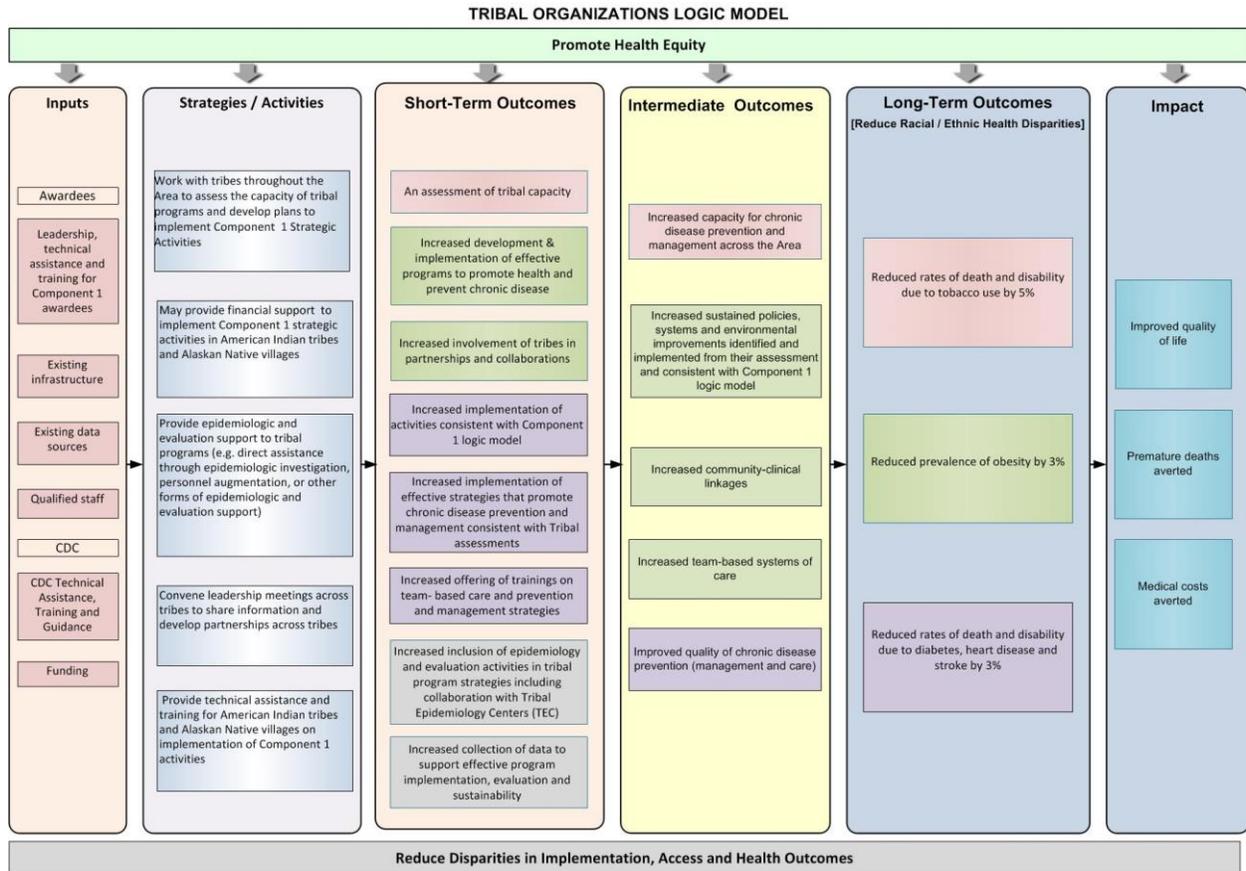
A Comprehensive Approach to Health and Wellness in Indian Country

Component 1– Tribal Programs Logic Model



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

A Comprehensive Approach to Health and Wellness in Indian Country Component Two – Tribal Serving Organizations Program Logic Model



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

i. Problem Statement:

Chronic diseases—including heart disease, cancer, stroke, and diabetes—are the leading causes of death and disability in the United States, accounting for 7 of every 10 deaths. In 2005, 133 million Americans – almost half of adults – had at least one chronic illness. Heart disease, cancer and stroke account for more than 50% of deaths each year (Heron, 2013). These chronic diseases are associated with modifiable risk factors, such as obesity, tobacco use, physical inactivity, and unhealthy diet.

Currently, medical care costs for people with chronic diseases account for more than 75% of the nation’s \$2.6 trillion medical care costs each year. In 2010, the total costs of cardiovascular diseases in the United States were estimated to be \$444 billion and treatment costs for heart diseases account for about \$1 of every \$6 spent on health care in this country. The direct and indirect costs of diabetes are \$174 billion a year. Medical expenses for people with diabetes are more than two times higher than for people without diabetes. In 2006, the annual medical cost of obesity to the U.S. health-care system was estimated at \$147 billion (2008 dollars), almost half of which was financed by the Centers for Medicare & Medicaid Services (CMS) (23% by Medicare and 19% by Medicaid).

Diabetes continues to be the leading cause of end-stage renal disease (ESRD), non-traumatic lower-extremity amputations, and blindness among adults aged 20-74, and is a major cause of heart disease and stroke. Prediabetes – a serious health condition that increases the risk of developing type 2 diabetes, heart disease and stroke – is a condition that remains underdiagnosed in the adult population. Only 11% of people with prediabetes are aware of their condition (MMWR). According to CDC research, 79 million Americans – 35% of adults aged 20 years and older – have prediabetes and half of all Americans aged 65 years and older have prediabetes (CDC Fact Sheet, 2011). Gestational diabetes is also a serious concern among women of childbearing age and ranges from 2% to 10% of pregnancies. Women who have had gestational diabetes have a 35% to 60% chance of developing diabetes in the next 10-20 years (CDC Fact Sheet, 2011).

For type 2 diabetes, trends for the general population fail to describe the more severe situation for American Indians and Alaskan Natives. In recent decades, type 2 diabetes has become one of the most common and serious illnesses among American Indians and Alaskan Native, with adults twice as likely to have diagnosed diabetes as non-Hispanic whites (16.1% to 7.1%). Trends among young people are also alarming. American Indian and Alaskan Native young adults aged 18–34 years, on average, were 1.7 times more likely than non-Hispanic White young adults to be diagnosed with diabetes during 1994-2000 and 2.5 times more likely during 2001-2007 (Roberts, Jiles, Mokdad, Beckles & Rios-Burrows, 2009). From 1994 to 2009, prevalence rates of diagnosed diabetes increased 110% among American Indian and Alaskan Native youth between the ages of 15 and 19 ([IHS Report to Congress](#), 2011). American Indian women are

also at higher risk for gestational diabetes than non-Hispanic white women, and the prevalence of gestational diabetes is increasing. One assessment of birth certificate records showed that the prevalence of gestational diabetes increased by about 21% among American Indian women, and by 10% among non-Hispanic white women between 2000 and 2003 in Montana (Ferrara, 2007).

Compared to Whites, American Indians and Alaskan Natives have twice the incidence rate of End Stage Renal Disease (ESRD), a serious complication that is associated with premature death. Since 2008, ESRD is increasing most rapidly among Native adults between the ages of 40 and 49 (U.S. Renal Data System, 2013). In 2011, the rate of incident ESRD due to diabetes was 3.6 times higher among Native Americans aged 40-49 than among whites of similar age.

Death rates from heart disease are higher among American Indians and Alaskan Natives than other groups. In the late 1990s, heart disease death rates were 20% higher among American Indian tribes and Alaskan Native villages than the total U.S. population, and stroke death rates were 14% higher. Heart disease represents the leading cause of death for American Indian tribes and Alaskan Native villages above 45 years of age. Unlike other racial and ethnic groups, American Indians appear to have an increasing rate of cardiovascular disease mortality (Indian Health Service, 2014:

http://www.ihs.gov/qualityofcare/index.cfm?module=chart&rpt_type=gpra&measure=23)

Obesity is a significant public health problem. Adult obesity is associated with an increased risk for many serious health conditions, including coronary heart disease, hypertension, stroke, type 2 diabetes, certain types of cancer, and premature death. Currently, in the U.S., 38% of adults and 17% of children aged 2-19 years are obese; the estimated median prevalence of obesity is 39.2 and 37.5% among American Indian men and women, respectively (Liao, 2004). Many chronic diseases are established early in life, and obesity is also a serious concern during critical periods of early childhood development. Obese children 5 to 8 years of age already have an average of 2 or more cardiovascular disease markers, such as high blood pressure or high cholesterol (Hopkins et al. 2008; Quijada et al. 2008). More than 39 percent of low-income American Indian tribes and Alaskan Native village children, ages 2 to 5, are overweight or obese; a rate higher than any other racial or ethnic group in the U.S. (Leadership for Healthy Communities, 2010 Nearly 40% of obese children become morbidly obese as adults (Freedman 2007). The *2010 Dietary Guidelines* recommend limiting total intake of discretionary calories, which include added sugars and solid fats, to 5%–15% of daily caloric intake (3), yet many Americans continue to exceed these recommendations. Mean calories from added sugars among children and adolescents were 362 kcal/day (16.3% of daily total calorie intake) among boys and 282 kcal/day (15.5% of daily total calorie intake) among girls in the US. Less than half of people with hypertension have their blood pressure adequately controlled and only one-third of people with high cholesterol have adequately controlled hyperlipidemia. Eating too

much sodium is a major contributor to high blood pressure, and most people consume too much sodium.

Good nutrition is an essential part of comprehensive health strategies to reduce adverse health consequences throughout the lifespan. Fewer than 15 percent of adults and 10 percent of adolescents eat recommended amounts of fruits and vegetables each day. The Youth Risk Behavior Survey (YRBS) showed that only 34% of high school students had eaten fruit or drunk 100% fruit juice two or more times per day and only 15% of students had eaten vegetables three or more times per day. USDA Food Desert locator maps identify many American Indian reservations and Alaskan Native villages as designated food deserts, where low income and low food access can make good food choices difficult.

Commercial tobacco abuse is the single most preventable cause of disease, disability, and death for Americans as a whole and for American Indian tribes and Alaskan Native villages . Current estimates from the National Survey on Drug Use and Health (NSDUH) 2012 identify American Indian tribes and Alaskan Native village adult smoking prevalence rates at 38.5%, the highest among any racial and ethnic group in the U.S., compared to a prevalence rate in the general population of 22.0%. Overall quit attempts for American Indians and Alaskan Natives were the lowest among all ethnic groups at 48.2% compared to the overall quit ratio of 55.1% according to National Health Interview Survey (NHIS) 2010 and 2012. The disproportionate prevalence rate of smoking is directly related to adverse health outcomes among this population, including cardiovascular disease, diabetes, cancer, and asthma.

Enlisting tribes and Tribal Organizations as change agents to implement effective culturally appropriate improvements in community environments, community-clinical linkages, and health care will make a significant impact on individual and community health and the health of American Indians and Alaskan Natives.

ii. Purpose:

This five-year funding opportunity (five year project period, one year budget period) offers support to prevent heart disease, diabetes and associated risk factors in American Indians and Alaskan Natives through a holistic approach to population health and wellness. There are two components to this funding opportunity announcement.

Component 1 will fund approximately twelve (12) American Indian tribes and Alaskan Native villages, up to 2 within each of the twelve (12) IHS Administrative Areas, depending on strength of applications, that will propose a combination of effective community chosen and culturally adapted policies, systems, and environmental changes to address commercial tobacco use, healthful nutrition, physical activity, health literacy, and increase access to healthy traditional and other healthy foods and beverages, and offer alternatives to less healthy foods and beverages. Specifically, **Component 1** awardees will use a combination of effective community

chosen and culturally adapted policies, systems, and environmental improvements to: (1) reduce use of commercial tobacco and decrease exposure to secondhand tobacco smoke; (2) increase access to and consumption of healthy food and beverages including fruits, vegetables, and water; 3) increase promotion of alternatives to less healthy foods and beverages that are high in sodium, added sugars and solid fats, and reduce total intake of discretionary calories, which include added sugars and solid fats; (4) increase support for breastfeeding; (5) increase opportunities for physical activity, (6) increase health literacy, and (7) strengthen team-based care and community-clinical linkages to promote health and prevent chronic diseases such as diabetes, heart disease, and stroke. Awardees will customize effective environmental approaches for their communities to foster sustainability, broaden community and cross-sector partnerships, and demonstrate health improvements among the population(s) served by this award.

Component 2 applicants will be tribal organizations. Up to twelve tribal organizations may receive funding, up to 2 in each of the 12 IHS Administrative Areas, depending on the strength of the applications, to provide leadership, technical assistance, training, and resources to American Indian tribes and Alaskan Native villages within their IHS Administrative Areas to promote effective community chosen and culturally adapted policies, systems, and environmental improvements (PSE), as outlined in Component 1. In addition, Component 2 applicants may provide financial support to tribes/villages in their respective IHS Administrative Areas to initiate program activities. These (PSE) improvements will lead to sustainable improvements in some or all of the seven areas outlined in Component 1 in order to improve health and prevent chronic diseases such as type 2 diabetes, cancer, heart disease, and stroke.

iii. Outcomes: As shown in the Logic Model, a series of short and intermediate-term outcomes are expected to be achieved as a result of awardee efforts. The literature indicates that these outcomes are important drivers of the long-term impacts related to chronic disease burden and risk factor prevalence described in the problem statement.

Short-term Outcomes: These have been grouped into three domains. Grantees will assess their communities and select **one to two** outcomes from each domain as the intended outcomes of their efforts.

Component 1 awardees are expected to demonstrate measurable progress toward applicant-identified assessment driven outcomes, which can include the following:

1. Policy, Systems, and Environmental Approaches to promote health and support and reinforce healthful behaviors

- Increased number of early childcare and learning programs and centers that adopt and implement practices that increase physical activity and improve the nutrition quality of foods and beverages offered or available in the

settings.

- Increased number of tribal/village, organization, and other settings that develop, adopt and implement food service guidelines/nutrition standards, including sodium standards, that improve the nutrition quality of foods and beverages offered or available in these settings, including vending machines.
- Increased access to health education resources that improve health beliefs, attitudes and behaviors.
- Increased availability and access to healthy traditional and other foods and beverages, such as fruits, vegetables, and water.
- Increased opportunities for physical activity and increased use of these opportunities.
- Increased number of policies and supports that promote initiation, duration and exclusivity of breastfeeding.
- Expand the reach of the TIPs Campaign with culturally relevant and tribal/village- specific education.
- Increased number of American Indians/Alaskan Natives protected from secondhand commercial tobacco smoke as a result of implementation of tobacco-free policies.

2. Community-Clinical Linkages supporting cardiovascular disease (CVD and diabetes prevention/control)

- Increased community clinical linkages to support prevention, self-management, and treatment of diabetes, hypertension and obesity.
- Increased access to Community Health Representatives (CHRs) who link patients to community resources that promote self-management of high blood pressure and prevention of diabetes (e.g. Talking Circles, National DPP), and lactation support.
- Increased number of adult smokers making quit attempts.

3. Health System Interventions to improve the effective delivery and use of clinical and other preventive services

- Increased use of team-based care strategies, including use of health care extenders such as Community Health Representatives, pharmacists, public health nurses, case managers, patient navigators, community health workers.
- Increase in dental treatment and preventive maintenance visits by diabetic patients (e.g. Diabetes Self-Management Education).
- Increased proportion of high risk adults who participate in CDC-recognized diabetes prevention program.

- Increased number of American Indians/Alaska Natives protected from secondhand commercial tobacco smoke as a result of implementation of tobacco-free policies.
- Increased use of tobacco cessation quit line through the 1-800-QUIT-NOW portal.

These short-term outcomes are intended to contribute to the accomplishment of a set of intermediate-term outcomes.

Intermediate Outcomes:

Sustained partnerships and supportive environments and strong systems will be expected outcomes of all grantees, as follows:

- Increased number of sustained partnerships and coordination with existing projects funded by federal, state, local, or tribal governments or foundations for maximum impact.
- Increased sustained supportive environments and systems, for example:
 - Evidence-based practices, policies, and interventions are institutionalized, and poised to sustain healthy foods and beverages, physical activity, tobacco cessation and breastfeeding.
 - Sustained access to traditional and other healthy foods and water via food system changes.
 - Sustained use of health education resources.

In addition, and depending upon the short-term outcomes the awardees select, awardees are responsible for achieving the following intermediate outcomes that are relevant to their selected areas of emphasis:

- Increased percentage of adults or youth who increase consumption of nutritious foods and beverages and decrease total intake of discretionary calories, including added sugars and solid fats.
- Increased physical activity among children, youth, and adults in the population.
- Increased proportion of patients with high blood pressure and/or diabetes who have a self-management plan.
- Increased proportion of adults with high blood pressure and adults with diabetes in adherence to medication regimens.
- Increased proportion of high risk adults who participate in CDC-recognized diabetes prevention program.
- Increase in the use and number of Community Health Representatives (CHRs) in the delivery of education/services.

- Increased rates of breastfeeding in tribes (initiation, duration and exclusivity).
- Decrease the prevalence rate of tobacco use in adults in funded communities
- Increased proportion of American Indians and Alaskan Natives protected from secondhand commercial tobacco smoke as a result of implementation of tobacco-free policies.
- Decreased number of youth that initiate commercial tobacco use.
- Increased number of adults making quit attempts.

Component 2 awardees are expected to demonstrate measurable progress toward applicant-identified outcomes, which include the following:

Short-term Outcomes:

- An assessment of tribal capacity.
- Increased development and implementation of effective programs to promote health and prevent chronic disease, as described in Component 1.
- Increased involvement of tribes in partnerships and collaborations, including partnership and collaboration with Tribal Epidemiology Centers.
- Increased implementation of effective activities consistent with their assessments and the activities and outcomes supported under this FOA.
- Increased implementation of effective strategies that promote chronic disease prevention and management consistent with their assessments and the activities and outcomes supported under this FOA.
- Increased delivery of trainings on team-based care and prevention and management strategies.
- Increased inclusion of epidemiology and evaluation activities in tribal program strategies, including collaboration with Tribal Epidemiology Centers.
- Increased collection of data to support effective program implementation, evaluation and sustainability.

Intermediate Outcomes:

- Increased capacity for chronic disease prevention and management across the Area.
- Increased sustained policies, systems and environmental improvements identified and implemented from their assessment, consistent with Component 1 activities.
- Increased community-clinical linkages.
- Increased team-based systems of care.
- Improved quality of chronic disease prevention (management and care).

iv. Funding Strategy:

Component 1 applicants may receive up to:

American Indian Tribes/Alaskan Native Villages * with populations < 5,000 : up to \$200,000

American Indian Tribes/Alaskan Native Villages with populations of 5,000 to <20,000: up to \$325,000

American Indian Tribes/Alaskan Native Villages with populations of 20,000 or more: up to \$450,000

*Any Indian tribe, band, nation, or other organized group or community, including any Alaskan Native village or regional or village corporation as defined in or established pursuant to the Alaskan Native Claims Settlement Act (85 Stat. 688) which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Component 2 applicants may apply as follows:

Areas with fewer than 25 federally recognized American Indian Tribes/Alaskan Native Villages : applicants may receive up to \$650,000.

Areas with 25-49 federally recognized American Indian Tribes/Alaskan Native Villages : applicants may receive up to \$850,000.

Areas with 50+ federally recognized American Indian Tribes/Alaskan Native Villages : applicants may receive up to \$1,100,000.

Component 2 applicants may provide financial support to the federally and state recognized American Indian Tribes/Alaskan Native Villages to be served in the Area, and to other tribal organizations, as appropriate.

v. Strategies and Activities:

The **Strategies and Activities** section builds on the **Outcomes** section outlined previously. Awardees are expected to implement strategies and activities outlined in the Logic Model. As depicted in the Logic Model, awardees will engage in community-specific assessment and planning to identify the priorities/gaps related to the activities and outcomes supported under this FOA. Component 1 awardees will implement the following strategies and activities and Component 2 awardees will assist American Indian tribes and Alaskan Native villages with implementing the following strategies and activities:

1. STRATEGIC PLANNING (Year 1)

- Assemble and convene cross-sector workgroup including diverse stakeholders to oversee and inform the assessment, identifying gaps and a plan including strategies to meet the gaps identified.
- Conduct or use existing community assessment during the first year using local and

aggregate data to determine community course of action, including the target population(s) and their demographics (e.g. population size, age group, etc.). The target population may be the entire tribe, village or community. The community assessment must consider:

- ✓ The physical environment and access to traditional and other healthy foods/beverages.
 - ✓ Existing policies and standards that promote healthy behaviors including avoidance of commercial tobacco use and availability of healthful foods and beverages through the use of food service guidelines and nutritional standards which include sodium standards.
 - ✓ Partnerships among tribes, tribal organizations, Tribal Epidemiology Centers, local, state, federal agencies, educational institutions and non-profit organizations.
 - ✓ Existing nutrition and physical activity standards in early childcare environments, including healthy foods, beverages, physical activity, breastfeeding and screen time.
 - ✓ Use of team-based care strategies to prevent and control chronic diseases. This must include use of health care extenders such as Community Health Representatives, pharmacists, public health nurses, case managers, patient navigators, community health workers.
 - ✓ Community-clinical linkages existing between tribal health facilities and the tribal population such as community education programs providing education on evidence-based programs and management/treatment of chronic diseases and their risk factors.
 - ✓ Health systems interventions such as hospital and health care policies to support breastfeeding and health care policies and systems that increase the use of dental treatment and preventive maintenance by diabetic patients.
 - Identify needs and opportunities related to strategies supported under this FOA.
- Examples of community assessment tools, e.g. Community Health Assessment and Group Evaluation Action Guide (CHANGE), are included in the Resource Tables below.

2. STRATEGY DEVELOPMENT AND IMPLEMENTATION

- ✓ Develop and implement assessment-driven community action plan based on the community assessment and Component 1 logic model, and implement strategies to:
 - Engage key stakeholders and decision-makers
 - Design and implement environmental approaches that promote healthy eating, increased physical activity, and tobacco use prevention and cessation
 - Enhance community-clinical linkages (e.g., National Diabetes Prevention

Program)

- Implement team-based care strategies, including use of health care extenders such as Community Health Representatives (CHRs), pharmacists, case managers, patient navigators, community health workers (CHWs) & public health nurses.
 - Promote and implement health systems improvements
- ✓ Modify interventions based on Year 1 findings. Interventions may continue to be modified based on ongoing evaluation assessments during Years 2-5, improving program performance.

3. DEVELOP and STRENGTHEN COMPREHENSIVE NETWORK OF PARTNERS

- ✓ Identify key partnerships to maximize impact and sustainability of interventions.
- ✓ Engage local, regional and national partnerships, and other partnerships to maximize impact of plan.
- ✓ Convene tribal and medical/public health leadership meetings across tribes.
- ✓ Assess strength and impact of partnerships in developing the community assessment plan, ongoing process and progress of implementation, and evaluation plan.

Resources for Strategy: *Increase availability and access to traditional and other healthy foods and beverages*

CDC Recommended Evidence-and Practice-based Resources:

[Behavioral Risk Factor Surveillance System:](#) The BRFSS questionnaire is designed by a working group of BRFSS state coordinators and CDC staff. Currently, the questionnaire has three parts: 1) the core component, consisting of the fixed core, rotating core, and emerging core, 2) optional modules, and 3) state-added questions.

[Community Health Assessment and Group Evaluation \(CHANGE\) Action Guide:](#) Provides step-by-step instructions for completing the CHANGE tool. CHANGE can be used to gain a picture of the policy, systems, and environmental change strategies currently in place throughout the community.

[Communities Putting Prevention to Work: Schools and Child Care Resources:](#) Includes webinars, guides, policies (e.g. school wellness and water access), school health councils, toolkits (e.g. Farm to School evaluation toolkits).

[Community Guide:](#) Strategies used to influence behavior change by changing community environments: e.g., The Guide to Preventive Services-Promoting Good Nutrition.

[Food Service Guidelines:](#) Assists contractors (adaptable for communities) in increasing healthy food and beverage choices and sustainable practices at worksites and other community venues.

[Health Impact Assessment:](#) HIA is a process that helps evaluate the potential health effects of a plan, project or policy before it is built or implemented.

[National Diabetes Prevention Program \(National DPP\):](#) Includes four components (lifestyle coaches, program standards, delivery sites, and health marketing to increase program uptake) that results in delivery of the lifestyle change intervention shown to prevent or delay type 2 diabetes in high-risk (prediabetes) adults. Organizations involved in the National DPP include federal agencies, community-based organizations, employers, insurers, health care professionals, academia, and other stakeholders.

[National Youth Physical Activity and Nutrition Study](#) : A school-based study conducted in 2010 to provide nationally representative data on behaviors and behavioral determinants related to nutrition and physical activity among high school students.

Best Practices for Comprehensive Tobacco Control Programs – 2014. A guide for tobacco control practitioners and policy makers that details the components of a comprehensive tobacco control program and the state by state per capita investment required.

[Our Cultures Are Our Source of Health](#): Public Service Announcements.

[Recommended Community Strategies and Measurements To Prevent Obesity in the United States School Health Guidelines to Promote Healthy Eating and Physical Activity: Offers guidelines, executive summary and presentations.](#)

[School Health Index \(SHI\): Self-Assessment & Planning Guide 2012](#) is an online self-assessment and planning tool that schools can use to improve their health and safety policies and programs.

[School Health Profiles \(Profiles\)](#): monitors school health policies and practices in states, large urban school districts, territories, and tribal governments. Profiles surveys are conducted biennially by education and health agencies among middle and high school principals and health educators.

[Youth Risk Behavior Surveillance System \(YRBSS\)](#): monitors six categories of health-risk behaviors, obesity and asthma, among adolescents at national, state, territorial, tribal, and local levels.

External Resources:

[BIE Health and Wellness School Policy](#): The purpose of the policy is to establish a minimum standard for school wellness at all elementary and secondary schools and residential facilities funded by the Bureau of Indian Education (BIE). Website offers the policy, trainings, and other resources.

Tribal Foods Project: Native Diabetes Wellness

Program: <http://www.cdc.gov/diabetes/projects/ndwp/traditional-foods.htm>

[Farm Bill Resources](#): The United States addresses agricultural and food policy through a variety of programs, including commodity support, nutrition assistance, and conservation.

[Healthy, Hunger-Free Kids Act 2010](#): Improving child nutrition is the focal point of the Healthy, Hunger-Free Kids Act of 2010.

[Let's Move in Indian Country \(LMIC\) Toolkit](#): Used by individuals, schools, pre-schools, before and after school programs, private organizations, tribal nations, community groups, committees, councils, fundraising coordinators, administrators and management, urban Indian centers, tribal leaders, local elected officials or anyone interested in helping American Indian tribes and Alaskan Native villages children combat obesity. Resources for healthy food access, physical activity, social support, and health education are included.

[USDA-Food Access Research Atlas](#): In the new Food Access Research Atlas, food access indicators for census tracts using ½-mile and 1-mile demarcations to the nearest supermarket for urban areas, 10-mile and 20-mile demarcations to the nearest supermarket for rural areas, and vehicle availability for all tracts are estimated and mapped. Users of the Atlas can view census tracts by food access indicators using these different measures, including the original food desert measure, to see how the map changes as the distance demarcation or inclusion of vehicle access changes.

[USDA-Food Environment Atlas](#): The Atlas assembles statistics on three broad categories of food environment factors: Food Choices, Health and Well-Being, and Community Characteristics.

[USDA-Nutrition Assistance Programs and Services](#): Programs and services offered by Food and Nutrition

Services (i.e. National School Lunch Program, Food Distribution Program on Indian Reservations, Supplemental Nutrition Assistance Program, etc.).

[USDA-Know Your Food, Know Your Farmer:](#) KYF2 is a USDA-wide effort to carry out President Obama's commitment to strengthening local and regional food systems.

[USDA-Farm to School Census:](#) The Healthy, Hunger-Free Kids Act of 2010 formally established the Farm to School (FTS) Program within USDA to implementing FTS initiatives that improve access to local foods in eligible schools. USDA conducted a nationwide Farm to School Census.

Resources for Strategy: *Increase opportunities for physical activity*

CDC Recommended Evidence-and Practice-based Resources

[Behavioral Risk Factor Surveillance System:](#) The BRFSS questionnaire is designed by a working group of BRFSS state coordinators and CDC staff. Currently, the questionnaire has three parts: 1) the core component, consisting of the fixed core, rotating core, and emerging core, 2) optional modules, and 3) state-added questions.

[CDC Joint Use Agreement Resources :](#) Resources include models, webinars, successful strategies.

[CDC's Physical Education Curriculum Analysis Tool:](#) The Physical Education Curriculum Analysis Tool (PECAT) is a self-assessment and planning guide developed by CDC. It is designed to help school districts and schools conduct clear, complete, and consistent analyses of physical education curricula, based upon national physical education standards.

[CDC's Strategies to Improve the Quality of Physical Education:](#) Establishing and implementing high-quality physical education (PE) programs can provide students with the appropriate knowledge, skills, behaviors, and confidence to be physically active for life.

[CDC's Youth Physical Activity Guidelines Toolkit:](#) To promote the guidelines and support youth physical activity, CDC and several partner organizations developed the *Youth Physical Activity Guidelines Toolkit*, which highlights strategies that schools, families, and communities can use to support youth physical activity.

[Communities Putting Prevention to Work: Schools and Child Care Resources:](#) Includes initiatives (e.g. safe routes to schools), guides (e.g. physical education guides), policies, school health councils, toolkits (e.g. farm to school evaluation toolkits).

[Community Guide:](#) Increasing Physical Activity-Offers systematic reviews and recommendations.

[Community Guide:](#) Community-wide campaigns and informational approaches to increase physical activity.

[Creating Safe, Healthy and Active Living Communities: A Public Health Professional's Guide to Key Land Use:](#) This guide is designed for local board of health members and others interested in ensuring that their community's land use planning decisions do not compromise the public's health.

[National Diabetes Prevention Program \(National DPP\):](#) Includes four components (lifestyle coaches, program standards, delivery sites, and health marketing to increase program uptake) that results in delivery of the lifestyle change intervention shown to prevent or delay type 2 diabetes in high-risk (prediabetes) adults. Organizations involved in the National DPP include federal agencies, community-based organizations, employers, insurers, health care professionals, academia, and other stakeholders.

[Effective Public Health Strategies to Prevent and Control Diabetes:](#) As a reference, it identifies and describes effective population-based interventions to prevent and control diabetes. The interventions

work in different ways: by making sure that persons with diabetes or who are at risk for diabetes can get the care they need from health care providers; by teaching people to take care of themselves to keep from getting complications from diabetes; and by helping people to change their habits to prevent type 2 diabetes. The interventions also differ because they are meant for different groups of people, in different places, or under different circumstances.

[Health Impact Assessment](#): HIA is a process that helps evaluate the potential health effects of a plan, project or policy before it is built or implemented. An HIA can provide recommendations to increase positive health outcomes and minimize adverse health outcomes.

[Physical Activity Guidelines for Americans \(2008\)](#): Physical activity recommendations for all age groups and other resources.

[School Health Guidelines to Promote Healthy Eating and Physical Activity](#): This website offers the guidelines, executive summary, and presentation materials.

[Youth Risk Behavior Surveillance System \(YRBSS\)](#): monitors six categories of priority health-risk behaviors, plus obesity and asthma, among adolescents at the national, state, territorial, tribal, and local levels.

External Resources:

[BIE Health and Wellness School Policy](#): The purpose of the policy is to establish a minimum standard for school wellness at all elementary and secondary schools and residential facilities funded by the Bureau of Indian Education (BIE). Website offers the policy, trainings, and other resources.

Resources for Strategy: *Increase opportunities for Community-Clinical Linkages supporting Chronic Disease Prevention and Control.*

CDC Recommended Evidence-and Practice-based Resources

[Community Health Workers/Promotores de Salud: Critical Connections in Communities](#)

Many health programs are turning to community health workers and promotores de salud (CHWs) for their unique ability to serve as "bridges" between community members and health care services ([Beam & Tessaro, 1994](#); [Love, et al, 1997](#); [University of Arizona & Annie E. Casey Foundation, 1998](#); [Satterfield, Burd, Valdez, Hosey, & Eagle Shield 2001](#)). Recognition of the roles, skills, and contributions of CHWs; support for programs, including stable funding, technical assistance, and evaluation; and continuing education are needed to respectfully and effectively integrate these workers into the health care delivery system ([Witmer 1995](#)).

[National Diabetes Prevention Program \(National DPP\)](#): Includes four components (lifestyle coaches, program standards, delivery sites, and health marketing to increase program uptake) that results in delivery of the lifestyle change intervention shown to prevent or delay type 2 diabetes in high-risk (prediabetes) adults. Organizations involved in the National DPP include federal agencies, community-based organizations, employers, insurers, health care professionals, academia, and other stakeholders.

[School Connectedness: Strategy Guide on Fostering School Connectedness](#): Six strategies that teachers, administrators, other school staff, and parents can implement to increase the extent to which students feel connected to school.

[Talking Circles](#): Since 2005, the Native Diabetes Wellness Program in the CDC Division of Diabetes Translation, in partnership with the [Seva Foundation](#), has supported Diabetes Talking Circles throughout Indian Country. Recognized by the U.S. Indian Health Services as a culturally appropriate way to share knowledge and bring about behavioral changes that increase wellness.

Resources for Strategy: *Increase opportunities for health education resources.*

CDC Recommended Evidence-and Practice-based Resources:

[Eagle Books](#): The Series of four books that are brought to life by wise animal characters, Mr. Eagle and Miss Rabbit, and a clever trickster, Coyote, who engage Rain That Dances and his young friends in the joy of physical activity, eating healthy foods, and learning from their elders about traditional ways of being healthy. Toolkit includes synopses of books, youth novels, mixed media, resources for families and classrooms as well as “how to”-resources and guides, stickers, and other crafts. DVD Eagle Book Templates for translations of native language available from CDC Native Diabetes Wellness Program.

[Diabetes Education in Tribal Schools \(DETS\)-Health is Life in Balance](#): K-12 curriculum offers culturally-relevant and scientifically-based lessons that promote awareness about diabetes and lifestyle adaptations that can help prevent type 2 diabetes. The lessons encourage understanding of health, diabetes, science, community knowledge, life in balance, and health professions among Native American students.

[Stories to Reach, Teach, and Health](#): Recognizing the power of stories, and with the input of diabetes educators, master storytellers, and people with diabetes, the Division of Diabetes Translation developed this guide illustrating ways health educators can use storytelling to share wisdom and inspire people to develop healthy coping skills and problem-solving abilities.

External Resources:

[Bureau of Indian Education’s Family and Child Education \(FACE\) Program](#): A family literacy program; an integrated model for an early childhood/parental involvement program for American Indian families in BIE-funded schools.

[National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report \(2001\)](#): Provides guidance on the process of developing culturally and linguistically appropriate health education and disease prevention materials that are intended to motivate behavior change (Pg. 80).

Resources for Strategy: Health Systems Interventions

CDC Recommended Evidence-and Practice-based Resources:

[Community Guide](#): Diabetes self-management education (DSME) is the process of teaching people to manage their diabetes. The goals of DSME are to control the rate of metabolism (which affects diabetes-related health), to prevent short- and long-term health conditions that result from diabetes, and to achieve for clients the best possible quality of life, while keeping costs at an acceptable level.

1. Collaborations –

a. With CDC funded programs:

Collaboration with chronic disease programs funded by CDC is encouraged, particularly those that are working to mitigate risk factors associated with diabetes, heart disease, stroke, and obesity. National initiatives, guidelines, and policies have been identified from The Community Guide and CDC’s Division of Nutrition, Physical Activity, and Obesity; Division of Diabetes Translation; Division for Heart Disease and Stroke Prevention; Division of Cancer Prevention and Control and the Office on Smoking and Health that may complement and build on culturally-grounded

<p>approaches. Access http://www.cdc.gov/chronicdisease/index.htm for additional information on CDC chronic disease programs.</p>
<p>b. With organizations external to CDC:</p> <p>Awardees are expected to collaborate with organizations external to CDC, deemed necessary to achieve project outcomes, such as the Indian Health Service Special Diabetes Program for Indians. Relationships with other stakeholders, such as state health departments and relevant non-profit and provider groups, are encouraged. Building and/or continuing strategic partnerships and collaborations with organizations that have a role in achieving the long-term outcomes of this FOA are encouraged.</p>
<p>2. Target Populations:</p> <ol style="list-style-type: none"> 1. Component 1: American Indian Tribes and Alaskan Native Villages 2. Component 2: American Indian or Alaska Native Villages served by Tribal Organizations
<p>Inclusion: N/A</p>
<p>b. Evaluation and Performance Measurement: Evaluation and performance measurement 1) help demonstrate achievement of program outcomes; 2) build a stronger evidence base for specific program interventions; 3) clarify applicability of the evidence base to different populations, settings, and contexts; and 4) drive continuous program improvement. Evaluation and performance measurement can also determine if program strategies are scalable and effective at reaching the target or intended populations.</p>
<p>i. CDC Evaluation and Performance Management Strategy</p> <p>Throughout the five year project period, CDC will work individually and collectively with awardees for components 1 and 2 to answer the following evaluation questions based on the program Logic Model and activities:</p> <p>Component 1– Tribal Programs</p> <ol style="list-style-type: none"> 1. How has consumption of nutritious healthy foods and beverages, reduced use of unhealthy foods and beverages, and regular participation in organized, routine or individual physical activities in key settings and tribal populations across the life span been improved? 2. To what extent have local programs maintained and increased gardening and subsistence activities and health education about traditional and other healthy foods and physical activities to promote health and prevent chronic disease across the life span? 3. To what extent do health education resources in the community increase knowledge about traditional and other healthy foods, physical activities, and social support across the life span? 4. To what extent do adults at high risk participate in the National Diabetes Prevention Program? 5. To what extent do patients with high blood pressure and/or diabetes have self-

management plans and to what extent are they being effectively implemented?

6. To what extent has medication adherence for adults with high blood pressure and/or adults with diabetes been achieved?
7. To what extent have Health Care Extenders such as Community Health Representatives (CHRs), CHWs, pharmacists, case managers, patient navigators and/or public health nurses been involved in the delivery of education and services?
8. How have rates of breastfeeding initiation, duration and exclusivity been improved?
9. To what extent has the prevalence rate of commercial tobacco use in adults in funded communities decreased?
10. To what extent has the proportion of American Indians/Alaskan Natives protected by implementation of tobacco-free policies increased.
11. To what extent has the number of youth who initiate commercial tobacco use decreased?
12. To what extent have numbers of adults making quit attempts increased?
13. To what extent has progress been made toward achieving the long term health outcomes associated with prevention and control of hypertension, diabetes, and obesity?
14. To what extent has the TIPS campaign been extended to reach additional American Indians/Alaskan Natives in the community?

Component 2– Tribal Organizations

1. How has the capacity for chronic disease prevention and management to support the prevention of diabetes and obesity, and control of hypertension increased across the Area?
2. To what extent are activities, policies, and programs to support prevention, self-management and control of diabetes, hypertension and obesity implemented, integrated, and sustained across the Area? How has this increased over the project period?
3. To what extent have community-clinical linkages to support prevention, self-management and control of diabetes, hypertension and obesity been implemented across the Area? How has this increased over the project period?
4. To what extent have team-based systems of care to support prevention, self-management and control of diabetes, hypertension and obesity been implemented across the Area? How has this increased over the project period?
5. How has the quality of chronic disease management and care to support prevention, self-management and control of diabetes, hypertension and obesity increased across the Area?
6. To what extent has progress been made toward achieving the long term outcomes associated with prevention and control of hypertension, diabetes, and obesity?
7. To what extent has the capacity of tribal health programs increased?
8. To what extent have plans been developed and implemented by tribes in support of

Component 1 Strategic Activities?

9. To what extent has financial support been provided through subawards to implement Component 1 strategic activities in American Indian tribes and Alaskan Native villages? How has epidemiologic and evaluation support been provided to tribal programs?
10. How is information shared across tribes within the Area and across Areas?
11. To what extent have partnership across tribes been developed?
12. To what extent has technical assistance and training been provided to American Indian tribes and Alaskan Native villages?
13. How many American Indian tribes and Alaskan Native village communities have expanded the TIPS campaign with culturally relevant and tribal specific information? How has this increased over the project period?

To answer these questions, CDC will use a three-pronged evaluation approach. Awardees for Component 1 and Component 2 will be required to: 1) report on outcome performance measures, 2) develop tribe-specific and Area specific evaluation plans and conduct the evaluation, and 3) participate as requested in national evaluation studies.

CDC will work with awardees to select performance measures, operationalize the performance measures, and assist with identification of available and feasible data sources for these measures. Awardees are responsible for gathering and analyzing the data for the performance measures and their tribe- and Area-specific evaluations. With these measures, the awardees and CDC will track the implementation of the community efforts and the achievement of the intended outcomes. CDC, in collaboration with awardees, will develop annual tribe- and Area-specific performance measure reports. Tribe- and Area-specific performance measure reports will be used for program monitoring and for targeting areas for program quality improvement. CDC will develop annual, aggregate performance measure reports to be disseminated by multiple methods to awardees and other key stakeholders, including federal partners, non-funded partners, and policy makers as appropriate. These aggregate findings may also be presented during site visits and awardee meetings.

In addition, CDC will work with awardees to jointly develop process performance measures that will be used to monitor progress toward the intended outcomes specified in the Logic Model. This evaluation approach will provide data on the progress awardees are making toward supportive policy, environmental and system approaches that promote health and support and reinforce healthful behaviors. As resources permit, CDC will also identify and conduct additional national evaluation projects to evaluate program activities and outcomes. CDC will lead the design, data collection, analysis, and reporting for these national evaluation efforts in collaboration with awardees.

At the end of the five-year project period, CDC will report relevant process and outcome data

from the analyses of performance measures. CDC will also report findings from any potential tribe- and Area-specific evaluation studies as they are completed. Reports will be disseminated to the stakeholders noted above through multiple methods. CDC will use the overall evaluation findings from the five-year project period to establish key recommendations on program impact, sustainability, and continued program improvement upon completion of the award. CDC intends information from this project to further inform the evolving evidence base of strategies and approaches that are most likely to be successful in Indian Country.

ii. Applicant Evaluation and Performance Measurement Plan :

Applicants must provide an overall evaluation and performance measurement plan that is consistent with the CDC evaluation and performance measurement strategies for either Component 1 or Component 2. The plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes, including collaboration with Tribal Epidemiology Centers.
- Describe the type of evaluations to be conducted (i.e., process and/or outcome).
- Describe the intended populations, which may be the entire community.
- Describe key evaluation questions to be answered.
- Describe potentially available data sources.
- Describe examples of data collection instruments related to the intended populations and respective interventions planned.
- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to our understanding of the advantages and challenges of working collaboratively across categorical programs to achieve overall health outcomes and disease- and risk factor-specific outcomes.
- Include a single, tribe- or tribal organization-specific Logic Model describing the collaborative approach being proposed to work toward the outcomes specified on the overall CDC program Logic Model.

c. Organizational Capacity of Awardees to Execute the Approach:

Applicants must describe their organizational capacity to carry out the activities, strategies, performance measures, and evaluation requirements as outlined in the FOA. CDC anticipates that all applicants will demonstrate capacity to carry out the activities and evaluation over the 5-year project period.

General Capacity: All applicants must describe their organizational capacity to carry out CDC program requirements and meet the project period outcomes. Day-to-day responsibilities for key tasks such as leadership of project, monitoring of the project's ongoing progress, preparation of reports, program evaluation, and communication with partners and CDC should be outlined.

Applicants must provide evidence of:

- An adequate staffing plan to carry out the project (program coordinator, experienced evaluator, community health representatives). In addition, Component 2 should consider including at least an Epidemiologist, and staff dedicated to communication and health education support. An organizational chart and CV/resume for all project staff or position description (if position is vacant) should be provided.
- Experience with program planning, performance management and monitoring.
- Evaluation experience.
- How travel requirements will be managed.
- Full capacity to manage the required procurement efforts, including the ability to write and award subcontracts in accordance with 45.C.F.R. 74 or 92, as applicable.
- Financial reporting, budget management and administration systems and methods.
- Personnel management experience (including developing staffing plans, developing and training workforce, managing Direct Assistance and developing a sustainability plan).
- Roles and responsibilities of existing and/or proposed partnerships.

Applicants must demonstrate willingness and capacity to share lessons learned with other awardees and tribes throughout Indian Country, and with the CDC.

Flexibility will be allowed to enable applicants to implement FOA requirements based on their own organizational design and approach, unless otherwise required by statute, to enable culturally-specific design and implementation of capacity building and implementation efforts.

Applicants must also be able to demonstrate appropriate organizational capacity for the specific activities for which they are applying, as outlined below:

Component 1 – American Indian tribes and Alaskan Native villages should:

- Demonstrate capacity and willingness to engage in the requirements of the FOA, including cultural adaptations of effective interventions, adherence to and needed adaptation of evaluation methods for cultural integrity, sharing data across tribal programs in the tribal community to be served, and providing aggregated program outcome information to CDC and other awardees.

- Include documented evidence of providing public health services and public health system improvement, recent examples of the content and methodology of the capacity building efforts implemented, and capacity building outcomes or benefits that were demonstrated.
- Demonstrate support from the tribe by providing an official letter from official tribal leadership or a tribal resolution.

Component 2 – Tribal Organization applicants should include:

- Description of the nature of their relationship with American Indian tribes and Alaskan Native villages and their history (including number of years) serving or working with the tribes and American Indian tribes and Alaskan Native village populations.
- Documented evidence of providing formal training and technical assistance, recent examples of the content and evaluation of recent training and technical assistance.
- Demonstrate support from half the area tribes plus one in the form of tribal resolutions or letters of support from elected and currently serving tribal leadership officials. Official e-mail correspondence from elected leaders will be accepted.

d. Work Plan:

Workplans for both Component 1 and 2 applicants must include, at a minimum:

- Identification of the Component for which the applicant is applying.
- A descriptive detailed year-one workplan, including objectives, activities and timelines to support the achievement of FOA outcomes. These activities must be in alignment with the FOA Logic Model and should have appropriate performance measures or milestones for accomplishing tasks. A high-level workplan for years two through five should address how progress will continue.
- Target population to be served.
- Staff and administrative roles and functions to support the implementation of the award. Awardee should identify and assign staff, contractors, and/or consultants, sufficient in number and expertise, to carry out the activities of the FOA.
- A description of administration and assessment processes to ensure successful implementation and quality assurance.

Workplans should also include those additional requirements specific to each Component, as describe below:

Component 1 – American Indian tribes and Alaskan Native villages

The applicant is required to provide a tribal workplan for establishing or strengthening

an existing holistic program of work to improve the health of tribal members consisting of a narrative for the five-year program and a detailed description of the first year of the award. The workplan should not exceed 10 pages. The workplan must, at a minimum, include:

1. Identification of intended/target population for proposed interventions.
2. Narrative (description) of program, including identification of the evidence-based program strategies to be addressed (interventions, infrastructure, and/or community partnerships).
3. Intended outcomes for the first year of the project period and how they will be measured.
4. Program strategies to be used during the first year of the project period.
5. Mechanisms to address selected program strategies.
6. Activities for the first year of the project period (note: activities must be in alignment with chosen program strategies).
7. Objectives for program activities and outcomes as presented in the Component 1 Logic Model provided above, including milestones for accomplishing tasks. Applicants should use the Logic Model provided in this FOA while developing their workplan. Objectives should be written in SMART (specific, measurable, achievable, realistic, and timely) format.
8. Timeline for the first year of the project period.

Component 2 – Tribal Organizations

The applicant is required to provide a workplan consisting of a narrative for the five-year program and a detailed description of the first year of the award. The workplan should not exceed 10 pages. The workplan must, at a minimum, include:

1. Narrative (description) of leadership, training, technical assistance and support program to be provided to most (half plus one or more) or all of the American Indian tribes and Alaskan Native villages in the Area; including identification of the program strategies which will be addressed (trainings, infrastructure, and/or partnerships).
2. Description of how Area tribes will be selected early in the first year in order to carry out activities in Component 1.
3. Intended outcomes for the first year of the project period, including financial support to Area tribes, as appropriate, to carry out Component 1 interventions and evaluation strategies.
4. Program strategies to be used during the first year of the project period, including the description of funding mechanism to which organization will select and make subawards to prospective tribes in the Area.
5. Mechanisms to address selected program strategies.
6. Activities for the first year of the project period (note: activities must be in

alignment with chosen program strategies).

7. Objectives for program activities and outcomes as presented in the Component 2 Logic Model provided above, including milestones for accomplishing tasks. Applicants should use the Logic Model provided in this FOA while developing their workplan. Objectives should be written in SMART (specific, measurable, achievable, realistic, and timely) format.
8. Timeline for the first year of the project period.

A sample work plan template is provided below. Applicants are required to include all of the elements listed within the sample work plan. CDC will provide feedback and technical assistance to awardees to finalize the work plan activities post-award.

Project Period Outcome: <i>[from Outcomes section and/or logic model]</i>		SMART Outcome Objective: <i>[from Evaluation and Performance Measurement section]</i>	
Strategies/Activities	SMART Process Objective <i>[from Evaluation and Performance Measurement section]</i>	Responsible Position / Party	Due Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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 following HHS expectations for post-award monitoring for grants and cooperative agreements include:

- 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.

f. CDC Program Support to Awardees:

In a cooperative agreement, CDC staff members are substantially involved in program activities, above and beyond site visits and routine grant monitoring. The CDC program will work in partnership with the awardee to ensure success of the cooperative agreement by:

1. Supporting awardees in implementing cooperative agreement requirements and meeting program outcomes;
2. Assisting awardees in advancing program activities to achieve project outcomes;
3. Providing scientific matter expertise and resources;
4. Providing guidance and coordination to funded Tribal Organizations and tribes to improve the quality and effectiveness of work plans, and evaluation strategies;
5. Providing technical assistance to update annual workplans;
6. Collaborating, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices;
7. Providing technical assistance on awardees' evaluation and performance measures;
8. Providing technical assistance to define and operationalize performance measures;
9. Supporting ongoing opportunities to foster networking, communication, coordination, and collaboration;
10. Serving as a conduit for information exchange, including fostering collaboration between funded Tribal Organizations and American Indian tribes and Alaskan Native villages, to collaborate on tribal public health efforts;
11. Using webinars and other social media for awardees and CDC to communicate and share tools and resources;
12. Collaborating to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the project period; and
13. Participating in relevant meetings, committees, conference calls, and working groups related to the cooperative agreement requirements to achieve

outcomes.

B. Award Information

Insert narrative for each header below based on content outlined in the Guidance.

- 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:** Cooperative Agreement, Activity Code U58
- 3. Fiscal Year:** 2014
- 4. Approximate Total Fiscal Year Funding:** \$14 million
- 5. Approximate Total Project Period Funding:** \$80 million
- 6. Total Project Period Length:** 5 years
- 7. Approximate Number of Awards:** Up to 24
- 8. Approximate Average Award:** Component 1: \$325,000; Component 2: \$850,000
- 9. Floor of Individual Award Range:** Component 1: \$100,000; Component 2: \$650,000 (this amount is subject to the availability of funds).
- 10. Ceiling of Individual Award Range:** Component 1: \$450,000; Component 2: \$1,100,000 (this amount is subject to the availability of funds).
- 11. Anticipated Award Date:** No later than September 30, 2014
- 12. Budget Period Length:** 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).

Direct Assistance: Direct Assistance (DA) is available through this FOA.

An official state, tribal nation, tribal organization, local or territorial government applicant may request that CDC provide Direct Assistance (DA) in the form of federal personnel as a part of the grant awarded through this FOA. If your request for DA is approved as a part of your award, CDC will reduce the funding amount provided directly to you as a part of your award. The amount by which your award is reduced will be used to provide DA; the funding shall be deemed part of the award and as having been paid to you, the awardee.

C. Eligibility Information

Insert narrative for each header below based on content outlined in the Guidance.

Eligible Applicants:

1. Component 1: American Indian Tribes and Alaskan Native Villages
2. Component 2: American Indian or Alaska Native Tribal Organizations

3. Special Eligibility Requirements:

Component 1 applicants must provide documentation of support in the form of an official letter from official tribal leadership, or a tribal resolution.

Component 2 applicants must provide official letters of support or resolutions from the American Indian tribes and Alaskan Native villages they intend to work with under the funding opportunity announcement, representing half plus one of the tribes/villages in their IHS designated area. Access <http://www.ihs.gov/locations/> for more information on IHS Areas.

4. Justification for Less than Maximum Competition:

This funding announcement is designed and tailored to reduce the impact of chronic diseases on American Indians and Alaskan Natives. American Indian tribes, Alaskan Native villages and tribal organizations serving American Indian tribes and Alaskan Native villages are uniquely qualified to perform the programmatic activities for this project because:

- Funding these applicants directly allows maximum opportunity for local public health action at the Indian tribe or village level.
- Funding tribes with demonstrated capacity to effectively reach tribal members and efficiently work with their populations on public health issues will help ensure that interventions and infrastructure are culturally appropriate.
- This will enable tribal governments and organizations to make sound and efficient public health planning and resource allocation.
- Initiatives and improvements may be more likely to be sustained when they begin as tribal initiatives rather as external initiatives.

5. 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 sectors such as

public health, transportation, education, health care delivery, and agriculture.

6. 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> .

The following text is required:

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:** 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.

<p>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.</p>
<p>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.</p>
<p>a. Letter of Intent (LOI) Deadline: N/A</p>
<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 • Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://www.cdc.gov/grantsassurances/Homepage.aspx <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): N/A</p>
<p>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.</p>
<p>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.</p>
<p>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. 25 page limit includes the work plan.</p>
<p>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</p>

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.)

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 Guide (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 or practice-based innovations. (See CDC Project Description: Strategies and Activities section.)

1. **Collaborations:** Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC, including Tribal Epidemiology Centers.

Applicants are encouraged to file letters of support, as appropriate, name the file “Letters of Support”, and upload it as a PDF file at www.grants.gov.]

2. **Target Populations:** Applicants must describe the specific target population(s) in their jurisdiction. Refer back to the CDC Project Description section – Approach: Target Population.

3. **Inclusion:** N/A

c. Applicant Evaluation and Performance Measurement Plan: Applicants must provide an overall evaluation and performance measurement plan that is consistent with the CDC evaluation and

performance measurement strategy. The plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Describe the population(s) that will be the focus of the work, which may be the entire community.
- Describe the type of evaluations to be conducted (i.e., process and/or outcome).
- Describe examples of data collection instruments related to the intended populations and respective interventions planned.
- Describe key evaluation questions to be answered.
- Describe potentially available data sources.
- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to our understanding of how to collaboratively across categorical programs to achieve overall health outcomes and disease- and risk factor-specific outcomes.
- Component 1: Include a single, tribe-specific Logic Model describing the coordinated approach being proposed to work toward the outcomes specified on the overall CDC program Logic Model.
- Component 2: Include a whole-program Logic Model describing the coordinated approach being proposed to work toward the tribal outcomes specified on the overall CDC program Logic Model.

If funded, awardees must provide a more detailed evaluation plan within the first year of program funding. This more detailed evaluation and performance measurement plan should be developed by awardees with support from CDC as part of the first year project activities. This more detailed evaluation plan must be based on the Logic Model provided and the tribe-specific Logic Model and also be consistent with the CDC evaluation and performance measurement strategy.

Awardees will be required to collect and report outcome performance measures to CDC annually. In addition, they will be required to collaborate with CDC on the development of process performance measures to be used by CDC Project Officers for program monitoring. Awardees are encouraged to budget 10% of the total funding award to evaluation activities. Evaluation is one of the 10 essential public health functions and awardees should build capacity in this area through use of internal evaluators. However, if awardees choose, they may contract with outside/independent evaluators.

Awardees will be required to report on evaluation results annually starting in year 2 of the project period. In addition, awardees will be required to collaborate as requested with CDC on a national evaluation, including collecting additional data as needed. Awardees will be

expected to use process and outcome performance measures and evaluation data for improving the program, increasing awareness of the program, and engaging stakeholders. In partnership with CDC, they will also use performance measurement data to identify areas for program improvement and to tailor technical assistance and professional development as needed. Further, they will be expected to develop a plan to disseminate evaluation results to key stakeholders annually and at the end of the project period. In developing evaluation and performance measurement programs, applicants are encouraged to use the following resource: *Introduction to Program Evaluation for Public Health Programs: a Self-Study Guide*, www.cdc.gov/eval/guide/index.htm.

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.]

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>.

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:

Executive Order 12372 does not apply to this program.

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:

The following text is required:

- 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/NCCDPHP 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:

A review panel will evaluate complete, eligible applications for Component 1 and Component 2 in accordance with the "Criteria" section of the FOA.

Approach (50 points):

- **Background (5 points)** – The extent to which the applicant described the core information relative to the problem for the jurisdictions or populations they serve.
- **Problem Statement (5 points)**-The extent to which:
 - The applicant clearly described intended/target population, scope of chronic disease problem, current chronic disease programs, and related opportunities and gaps affecting the respective American Indian tribes and Alaskan Native village community or communities.
- **Purpose and Outcomes (5 points)**-The extent to which:
 - The applicant clearly outlined the purpose of the program to address chronic disease prevention and health promotion in the respective American Indian tribes

and Alaskan Native village community or communities to be served.

- The applicant clearly outlined anticipated outcomes and how they will be achieved through intervention and prevention activities, providing evidence of planned data collection tools and measurement strategies.

Strategies and Activities (15 points) - The extent to which applicants for Component 1:

- described the commitment to implement strategies and activities outlined in the Logic Model.
- described the development or use of an existing community assessment during the first year.
- Described commitment to develop and implement a community-based action plan based on the assessment.
- Described established/willingness to establish partnerships to carry out related federal initiatives, translated and/or adapted, for local program use, as described in the **Strategies and Activities** section (**see Resource Tables**).
- Described capacity, plans and willingness to share successful approaches widely through various venues for broad diffusion of innovation, including other awardees, across Indian Country, and beyond.

○ **Component 2: The extent to which the applicant described:**

- How they will work with tribes throughout the Area to assess the capacity of tribal programs and develop plans to implement Component 1 strategic activities.
- How financial support will be provided to tribes to implement Component 1 strategic activities.
- How epidemiologic and evaluation support will be provided to tribal programs.
- The commitment to convene leadership meetings across tribes to share information and develop partnerships across tribes.
- How technical assistance will be provided to tribes.

○ **Collaboration (15 points)**- The extent to which:

- The applicant has described partnerships that will be encouraged or are already in place, and how these partnerships can leverage resources, and will be used and broadened to maximize public health impact during project period.
- The applicant has described how it will collaborate with other awardees, programs, tribes, national organizations, and federal agencies to share successful strategies and innovative approaches.
- The applicant has described how it will work with the CDC as a cooperative agreement partner in implementing program strategies, objectives, activities,

and evaluation plan.

- The applicant provided support in the form of a support letter from tribal leadership or a tribal resolution. Tribal Organizations must provide official letters or resolutions from the tribes they intend to work with under the funding announcement, if applicable.
-
- **Target Population (5 points)** – The extent to which:
 - The applicant has identified and described the respective target populations within the American Indian tribes and Alaskan Native village community(ies) to be served.
 - The applicant has provided data describing conditions in which people are born, grow, live, work and age. These circumstances are shaped by factors that influence health, such as sex and age; work status; individual behavior (for example, commercial cigarette smoking); income and gender; where a person lives and crowding conditions; access to quality health care and having or not having health insurance, conditions associated with poor health (e.g., low education or income, lack of housing) and challenges related to preventing chronic diseases within their communities.

Evaluation and Performance Management (25 points):

The extent to which the applicant describes:

- How key program partners will be engaged in the evaluation and performance measurement planning process.
- The types of evaluation (e.g., process, outcome) that will be used to demonstrate the effectiveness of planned interventions and activities related to performance outcomes. These include plans for the first year baseline assessment and Years 2-5 ongoing assessments of program activities for program improvement and success in performance outcomes.
- The intended populations, which may be the entire community.
- Key evaluation questions to address planned interventions, activities, and strategies to achieve performance outcomes.
- Potentially available data sources (from partners, programs, agencies) and how they will be used to measure and/or provide context for local program activities.
- How evaluation findings will be used for continuous local program and quality improvement.
- How data would be collected locally and provided to CDC
- The applicant has provided evidence of appropriate data collection instruments (quantitative, qualitative, and/or ethnographic) that contribute to the evaluation plan to measure interventions and activities related to performance outcomes.
- The applicant has indicated willingness for CDC to share aggregated program

information with other awardees under this application for overall program improvement and determination of reaching overall program outcomes.

Applicant's Organizational Capacity to Implement the Approach (10 points)

The extent to which the applicant:

- Described adequate staffing to carry out the project (project coordinator, experienced evaluation and epidemiology support time).
- Provided evidence of experience with program planning, performance management, and performance monitoring.
- Outlined who will have day-to-day responsibility for key tasks such as: leadership of the project; monitoring of the project's on-going progress; preparation of reports; program evaluation; and communication with partners and CDC.
- Addressed organizational capacity requirements in accordance with narratives under CDC's Project Description, provided an organizational chart and a CV/resume for all project staff (Project Coordinator, Principal Investigator, Epidemiologist, health education/communication specialist and Evaluator) or position description, if position is vacant, required by the component applying for.
- Described roles and responsibilities of existing and/or proposed partnerships.
- Described how it will evaluate the proposed program strategies for continuous program improvement and reaching performance outcomes.
- Described how it will manage travel requirements.
- Described sufficient experience with managing procurement efforts, including the ability to write and award contracts and subcontracts, if applicable.
- Described its system and methods for financial reporting, budget management, and administration.
- Described personnel management outlining staffing plans, developing and training workforce, developing a sustainability plan, and managing Direct Assistance, if applicable.
- Demonstrated willingness and capacity to share lessons learned with other awardees and tribes throughout Indian Country and CDC.

In addition to the above criteria, the following component-specific criteria should also be considered.

The extent to which Component 1 applicants:

- Demonstrate capacity and willingness to engage in the requirements of the FOA, including cultural adaptations of interventions, adherence to and needed adaptation of evaluation methods for cultural integrity, sharing data across tribal programs in the

tribal community to be served, and providing program data with CDC and other awardees.

- Included documented evidence of providing public health services and public health system improvement, recent examples of the content and methodology of capacity building efforts implemented, and outcomes or benefits that were demonstrated.

The extent to which Component 2 applicants included:

- A description of the nature of their relationship with tribes and American Indian tribes and Alaskan Native village populations and their history (including number of years) serving or working with the tribes and IA/AN populations.
- Evidence of providing formal training and technical assistance, recent examples of the content and evaluation of recent training and technical assistance.
- Tribal resolutions or letters of support from elected and currently serving tribal leadership officials (email notes will be accepted).

Workplan (15 points):

The extent to which:

- The applicant identified the component for the applicant is applying.
- The applicant has provided a detailed plan for the year-one workplan that:
- Aligns with the FOA logic model (Component 1 or 2).
 - Identifies intended/target population.
 - Includes activities and timelines. Activities must be in alignment with chosen program strategies.
 - Objectives for program activities and outcomes as presented in the FOA logic model (Component 1 or 2) and are written SMART (specific, measurable, achievable, realistic, and timely) format.
 - Includes appropriate performance measures or milestones for accomplishing tasks.
 - Includes intended outcomes and how they will be measured.
 - Identified staff (sufficient in number and expertise and administrative roles and function to support the implementation of the award).
 - A description of administration and assessment processes to ensure successful implementation of quality assurance.
 - The applicant has provided a high level workplan for years 2-5 that addresses how progress will continue.

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:

F. The following factors also may affect the funding decision:
CDC reserves the right to fund applications out of rank order depending on geographic distribution of the highest scoring applications. CDC may fund out of rank order to achieve geographic and/or programmatic diversity.

2. Announcement and Anticipated Award Dates:

Notification of selection will occur on or around September 15, 2014.

G. 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-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 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.

Grantees 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 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). Grantee reports must reference the NoA number and title of the grant, and include a summary of the activities undertaken and identify any sub-awards (including the purpose of the award and the identity of each sub-recipient).

Responsibilities for Informing Sub-recipients: Grantees agree to separately identify each sub-recipient, document the execution date sub-award, date(s) of the disbursement of funds, the Federal award number, any special CFDA number assigned for PPHF fund purposes, and the amount of PPHF funds. When a grantee awards PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental PPHF funds from regular sub-awards under the existing program.

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.

b. Specific reporting requirements: 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.

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.

For year 2 and beyond of the award awardees may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

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 Commons¹ 90 days after the end of 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.

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):

¹<https://commons.era.nih.gov/commons/>

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>.

I. Agency Contacts

CDC encourages questions concerning this FOA. Please submit your question to <http://www.cdc.gov/chronicdisease/about/tribalhealthwellness/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:

Beth Patterson, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford H'wy NE
Chamblee, GA 30341
Email address: - erb2@cdc.gov
Phone Number: (770) 488-6045

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

Pamela Render, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, Mailstop E-09
Atlanta, GA 30341-4146
Office Phone: (770) 488-2712
Email Address: plr3@cdc.gov

For assistance with **submission difficulties related to www.grants.gov**, contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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.

J. 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
- 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

K. 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.

Alaska Native Village: Indian reservation or Alaska Native village" includes the reservation of any federally or State recognized Indian tribe, including any band, nation, pueblo, or rancharia, any former reservation in Oklahoma, any community under the jurisdiction of an Indian tribe, including a band, nation, pueblo, or rancharia, with allotted lands or lands subject to a restriction against alienation imposed by the United States or a State, and any lands of or under the jurisdiction of an Alaska Native village or group, including any lands selected by Alaska Natives or Alaska Native organizations under the Alaska Native Claims Settlement Act.

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.

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

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.

Chronic Care Model (CCM): Identifies the essential elements of a health care system that encourage high-quality chronic disease care. These elements are the community, the health system, self-management support, delivery system design, decision support and clinical information systems. Evidence-based change concepts under each element, in combination, foster productive interactions between informed patients who take an active part in their care and providers with resources and expertise.

Community Health Representative: As a member of the Health Care Team, CHRs are responsible for liaising between patients, families, the community and health care providers to ensure patients and families understand their conditions and treatment, and are receiving appropriate care.

Community Health Worker (CHW): CHWs are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community/population being served.

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 a recipient, and obligates the recipient 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.

Cross-sector Community Workgroup: Include representation from a number of organizations in

a community that may include businesses, pre-K through secondary education, universities, non-profit organizations, local health departments, health care organizations, community planning agencies, local housing authorities, social services, agricultural extension programs, civic organizations, park and recreation departments, faith-based institutions, and other community-based organizations as well as community members.

Developmental evaluation: A flexible evaluation approach, where new measures and monitoring mechanisms evolve as understanding of the situation deepens and the initiative's goals emerge. DE processes include asking evaluative questions and gathering information to provide feedback and support developmental decision-making and course corrections along the emergent path. The evaluator is part of a team whose members collaborate to conceptualize, design and test new approaches in a long-term, on-going process of continuous improvement, adaptation, and intentional change. DE is designed to capture system dynamics and surface innovative strategies and ideas (Dezois et al, 2010).

Direct Assistance: An assistance support mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients 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>.

Enculturation: the process by which an individual learns the traditional content of a culture and assimilates its practices and values (Walters and Simoni, 2002).

Environmental Factors: Physical, social, or economic factors that influence people's practices and behaviors. More information can be found at:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a2.htm>

Farm-to-School: Programs that connects schools (K-12) and local farms with the objective of serving healthy meals in school cafeterias, improving student nutrition, providing agriculture, health and nutrition education opportunities, and supporting local and regional farmers (NFSN, 2013).

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.

Federally Recognized Tribal Governments: Indian tribes with whom the federal government maintains an official government-to-government relationship; usually established by a federal treaty, statute, executive order, court order, or a Federal Administrative Action. The Bureau of Indian Affairs (BIA) maintains and regularly publishes the list of federally recognized Indian tribes (Ref. HHS Tribal Consultation Policy, section 17).

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

Food Deserts: An area in the United States with limited access to affordable and nutritious food, particularly such an area composed of predominantly lower-income neighborhoods and communities (Farm Bill, 2008).

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

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

Health Care Extender: Non-physician health care providers that maximize and extend the total impact of the health care team, such as Community Health Representatives, pharmacists, public health nurses, and health educators.

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. (Healthypeople.gov)

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

Healthy Food and Beverage Options: Healthy foods are fruits, vegetables, whole grains, and related combination products, and nonfat and low-fat dairy that are limited to 200 calories or less per portion or package. Healthy beverages are water without flavoring, additives, or carbonation, low-fat and nonfat milk, 100% fruit juice, and caffeine-free drinks. More information can be found at: Dietary Guidelines for Americans, 2005: <http://www.health.gov/dietaryguidelines/dga2005/document/pdf/DGA2005.pdf>

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

IHS Administrative Area: The Indian Health Service (IHS) is divided into twelve physical areas of the United States; Alaska, Albuquerque, Bemidji, Billings, California, Great Plains (*formerly named Aberdeen*), Nashville, Navajo, Oklahoma, Phoenix, Portland and Tucson. Each of these areas has a unique group of Tribes that they work with on a day to day basis.

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

Indian tribe: Any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. Eligible applicants are listed on the Bureau of Indian Affairs website (www.bia.gov/DocumentLibrary/index.htm).

Indigenous models for Health Promotion: Based on a foundation of indigenous world views. This foundation includes the close interrelationship that people have with the environment, culture and tradition, and the social structures and institutional arrangements that characterize indigenous societies. Indigenous models integrate the importance of community history, culture, language, issues of identity and place, and the need for tribal people to operate in both

traditional and dominant cultures. Indigenous models honor tribal sovereignty and recognize the sociopolitical dimensions of indigenous health (Durie, 2004; Chino and DeBruyn, 2006).

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_s poc/.

Joint Use Agreement: A joint use agreement (JUA) is a formal agreement between two separate government entities—often a school and a city or county—setting forth the terms and conditions for shared use of public property or facilities.

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

Letters of Support: Letters from partners that describe in detail a comprehensive contribution to the overall program strategy.

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 a recipient 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.

Nested Programs: Incorporate strategies and interventions into established community programs to promote sustainability.

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 recipient and CDC that confirms issue of award funding. The NoA will be signed by an authorized GMO and provided to the recipient 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.

Patient Navigator: Someone who assists patients overcome barriers to health or medical care.

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.

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.

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.

Policy, Systems and Environmental Change: Policy, systems and environmental change affects where people live, learn, work, or play to make healthy choices practical and available to all. By changing policies, systems or environments that impact behavior, communities can address health issues like obesity, diabetes, heart disease and stroke and other chronic diseases.

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.

Quit Line: An information and counseling service that offers telephone support for people who want to quit using tobacco. Some quit lines offer additional services, such as nicotine replacement therapy, online cessation information and programs, and referral to tobacco-use treatment programs in the community. The toll-free number 1-800-QUIT-NOW (1-800-784-8669) serves as a national portal to state-based quit lines – which have been established in

every state-on the basis of the area code where the call originated. More information can be found at: www.naquitline.org/?page=factsheetsetc.

Radius of Impact: Concept illustrates concentration and reach of type 2 diabetes prevention and health promotion interventions using GIS mapping and local level data.

Screen Time: the time spent viewing of TV/video, computer, electronic games, hand-held devices or other visual devices.

Social support: Social support is the perception and actuality that one is cared for, has assistance available from other people, and is part of a supportive social network. Culturally-grounded social support among American Indian tribes and Alaskan Native villages implies cultural connectivity, defined as the respect for and participation in American Indian tribes and Alaskan Native village practices and feeling connected to community. Cultural practices and beliefs are important to maintain as they may strengthen spirituality and self-identity. Often, these practices serve to establish identity and feelings of connectedness in individuals and groups.

Cultural identity and connectivity are valued in American Indian tribes and Alaskan Native village communities. Their loss can be measured and studied in association with other risky behaviors, such as alcohol and drug abuse, obesity, and psycho-social problems, as well as poor health conditions. Studies have shown the importance of identity and support in the maintenance of mental health. Having a stable and balanced environment could be an important part of good mental and physical health. **Culturally-appropriate education and interventions**, such as the Talking Circle, emphasize the importance of community and cultural connectivity in improving wellness status. For example, in the study by Narayan et al., a culturally based indirect approach motivated from within the Pima community was more effective in addressing type 2 diabetes than the proposed standard lifestyle intervention. (Narayan et al, 1998; Gregg and Narayan, 1998; Hodge and Nancy, 2012)

Strategies: Means by which 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).

Subsistence Activities: Food acquired through gardening, gathering, harvesting, hunting, and fishing.

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.

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.

TIPS Campaign: Centers for Disease Control and Prevention (CDC) first-ever paid national tobacco education campaign—*Tips From Former Smokers (Tips)*. *Tips* encourages people to quit smoking by showing the toll that smoking-related illnesses take on smokers and their loved ones. The hard-hitting ads show people living with the real and painful consequences of smoking or exposure to secondhand smoke.

Tribal Organization: the tribally recognized intertribal organization which the recognized governing bodies of two or more Indian tribes on a reservation authorizes to provide public health leadership and/or programming on their behalf. For the purposes of this FOA, tribal organizations will be those which the recognized governing bodies of half plus 1 of the federally recognized tribes located in a IHS administrative area authorizes to provide public health leadership and/or programming on their behalf.

Tribes: Any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. Eligible applicants are listed on the Bureau of Indian Affairs website (www.bia.gov/DocumentLibrary/index.htm).

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.

