

Amendment III made 9.19.13

Appendix F - FOA Questions 131-165 from Potential Applicants with Answers by CDC was added starting on page 121.

Amendment II made 9.4.13

On page 5, Application Due Date September 23, 2013 (changed from 9.16.2013 to 9.23.2013)

On page 5, Expiration Date was changed to September 24, 2013

The following sentence was added on page 10 after the sentence ending in ...“access the web cast from a single location.” The PRC FOA webcast slides and text are posted at <http://www.cdc.gov/chronicdisease/about/foa.htm>.

On page 29, under the Human Subject Section, #8. “Planned Enrollment Table.” [Access the following link to the PHS 398 (Rev. 06/09), Targeted/Planned Enrollment Table, complete and save the form as titled to your desk top or folder; and upload to the application package under Mandatory Documents, page 13, Human Subject Section #8. Target/Planned Enrollment Table]

In Section IV. Application and Submission Information, 6. Appendix the first two bullets on page 35 FOA state: The appendix should include:

- A work plan for each key element of the center and the applied public health research project. Additional information regarding the work-plan is included in Appendix D.
- An implementation timeline for the applied public health research project. Additional information regarding the time line is included in Appendix E.

This new wording impacts the following questions: 59, 74, 75, 119, 120, 125, and 126. See Appendix F.

Appendix F - FOA Questions from Potential Applicants with Answers by CDC was added on page 82.

Amendment I made 7.26.13

- Sentence was replaced with - Research activities should focus on addressing underserved, minority, and other populations with diseases, health hazards, and risk factors which are most amenable for health promotion and disease prevention interventions. pages 3, 5, & 10
- **Eligible Institutions/Organizations.** .A. was deleted, page 7
- **Information Session 1** - replaced with the following: pages 8 & 9
Web cast contact information:
Date: July 31, 2013
Time: 3:00 – 5:00 pm Eastern Daylight Time

Audio Participant Access

Toll-free Number: 888-606-8415
Passcode: 7805457

Net Conference Participant Access

URL: <https://www.mymeetings.com/nc/join/>
Conference Number: PW6295115
Audience Passcode: 7805457

Participants can join the event directly at:

<https://www.mymeetings.com/nc/join.php?i=PW6295115&p=7805457&t=c>

Information Session 2:

Web cast contact information:
Date: August 1, 2013
Time: 3:00 – 5:00 pm Eastern Daylight Time

Audio Participant Access

Toll-free Number: 888-606-8415
Passcode: 7805457

Net Conference Participant Access

URL: <https://www.mymeetings.com/nc/join/>
Conference Number: PW6295129
Audience Passcode: 7805457

Participants can join the event directly at:

<https://www.mymeetings.com/nc/join.php?i=PW6295129&p=7805457&t=c>

- The following was added – 4. **The National Prevention Strategy**⁶. “... 2020” focus areas^{6,7}; page 10
- New number 4 was created from part of text in number 3. - **4. Enhanced community capacity to conduct health promotion and disease prevention research**; pages 11, 14, & 16.
- **Application Types Allowed** – the following sentence was deleted. **Includes multiple submission attempts within the same round.** page 20
- **Community Engagement, Partnerships, and Technical Assistance** change numbering A. A. B. to **A. B. C.** page 30

Table of Contents

Part 1. Overview Information 4
Key Dates..... 5

Required Application Instructions	6
Executive Summary	6
Part 2. Full Text	10
Section I. Funding Opportunity Announcement Description	10
Section II. Award Information	21
Section III. Eligibility Information	23
Section IV. Application and Submission Information	26
Section V. Application Review Information	38
Section VI. Award Administration Information	48
Section VII. Agency Contacts	59
Section VIII. Other Information	60

Part 1. Overview Information

Participating Organization(s)	Centers for Disease Control and Prevention (CDC), http://www.cdc.gov/
Components of Participating Organizations	National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), at http://www.cdc.gov/nccdphp/
Funding Opportunity Announcement (FOA) Title	Health Promotion and Disease Prevention Research Centers
Activity Code	Applications in response to this FOA will be funded using the U48 activity code.
Funding Opportunity Announcement Type	New
Funding Opportunity Announcement Number	RFA-DP-14-001
Catalog of Federal Domestic Assistance (CFDA) Number(s)	93.135
Category of Funding Activity	Health
FOA Purpose	<p>This FOA will support a network of Health Promotion and Disease Prevention Research Centers (PRCs) to conduct applied public health prevention research. The types of applied research approaches supported by this FOA include behavioral interventions, environmental, or systems-wide solutions and strategies that address major causes of disease and disability. Research activities should focus on addressing underserved, minority, and other populations with diseases, health hazards, and risk factors which are most amenable for health promotion and disease prevention interventions.</p> <p>The funding provided by this FOA will be used to:</p> <ol style="list-style-type: none"> 1. Support the development of a comprehensive prevention

	<p>research center with the key elements of infrastructure and administration; community engagement, partnerships, and technical assistance; communication and dissemination; training; and evaluation; and</p> <p>2. Support one applied public health prevention research project in one of three broad categories to address an evidence gap in public health research. Etiological research will not be supported for the applied public health prevention research project.</p>
--	--

Key Dates

Publication Date	To receive notification of any changes to <u>RFA-DP-14-001</u> , return to the synopsis page of this announcement at www.grants.gov and click on the “Send Me Change Notification Emails” link. An email address is needed for this service.
Letter of Intent Due Date	August 09, 2013
Application Due Date	September 23, 2013 by 5:00 PM U.S. Eastern Time. On-time submission requires that electronic applications be error-free and made available to CDC for processing from eRA Commons on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov/eRA Commons no later than 5:00 PM U.S. Eastern Time. Note: HHS/CDC grant submission procedures do not provide a period of time beyond the application due date to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).
Scientific Merit Review	November 2013
Secondary Review	January 2014
Estimated Start Date	September 30, 2014
Expiration Date	September 24, 2013

Due Dates for E.O. 12372	Executive Order 12372 does not apply to this program.
---------------------------------	---

Required Application Instructions

It is critical that applicants follow the instructions in the [SF 424 \(R&R\) Application Guide](#) except where instructed to do otherwise in this FOA. Conformance to all requirements (both in the Application Guide and the FOA) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in [Section IV](#). When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

Note: The Research Strategy component of the Research Plan narrative is limited to a total of 25 pages, of which 10 pages should be used to address the center core key elements and 15 pages to address the applied public health prevention research project (See Section 5.5 of the [SF 424 \(R&R\) Application Guide](#) for components of the Research Plan.)

Applications that do not comply with these instructions may be delayed or not accepted for review.

Telecommunications for the Hearing Impaired: TTY 1-888-232-6348

Executive Summary

- **Purpose.** This FOA will support a network of Health Promotion and Disease Prevention Research Centers (PRCs) to conduct applied public health prevention research. The types of applied research approaches supported by this FOA include behavioral interventions, environmental, or systems-wide solutions and strategies that address major causes of disease and disability. **Research activities should focus on addressing underserved, minority, and other populations with diseases, health hazards, and risk factors which are most amenable for health promotion and disease prevention interventions.**

The funded Prevention Research Centers aims are to:

1. Establish, maintain, and operate multi-disciplinary academic-based centers that conduct high-quality applied health promotion and disease prevention research;
2. Improve public health practice through applied prevention research;
3. Apply the knowledge and expertise of academic health centers to address practical public health problems;

4. Design, implement, evaluate, and disseminate cost-effective methods and strategies for health promotion and disease prevention at the tribal, territorial, state, or local level;
5. Shorten the time lag between the development of new and proven effective disease prevention and health promotion strategies and interventions and their widespread application; and
6. Involve health departments and other community partners in the development, implementation, evaluation, and dissemination of one applied public health prevention research project.

To achieve these aims, the funding provided by this FOA will be used to:

1. Support the development of a comprehensive prevention research center with the key elements of infrastructure and administration; community engagement, partnerships, and technical assistance; communication and dissemination; training; and evaluation; and
2. Support one applied public health prevention research project in one of three broad categories to address an evidence gap in public health research.

The three categories are:

1. **Dissemination and implementation research**, that translates and adapts research results into practice settings while maintaining efficacy and fidelity, increasing the reach of evidence based interventions to broader populations or settings;
2. **Public health practice-based research**, that employs the systematic inquiry of systems, methods, policies, and programmatic applications of public health practice to provide evidence, where insufficient evidence exists, of the efficacy or effectiveness of practice-based strategies that are sustainable and potentially scalable; and
3. **Intervention research**, that addresses a clear gap in the evidence of the efficacy or effectiveness of health promotion or disease prevention strategies for a particular group (e.g., racial or ethnic), community (e.g., rural), or fills a major evidence gap identified in each review found in the Guide to Community Preventive Services¹, or as outlined in the 2012 or 2013 Community Preventive Services Task Force Annual Report to Congress^{2,3}.

Etiological research will **not** be supported for the applied public health prevention research project.

The intent of this FOA is to fund applications that demonstrate both high capacity to establish a prevention research center and ability to conduct specific high quality public health research.

- **Mechanism of Support.** This funding opportunity will use the U48 activity code. The HHS/CDC U48 is a cooperative agreement assistance instrument. Under the cooperative agreement assistance instrument, the Recipient Organization retains the primary responsibility and dominant role for planning, directing, and executing the proposed project with CDC staff substantially involved as a partner with the Recipient Organization, as described in [Section VI.2.A., "Cooperative Agreement"](#)
- **Funds Available and Anticipated Number of Awards.** The CDC intends to commit a total of \$105,000,000 (direct and indirect) for the entire project period. The CDC intends to commit an estimated total of \$21,000,000 in FY2014 for an anticipated 25-30 awards. Awards issued under this FOA are contingent upon the availability of funds and the submission of a sufficient number of meritorious applications. The total number of awards will depend upon the quality, duration, and costs of the applications received. Because the nature and scope of the proposed research will vary from application to application, it is anticipated that the size and duration of each award may also vary.
- **Budget and Project Period.** Individual awards will have a 12 month budget period and up to 5 year project period. An estimated total per individual award is \$ 900,000 (direct and indirect) for the first year (12 month budget period) and an estimated total funding of \$4.5 million (direct and indirect) for the entire project period. The project period will run from 09/30/2014 to 09/29/2019.
- **Application Research Strategy Length:** Page limits for the PRC application are clearly specified in Section IV. Application and Submission Information of this announcement.
- **Eligible Institutions/Organizations.** Institutions/organizations listed in Section III, 1. are eligible to apply.
- **Eligible Project Directors/Principal Investigators (PDs/Pis).** Individuals with the skills, knowledge, and resources necessary to carry out the work of the proposed Prevention Research Center are invited to work with their institution/organization to develop an application for support. NOTE: CDC does not make awards to individuals directly. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply.
- **Number of PDs/Pis.** Applications may include more than one PI; however, the PI/PRC Director who submits the application will be responsible for all activities conducted under the FOA and will be listed as the "contact PI" for all correspondence.

- **Number of Applications.** An institution may submit, or be part of, only a single application in response to this FOA (normally identified by having a unique DUNS number). Multiple applications from different divisions, faculties, centers, schools, etc. of the same university, school of public health, medicine, or osteopathy will be returned without further consideration by CDC.
- **Application Type.** New
- **Special Date(s).** CDC will conduct two informational sessions (web casts) for academic health centers considering submitting an application in response to this FOA. During the web casts, representatives from the CDC PRC Program office (PRCO), the NCCDPHP Extramural Research Program Operations and Services (ERPOS) and from the CDC Procurement and Grants Office (PGO) will provide information and answer questions pertinent to preparing applications in response to this FOA.

Information Session 1:

Web cast contact information:

Date: July 31, 2013

Time: 3:00 – 5:00 pm Eastern Daylight Time

Audio Participant Access

Toll-free Number: 888-606-8415

Passcode: 7805457

Net Conference Participant Access

URL: <https://www.mymeetings.com/nc/join/>

Conference Number: PW6295115

Audience Passcode: 7805457

Participants can join the event directly at:

<https://www.mymeetings.com/nc/join.php?i=PW6295115&p=7805457&t=c>

Information Session 2:

Web cast contact information:

Date: August 1, 2013

Time: 3:00 – 5:00 pm Eastern Daylight Time

Audio Participant Access

Toll-free Number: 888-606-8415

Passcode: 7805457

Net Conference Participant Access

URL: <https://www.mymeetings.com/nc/join/>

Conference Number: PW6295129

Audience Passcode: 7805457

Participants can join the event directly at:

<https://www.mymeetings.com/nc/join.php?i=PW6295129&p=7805457&t=c>

Multiple participants from the same institution are encouraged to access the web cast from a single location.

The PRC FOA webcast slides and text are posted at

<http://www.cdc.gov/chronicdisease/about/foa.htm>.

Information on the PRC Program is available at <http://www.cdc.gov/prc/>.

To submit a question, send it to prcfoa@cdc.gov

Frequently Asked Questions about this FOA will be posted at <http://www.cdc.gov/chronicdisease/about/foa.htm> and will be updated frequently. Please check the web site for updates. A summary of the Frequently Asked Questions will also be published as an amendment to this FOA prior to the application receipt date.

- **Application Materials.** See **Section IV.1** for application materials.
- **Hearing Impaired.** Telecommunications for the hearing impaired are available at: TTY: (770) 488-2783.

Part 2. Full Text

Section I. Funding Opportunity Announcement Description

Statutory Authority

Awards for this FOA are made under the authorization of Sections 301(a) of the Public Health Service Act as amended, 42 U.S.C. 241(a), and Section 1706 of the Public Health Service Act, 42 U.S.C. 300u-5 which says that eligible academic health centers will meet the following requirements:

1. Have a multidisciplinary faculty with expertise in public health and which has working relationships with relevant groups in such fields as medicine, psychology, nursing, social work, education and business;
2. Have graduate training programs relevant to disease prevention;
3. Have core faculty in epidemiology, biostatistics, social sciences, behavioral and environmental health sciences and health administration;
4. Have demonstrated curriculum in disease prevention;
5. Have a residency training in public health or preventive medicine; and
6. Meet such other qualifications as the Secretary may prescribe.

The US Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) seeks cooperative agreement applications for the Health Promotion and Disease Prevention Research Centers (PRC) Program. This FOA aligns with the following Agency priorities:

1. CDC's winnable battles which cover health topics of HIV, motor vehicle injuries, nutrition, physical activity and obesity, teen pregnancy, tobacco⁴.
2. The NCCDPHP strategic priorities of well-being, health equity, research translation, development, evaluation and dissemination of environmental and systems-wide solutions and strategies to address public health problems, and workforce development to support applied prevention research to develop sustainable and transferable community-based interventions⁵.
3. The NCCDPHP domains of epidemiology and surveillance, environmental approaches that promote health and support and reinforce healthful behaviors, health system interventions to improve the effective delivery and use of clinical and other preventive services, and strategies to improve community-clinical linkages.
4. **The National Prevention Strategy⁶.**

In addition, this FOA will align and contribute to the health promotion and disease prevention objectives of the following "Healthy People 2020" focus areas^{6,7} including adolescent health, cancer, dementia (including Alzheimer's), diabetes, educational and community based programs, health-related quality of life and well-being, hearing, heart disease and stroke, HIV, nutrition and weight status, older adults, physical activity, sexually transmitted diseases, sleep, social determinants of health, tobacco use, and vision.

1. Background and Purpose

Purpose

This FOA will support a network of Health Promotion and Disease Prevention Research Centers (PRCs) to conduct applied public health prevention research approaches for behavioral interventions, environmental, or systems-wide solutions and strategies that address major causes of disease and disability **Research activities should focus on addressing underserved, minority, and other populations with diseases, health hazards, and risk factors which are most amenable for health promotion and disease prevention interventions.**

The funded Prevention Research Centers aims are to:

1. Establish, maintain, and operate multi-disciplinary academic-based centers that conduct high-quality applied health promotion and disease prevention research;
2. Improve public health practice through applied prevention research;
3. Apply the knowledge and expertise of academic health centers to address practical public health problems;
4. Design, implement, evaluate, and disseminate cost-effective methods and strategies for health promotion and disease prevention at the tribal, territorial, state, or local level;

5. Shorten the time lag between the development of new and proven effective disease prevention and health promotion strategies and interventions and their widespread application; and
6. Involve health departments and other community partners in the development, implementation, evaluation, and dissemination of one applied public health prevention research project.

To achieve these aims, the funding provided by this FOA will be used to:

1. Support the development of a comprehensive prevention research center with the key elements of infrastructure and administration; community engagement, partnerships, and technical assistance; communication and dissemination; training; and evaluation; and
2. Support one applied public health prevention research project in one of three broad categories to address an evidence gap in public health research.

The three categories are:

1. **Dissemination and implementation research**, that translates and adapts research results into practice settings while maintaining efficacy and fidelity, increasing the reach of evidence based interventions to broader populations or settings;
2. **Public health practice-based research**, that employs the systematic inquiry of systems, methods, policies, and programmatic applications of public health practice to provide evidence, where insufficient evidence exists, of the efficacy or effectiveness of practice-based strategies that are sustainable and potentially scalable; and
3. **Intervention research**, that addresses a clear gap in the evidence of the efficacy or effectiveness of health promotion or disease prevention strategies for a particular group (e.g., racial or ethnic), community (e.g., rural), or fills a major evidence gap identified in each review found in the Guide to Community Preventive Services¹, or as outlined in the 2012 or 2013 Community Preventive Services Task Force Annual Report to Congress^{2,3}.

Etiological research will **not** be supported for the applied public health prevention research project.

The PRCs will be expected to achieve the following outcomes:

1. Increased translation of research to practice;
2. Increased changes to environmental **and systems-wide solution and strategies to address public health problems;**
3. Increased widespread use of evidence-based programs and policies;
4. **Enhanced community capacity to conduct health promotion and disease prevention research;**
5. Increased number of skilled public health professionals and community members;
6. Expanded resources for applied public health research; and
7. Increased recognition and support of PRC research and activities.

The intent of this FOA is to fund applications that demonstrate both high capacity to establish a prevention research center and ability to conduct high quality public health research.

Background

The PRC Program was established by Congress in 1984 (Public Law 98-551) to conduct research in health promotion, disease prevention, and methods of appraising health hazards and risk factors. Congress mandated that the centers be located at academic health centers capable of providing multidisciplinary faculties with expertise in public health, relationships with professionals in other relevant fields, graduate training and demonstrated curricula in disease prevention, and a capability for residency training in public health or preventive medicine.⁷ The PRCs also serve as demonstration sites for the use of new and innovative applied public research and activities for disease prevention and health promotion. CDC administers the PRC Program and provides leadership, technical assistance, and oversight.⁸ Funded PRCs are able to compete for Special Interest Projects (SIPs), research projects sponsored by CDC, HHS, and other federal agencies, to conduct research and other activities in priority areas. Funded PRCs are encouraged to apply for SIPs that expand and strengthen their PRC's mission and increase their research activities.

Chronic diseases are the leading causes of death and disability in the United States.⁹ The report *Chronic Disease...The public health challenge of the 21st Century*¹⁰ documents the size of the problem and the burden on the population. Seven out of 10 deaths among Americans each year are from chronic diseases. Heart disease, cancer and stroke account for more than 50% of all deaths each year. Almost 1 out of every 2 adults in the US has at least one chronic illness. . Obesity has become a major health concern where 1 in every 3 adults is obese and almost 1 in 5 youth between the ages of 6 and 19 is obese (BMI \geq 95th percentile of the CDC growth chart). About one-fourth of people with chronic conditions have one or more daily activity limitations with arthritis being the most common cause of disability. Diabetes continues to be the leading cause of kidney failure, non-traumatic lower-extremity amputations, and blindness among adults aged 20-74.

Many chronic diseases, injuries, and some infectious diseases are caused by behavioral and environmental factors that can be changed. Applied public health prevention research is critical to help people reduce risks in their lives and communities. The PRCs work collaboratively with research, community, health department and other key partners to eliminate the gaps between findings in prevention research and translation into public health programs.

Public Health Impact

PRCs funded under this FOA will build on the strong achievements of the PRC Program and advance the PRC Program's mission and research activities.¹¹ It is anticipated that the network of PRCs and each PRC supported by this FOA will continue to conduct innovative and important studies in applied public health prevention research that are relevant for public health practice and will result in improved health for people across the United States.

The CDC PRC Program has made substantial progress in improving the quality of people's lives by preventing disease, injury, and disability. The PRC Program strives to find new ways to improve the health of all Americans in economically responsible ways through scientific research, collaborative partnerships, practical application, community participation, and dissemination of evidence-based intervention strategies and promising practices. The network of PRCs serve as a national resource for developing and applying effective evidence-based prevention strategies at the tribal, territorial, state, and local level. The program has been at the forefront of engaging community members and partners to use local knowledge to understand health problems, effectively design and implement research, and interpret research results to ensure public health impacts, sustainability and potential for scalability. The PRCs are at the forefront of efforts to eliminate health disparities, create healthy communities and improve public health practice.

The PRCs partner with tribal, territorial, state and local health departments, public health professionals, researchers, community organizations, and community members as crucial collaborating partners to conduct and disseminate applied public health prevention research that addresses health issues. Each PRC's partners help to design, test, and disseminate strategies that may result in environmental or systems changes or public health practices. PRCs share a common goal of improving health by addressing behaviors and environmental factors related to chronic diseases such as cancer, heart disease, and diabetes. PRCs and their partners create a pathway to shorten the time lag between the development and widespread adoption of effective disease prevention and health promotion practices and interventions.

2. Approach

The intent of this FOA is to support a network of Health Promotion and Disease Prevention Research Centers (PRCs) in academic health centers across the country to conduct applied public health prevention research approaches to address the major causes of disease and disability. The research activities should use environmental or systems-wide approaches or behavioral interventions, and place an emphasis on underserved and minority populations.

The funding provided by this FOA will be used to support:

1. The development of a comprehensive prevention research center, and
2. One applied public health prevention research project.

The funding provided for the comprehensive prevention research center should support the following key elements:

1. Infrastructure and administration;
2. Community engagement, partnerships and technical assistance;
3. Communication and dissemination;
4. Training; and
5. Evaluation.

In addition, funding for this FOA should support one applied public health research project in one of three broad categories to address an evidence gap in applied public health prevention research. The three categories are:

1. **Dissemination and implementation research** that translates and adapts research results into practice settings while maintaining efficacy and fidelity, increasing the reach of evidence based interventions to broader populations or settings;
2. **Public health practice-based research** that employs the systematic inquiry of systems, methods, policies, and programmatic applications of public health practice to provide evidence, where insufficient evidence exists, of the efficacy or effectiveness of practice-based strategies that are sustainable and potentially scalable; and
3. **Intervention research** that addresses a clear gap in the evidence of the efficacy or effectiveness of health promotion or disease prevention strategies for a particular group (e.g., racial or ethnic), community (e.g., rural), or fills a major evidence gap identified in each review found in the Guide to Community Preventive Services¹, or as outlined in the 2012 or 2013 Community Preventive Services Task Force Annual Report to Congress^{2,3}.

Etiological research will **not** be supported as the applied public health prevention research project.

PRCs will use a collaborative approach by engaging representatives from tribal, territorial, state, and local health departments, public health professionals, researchers, community partners and organizations, and community members to enhance the sustainability and scalability of applied public health prevention research. Funded PRCs will function as part of a network to support and advance health promotion and disease prevention research and serve as a national resource for developing, implementing, evaluating, and disseminating public health programs at the tribal, territorial, state, or local level.

PRCs will be expected to contribute to improved community and population health and elimination of health disparities. To achieve this impact, each PRC is expected to develop and implement an evaluation plan that includes SMART goals and objectives. These goals will clearly demonstrate how PRC activities contribute to the following outcomes:

1. Increased translation of research to practice;
2. Increased changes to environmental **and systems-wide solution and strategies to address public health problems;**
3. Increased widespread use of evidence-based programs and policies;
4. **Enhanced community capacity to conduct health promotion and disease prevention research;**
5. Increased number of skilled public health professionals and community members;
6. Expanded resources for applied public health research; and
7. Increased recognition and support of PRC research and activities.

Center Core

This FOA will support the development of a comprehensive Prevention Research Center to provide support and build capacity for applied public health prevention research and practice. The center core should be able to address the following key elements and activities.

Administration and Infrastructure

Academic health centers should provide institutional support to establish, sustain, or enhance organizational structure to accomplish the PRC goals and objectives and support long-range planning and implementation of the PRC. Principal Investigators should be strong leaders who can attract and develop a multidisciplinary faculty and staff. The PI should be able to develop a unified mission and vision that promotes the achievement of PRC goals and objectives; ensures that resources and processes are in place to support center activities and career development; and have the ability to plan, manage, and evaluate center activities.

Academic health centers should provide institutional support to establish an organizational structure to accomplish the goals and objectives of a rigorous, high-quality applied public health prevention research project. The project should engage key partners throughout the research process and enhance the health and well-being of communities. Principal Investigators should be strong collaborative leaders who have demonstrated experience or training to conduct the applied public health research project conducted by a multidisciplinary team. Principal Investigators should have the ability to plan, manage, evaluate, and disseminate research activities. Funded PRCs will be expected to build partnerships and expertise through technical assistance activities, additional research projects, and other activities to strengthen the center's ability to leverage additional funds to support their mission. The PRCs should develop a 5-year center-wide integrated research agenda. The research agenda should include long-term research goals and may include formative research or pilot projects in addition to the one applied public health research project.

Community Engagement, Partnerships and Technical Assistance

PRCs will be expected to collaborate with tribal, territorial, state, or local health departments to provide technical assistance and subject matter expertise to develop, enhance, or improve public health practice, programs, or activities. PRCs can evaluate interventions and programs, provide guidance regarding evidence-based strategies, building capacity of health department staff, or collaborate on evaluation activities of CDC funded initiatives. Examples of initiatives include the Coordinated Chronic Disease Program,¹² Community Transformation Grants,¹³ other CDC prevention programs (e.g. arthritis, obesity, tobacco, physical activity, diabetes, cancer, HIV, etc.),^{14, 15} and other CDC initiatives such as Million Hearts.¹⁶ PRC relationships with health departments can be demonstrated in signed letters of support, Memorandum of Understanding (MOU) or Agreement (MOA). The letters of support, MOU or MOA should clearly specify the activities to be conducted, roles and responsibilities of the PRC and the health department, and the expected goals of the partnership.

PRCs also will be expected to establish a community committee with defined roles, responsibilities, guidelines and procedures. The committee should reflect the defined community with which the applied public health prevention research project will occur.

Community committee membership should include representatives from the community at large, community-based organizations, public health professionals, and other key partners necessary to ensure the sustainable and potential scalability of public health interventions and activities. This can be demonstrated in Letters of Support or signed Memorandum of Understanding (MOU) or Agreement (MOA) from prospective board members or from an existing community committee. The letters of support, MOU or MOA should clearly specify the activities to be conducted, roles and responsibilities of the PRC and committee, and the expected goals of the partnership.

Communication and Dissemination

PRCs will be expected to establish a communication plan that integrates all center core activities (e.g. research, training, evaluation, community engagement, partnerships and technical assistance). The plan should promote the PRC's skills, knowledge, and expertise internal and external to the university and translate research activities and findings for different audiences. This should include the development and maintenance of a website and electronic and print materials that describe the PRC's research, activities, products, and resources.

Training

PRCs should serve as an educational and training resource. PRCs should include plans to develop a 5-year comprehensive training plan that addresses previously identified training needs. However, PRCs should allocate no more than 5% of the total approved PRC budget (direct and indirect) to training activities. Training activities should strengthen the capacity of health practitioners, students, community members, and partner organizations to provide technical assistance, improve public health programs and activities, or conduct high quality applied public health research. Training opportunities might include: technical assistance, mentoring, practicums, internships, fellowships, workshops for community members and partner organizations, and seminars. Large scale public health training programs requiring more than the 5% of total approved PRC budget will not be supported though this FOA.

Evaluation

PRCs should contribute to improved community and population health and elimination of health disparities. To achieve this impact, each PRC is expected to develop and implement an evaluation plan that includes SMART goals and objectives. These goals and objectives should demonstrate how PRC activities contribute to the following outcomes:

1. Increased translation of research to practice
2. Increased changes to environmental **and systems-wide solution and strategies to address public health problems;**
3. Increased widespread use of evidence-based programs and policies;
4. **Enhanced community capacity to conduct health promotion and disease prevention research;**
5. Increased number of skilled public health professionals and community members
6. Expanded resources for applied public health research
7. Increased recognition and support of PRC research and activities

The plan should also include information on how evaluation findings will be used to increase PRC's impact, productivity, and quality of center activities. PRCs are also expected to participate in the national PRC Program evaluation activities.

Applied Public Health Prevention Research Project

The FOA will support one applied public health prevention research project. The PRC should allocate at least 50% funding (direct and indirect) provided through this FOA to support the design, development, implementation, evaluation and dissemination of one applied public health prevention research project. The research should address one of three broad categories:

1. **Dissemination and implementation research**, that translates and adapts research results into practice settings while maintaining efficacy and fidelity, increasing the reach of evidence based interventions to broader populations or settings
2. **Public health practice-based research** that employs the systematic inquiry of systems, methods, policies, and programmatic applications of public health practice to provide evidence, where insufficient evidence exists, of the efficacy or effectiveness of practice-based strategies that are sustainable and potentially scalable
3. **Intervention research** that addresses a clear gap in the evidence of the efficacy or effectiveness of health promotion or disease prevention strategies for a particular group (e.g., racial or ethnic), community (e.g., rural), or fills a major evidence gap identified in each review found in the Guide to Community Preventive Services¹, or as outlined in the 2012 or 2013 Community Preventive Services Task Force Annual Report to Congress^{2,3}.

Etiological research will **not** be supported as the core research project.

Researchers should develop from the outset of any research project, strategies for the translation, dissemination and wider implementation of their results at the local, regional or state level as appropriate.

Dissemination and Implementation Research

Dissemination and implementation research builds on the existing knowledge base to get the best return on investments in research. Health scientists have developed and tested a plethora of interventions to treat and prevent chronic conditions. However, there is still large gap between what is known to maximize health and what is delivered in practice and community settings. Optimizing public health requires understanding how to create the best interventions, as well as how to effectively deliver them.¹⁷

Dissemination is the purposive distribution of information and intervention materials to a specific audience with the intent to spread information and associated evidence-based interventions. Dissemination research is the systematic study of how to effectively distribute information and intervention materials to a specific audience to maximize the use and impact of the intervention or strategy.¹⁸ Dissemination research addresses how information about

health promotion and clinical care interventions is created, packaged, transmitted, and interpreted by stakeholders.¹⁹

Implementation is defined as a specific set of activities designed to purposefully put into practice a specified activity or program.²⁰ Implementation science is the study of methods to promote the integration of evidence into policy and practice. Implementation research seeks to understand the behavior of health professionals and other stakeholders in the uptake, adoption, and implementation of evidence-based interventions. Implementation research investigates and addresses major bottlenecks (e.g. social, behavioral, economic, management) that impede effective implementation, test new approaches, as well as determine causal relationships between the intervention and its impact.²¹ Implementation Research can help identify and address knowledge and practice gaps including:

- “Research-to-policy” gaps, when evidence is not adequately or appropriately considered and integrated in the development of policy ; and
- “Research-to-program” gaps when research evidence is not adequately or appropriately considered and integrated in the development of programs.

Implementation research can be conducted to identify and solve problems, educate policymakers and implementers to make evidence-based decisions, and improve program quality and performance.²¹

Public Health Practice-Based Research

There is a well-documented gap between research and practice in many areas of health. This is partly because of the limitations of researchers to be able to study the questions that are of most concern to health professionals, practitioners, community members and decision makers in practice and community settings.²² Public health practice-based research is one way to close this gap. For this FOA, **public health practice-based research** should address this gap by providing evidence of the efficacy or effectiveness of a sustainable public health practice-based strategy that can be scalable. Practice-based strategies and interventions must show community acceptance, evidence of sustainability through appropriate partnerships, commitment of resources, and evaluation that shows the strategy or intervention is promising.

Practice-based research is a systematic inquiry into the systems, methods, policies, and programmatic applications of public health practice. The goal of practice based research is to move the knowledge derived from the research to practice setting. This line of scientific inquiry uses methods such as field epidemiology, systematic reflection on practice experience, and laboratory analysis to produce generalizable knowledge to improve the outcomes of practice or to inform policy making. Practice-based research contributes to the understanding and development of evidence-based strategies that can prevent and reduce disease and disability at the population level.²³

Practice-based research identifies and solves complex public health problems through multiple partnerships. These partnerships include the traditional public health agencies, universities, and community organizations. They also include new partnerships with communities to develop innovative research questions and practical answers.²³ Translation and dissemination of

evidence from practice-based research is fundamental to achieving population impact, strengthening academic-practice linkages,²³ and improving clinical preventive services and community-clinical linkages.

Intervention Research

Intervention research will be funded only to address an evidence gap in the efficacy or effectiveness of health promotion or disease prevention strategies for a particular group (e.g., racial or ethnic), community (e.g., rural) or fills a major evidence gap identified in each review found in the Guide to Community Preventive Services¹, or as outlined in the 2012 or 2013 Community Preventive Services Task Force Annual Report to Congress^{2,3}. The major evidence gaps identified by the Community Preventive Services Task Force are described as follows:

- Evidence gaps related to areas where there is insufficient evidence to recommend for or against an intervention.
- Evidence gaps on other outcomes in addition to the outcomes on which the Task Force recommendation is based.
- Evidence gaps to determine whether programs, services, and policies work in different populations or settings.
- Evidence gaps to determine whether variations in the intervention affect how well it works.
- Evidence gaps on how to implement the intervention.
- Evidence gaps in the cost and cost effectiveness of the intervention.

Etiological research will not be supported as the core research project.

Intervention research may use approaches that involve changes to individual behavior, environmental or systems change, health systems, or socio-economic factors. The research should use appropriate research designs such as quantitative (e.g. observation, quasi-experimental, or experimental), qualitative (e.g., ethnographic, focus groups, in-depth interviews), or mixed methods (i.e., combination of quantitative and qualitative).

Applicants that propose a core research project to develop a *new intervention* must provide a strong rationale and must demonstrate that no applicable intervention exists. The applicant must demonstrate that there is both an evidence gap and a need for the intervention in the partner community. The applicant must describe the design of the intervention. The applicant must demonstrate that adoption of the intervention will be feasible for state or local agencies, community-based organizations, or community clinics. The applicant also must describe how the intervention could be generalized and scaled to populations and communities outside of the funded project.

Scientific Standards

All applicants will be expected to provide a research plan which describes and demonstrates how their research findings can be translated into public health programs, practice, or environmental or system-wide changes in communities and throughout the country in a time- and cost-efficient manner (i.e. show scalability).

To ensure the most appropriate outcome measures for assessing effectiveness, research projects should be informed by the needs and inputs from various stakeholders (e.g., policy-makers, state and local public health officials, and communities). Researchers are expected to increase the impact and effective use of their findings by developing a strategy for the translation and dissemination of their results from the start of the project.

Researchers are expected to adhere to rigorous methodological and scientific standards including: 1) control for potential sources of bias, 2) use appropriate analytic methods, 3) perform power calculations during the design phase, when appropriate, 4) consider the magnitude of change in outcome measures that are considered of public health significance, and 5) consider the outcomes of interest regarding targeted health conditions, personal behaviors, or changes in practice, environmental-, community-, or system-level (e.g., health system, schools, neighborhoods).

Researchers are expected to propose and justify a strong, feasible evaluation design. Researchers are expected to establish procedures for monitoring delivery of the research and overseeing the evaluation.

Although an entire cost-benefit or cost-effectiveness evaluation of the applied public health research project is beyond the resources provided through this FOA, all applicants will be expected to collaborate with CDC to collect data to be able to perform cost analysis to determine the return on investment, cost-benefit, or cost-effectiveness of the intervention, implementation, or dissemination efforts. CDC will provide guidance and assistance to awardees for collecting and accessing information that could be used later to more thoroughly examine the return on investment (e.g., resource and time-related costs of the intervention or strategy, participants use of other resources, contact with other human service agencies and health departments, etc.). PRCs should seek opportunities to collaborate with other university colleagues with health economics expertise. PRCs will also be expected to participate in the activities to determine public health impact of the research.

This FOA is not subject to Paperwork Reduction Act (PRA): However, individual awards may be reviewed as appropriate for PRA consideration prior to award.

Section II. Award Information

Funding Mechanism	Cooperative Agreement: A support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities.
Application Types Allowed	<u>New</u> - An application that is submitted for funding for the first time.

<p>Funds Available and Anticipated Number of Awards</p>	<p>The CDC intends to commit a total of \$105,000,000 (direct and indirect) for the entire project period. In FY 2014 the CDC intends to commit a total of \$21,000,000 (direct and indirect) for anticipated 25-30 awards. Awards issued under this FOA are contingent upon the availability of funds and the submission of a sufficient number of meritorious applications. The total number of awards will depend upon the quality, duration, and costs of the applications received. Because the nature and scope of the proposed research will vary from application to application, it is anticipated that the size and duration of each award may also vary.</p> <p>An estimated total funding of \$900,000 (direct and indirect) is anticipated for each PRC awarded for the first year (12 month budget period) and an estimated total funding \$4,500,000 (direct and indirect) for the entire project period. The project period will run from 09/30/2014 to 09/29/2019.</p>
<p>Ceiling and Floor of Individual Award Range</p>	<p>Ceiling for the first 12-month budget period: \$ 900,000 (direct and indirect) Floor for the first 12-month budget period: None</p> <p>If the applicant requests a funding amount greater than the ceiling of the award amount for the first year (\$900,000 including direct and indirect), HHS/CDC will consider the application non-responsive, and it will not enter into the review process. HHS/CDC will notify the applicant that the application did not meet the submission requirements.</p>
<p>Project Period Length</p>	<p>The maximum project period is 5 years.</p> <p>Throughout the project period, CDC's commitment to continuation of awards will depend on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and CDC's determination that continued funding is in the best interest of the Federal government.</p>

HHS/CDC grants policies as described in the HHS Grants Policy Statement (<http://dhhs.gov/asfr/ogapa/aboutog/grantsnet.html>) will apply to the applications submitted and awards made in response to this FOA.

Section III. Eligibility Information

1. Eligible Applicants

Eligible Organizations

An institution may submit an application if the organization has any of the following characteristics:

In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5 the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

An institution (normally identified by having a unique DUNS number) may submit, or be part of, only a single application in response to this FOA. Multiple applications from different divisions, faculties, centers, schools, etc. of the same university, school of public health, medicine, or osteopathy will be returned without further consideration by CDC.

2. Foreign Organizations

Foreign Organizations are not eligible to apply.

Foreign components of U.S. Organizations are not eligible to apply.

For this announcement, applicants may include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

3. Special Eligibility Requirements

CDC will not accept and review applications:

- With budgets greater than the ceiling of the core award range. Applications with budgets that exceed the ceiling of the award, which includes both direct and indirect costs, will be considered non-responsive, and will not be entered into the review

process. Applicants will be notified that the application did not meet the submission requirements.

- With etiological research proposed as the applied public health prevention research project. The applied public health prevention research project should be identified in the project summary as one of the following categories of research: dissemination and implementation research, public health practice-based research, or intervention research. The project summary should also indicate alignment with one of the following: CDC winnable battles, NCCDPHP strategic priorities, the NCCDPHP Domains, or the National Prevention Strategy.

4. Justification for Less than Maximum Competition

Eligibility to apply for funding as a PRC is specified in Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5.

5. Responsiveness

Applications will be deemed unresponsive if:

- Is not from an accredited school of public health as determined by CEPH, or an accredited school of osteopathy or school of medicine that offers an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program as determined by ACGME.
- Etiological research is proposed as the applied public health prevention research project.
- The proposed budget is greater than the ceiling amount of this FOA.

Applications will also be deemed unresponsive if documentation of the applied public health research project in the project summary or application does not include:

- Identification of one of the following categories of research: dissemination and implementation research, public health practice-based research, or intervention research.
- Alignment with one of the following: CDC winnable battles,⁴ NCCDPHP strategic priorities,⁵ the NCCDPHP Domains (Appendix B), or the National Prevention Strategy.⁵

Unresponsive applications will not be entered into the review process. You will be notified that your application did not meet the submission requirements.

6. Required Registrations

Applicant organizations must complete the following registrations as described in the SF 424 (R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Dun and Bradstreet Universal Numbering System (DUNS) number in order to begin each of the following registrations.

- System for Award Management (**SAM**) – must maintain current registration in SAM (the replacement system for the Central Contractor Registration) to be renewed annually, http://www.grants.gov/applicants/org_step2.jsp.
- [Grants.gov](http://www.Grants.gov)
- [eRA Commons](http://www.eRA Commons)

All applicant organizations must register with **Grants.gov**. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, it is best to start the registration process at least two weeks prior to application submission.

All Program Directors/Principal Investigators (PD/PIs) **must** also work with their institutional officials to register with the **eRA Commons** or ensure their existing eRA Commons account is affiliated with the eRA Commons account of the applicant organization. **All registrations must be successfully completed and active before the application due date.** Applicant organizations are strongly encouraged to start the registration process at least four (4) weeks prior to the application due date.

7. Universal Identifier Requirements and Central Contractor Registration

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An authorized organization representative (AOR)²⁴ should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the [US D&B D-U-N-S Number Request Web Form](#) or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the **System for Award Management (SAM)**, the replacement system for the Central Contractor Registration (CCR) database. Organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. SAM is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the SAM internet site at <https://www.sam.gov/index.html>.

If an award is granted, the grantee organization **must** notify potential sub-recipients that **no** organization may receive a sub-award under the grant unless the organization has provided its DUNS number to the grantee organization.

8. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her organization to develop an application for support. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for HHS/CDC support.

Applications may include more than one PI; however, the PI/PRC Director who submits the application will be responsible for all activities conducted under the FOA and will be listed as the “contact PI” for all correspondence.

9. Cost Sharing

This FOA does not require cost sharing as defined in the HHS Grants Policy Statement (<http://dhhs.gov/asfr/ogapa/aboutog/grantsnet.html>).

10. Number of Applications

An institution may submit, or be part of, only a single application in response to this FOA. Multiple applications from different divisions, faculties, centers, schools, etc. of the same university, school of public health, medicine, or osteopathy will be returned without further consideration by CDC. Only one application per institution (normally identified by having a unique DUNS number) is allowed.

As defined in the HHS Grants Policy Statement, (<http://dhhs.gov/asfr/ogapa/aboutog/grantsnet.html>), applications received in response to the same funding opportunity announcement generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this FOA that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

Section IV. Application and Submission Information

1. Address to Request Application Package

Applicants must download the SF424 (R&R) application package associated with this funding opportunity from www.Grants.gov.

If access to the Internet is not available or if the applicant encounters difficulty accessing the forms on-line, contact the HHS/CDC Procurement and Grants Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 or pgotim@cdc.gov for further instructions. Hours: Monday - Friday, 7am – 4:30pm U.S. Eastern Standard Time. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

2. Content and Form of Application Submission

It is critical that applicants follow the instructions in the SF424 (R&R) Application Guide (http://grants.nih.gov/grants/guide/url_redirect.htm?id=12000), except where instructed in this Funding Opportunity Announcement to do otherwise. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review.

The forms package associated with this FOA includes all applicable components, mandatory and optional. Please note that some components marked optional in the application package are required for submission of applications for this FOA. Follow the instructions in the SF 424 (R&R) Application Guide to ensure you complete all appropriate “optional” components.

In conjunction with the SF424 (R&R) components, CDC grants applicants should also complete and submit additional components titled “PHS398.” Note the PHS398 should include assurances and certifications, additional data required by the agency for a complete application. While these are not identical to the PHS398 application form pages, the PHS398 reference is used to distinguish these additional data requirements from the data collected in the SF424 (R&R) components. A complete application to CDC will include SF424 (R&R) and PHS398 components. These forms can be downloaded and uploaded as Attachment A from the following link: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

3. Letter of Intent

Although a letter of intent is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC staff to estimate the potential review workload and plan the review.

By date listed in Part 1. Overview Information, prospective applicants are asked to submit a letter of intent that includes the following information:

- Number and title of this funding opportunity;
- Name of the Applicant;
- Descriptive title (subject) of proposed research;
 - Diabetes;
 - Cardiovascular; and
 - Renal, etc.
- Type of research proposed:
 - Dissemination and implementation;
 - Applied public health practice based; and
 - Intervention;
- Name, address, and telephone number of the PD(s)/PI(s);
- Names of other key personnel; and
- Participating institutions.

The letter of intent should be emailed as a pdf file to:

Michael A. Brown, MPH
Extramural Research Program Operations and Services
E-mail: prcfoa@cdc.gov

4. Required and Optional Components

A complete application has many components, both required and optional. The forms package associated with this FOA in Grants.gov includes all applicable components for this FOA, required and optional.

Required Components:

- Research & Related Project/Performance Site Locations; and
- Research & Related Other Project Information:
 - Research & Related Senior/Key Person;
 - Research & Related (Detailed) Budget for both Center Core and the Research Project; and
 - Research & Related Sub award Budget Attachment(s) Form.

Note: While both budget components are included in the SF424 (R&R) forms package, the CDC U48 uses ONLY the detailed Research & Related Budget. (Do not use the PHS 398 Modular Budget.) The recommended guidance for completing a detailed justified budget can be found on the CDC web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

- PHS398 Cover Page Supplement; and
- PHS398 Project Summary that serves as a succinct and accurate description of the proposed PRC that is no more than 30 lines of text and including the following components:
 - The Prevention Research Center's specific aims and long term objectives;
 - Statement of the health problem to be addressed by the applied public health prevention research project;
 - Description of proposed prevention research project including the type of research, research design, objectives, and methods to be used, and
 - Which of the areas are addressed in the application: CDC winnable battles,³ NCCDPHP strategic priorities,⁴ the National Chronic Disease Prevention and Health Promotion Domains (Appendix B), or the National Prevention Strategy.⁵

To be considered responsive to this announcement, the principal investigator (on behalf of the applicant institution) must provide documentation of an overall match between the proposed Prevention Research Center as described in the applicant's Project Summary and the research aims of this FOA as described in Section I: Funding Opportunity Announcement Description.

- PHS398 Research Plan and timeline
- PHS398 Checklist

Optional Components:

- PHS398 Cover Letter File

Supplemental instructions for preparing the SF424 (R&R) for the Health Promotion and Disease Prevention Research Centers:

A complete SF424 (R&R) application should be prepared to address center core activities and include a PHS 398 Research Plan specific to the applied public health research project. Prepare the entire application, including the PHS 398 Research Plan, at the level of detail required for a traditional research application so that the scientific and technical merit of the activities of the PRC can be judged on the basis of the application alone.

- PHS 398 Face Page – Indicate the title of Health Promotion and Disease Prevention Research Center.
- Budget – The funds requested and justification provided should be specific to the PRC center and the applied public health research activities. The total budget for the application should be reflected on the Face Page. A separate budget, prepared using CDC guidelines, is requested for 1) the center and 2) the proposed public health research project. Additional information will be provided for preparation of continuation applications/progress reports starting in year 2. An example of this information is provided in Appendix C.
- Senior/Key Personnel – List the PD/PI for the overall PRC only. Include all individuals who will contribute to the scientific development or execution of the PRC applied public health research project and key activities in a substantive, measurable way.
- Research Plan – The Research Strategy component of the Research Plan narrative is limited to a total of 25 pages, 10 pages should be used to address the center core key elements and 15 pages to address the applied public health prevention research project (See Section 5.5 of the SF 424 (R&R) Application Guide for components of the Research Plan.)

5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of 16 components. Not all 16 components of the Research Plan apply to all Funding Opportunity Announcements (FOAs). Specifically, some of the following 16 components are for Resubmissions or Revisions only. See Part I, Section 5.5 of the SF 424 (R&R) Application Guide (http://grants.nih.gov/grants/guide/url_redirect.htm?id=12000) for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Funding Opportunity Announcement Description). Follow the page limits stated in the SF 424 unless otherwise specified in the FOA. As applicable to and specified in the FOA, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

2. Specific Aims – state the problem the proposed research addresses and how it will result in public health impact and improvements in population health.

3. Research Strategy – the research strategy should be organized under 3 headings: Significance, Innovation and Approach. Describe the proposed center and the applied public health research project.

Human Subjects Section

6. Protection of Human Subjects
7. Inclusion of Women and Minorities
8. Targeted/Planned Enrollment Table [Access the following link to the PHS 398 (Rev. 06/09), Targeted/Planned Enrollment Table, complete and save the form as titled to your desk top or folder; and upload to the application package under Mandatory Documents, page 13, Human Subject Section #8. Target/Planned Enrollment Table]
9. Inclusion of Children

Other Research Plan Sections

12. Multiple PD/PI Leadership Plan.
13. Consortium/Contractual Arrangements
14. Letters of Support, MOU, or MOA
15. Resource Sharing Plan(s)
16. Appendix

Follow the page limits in the SF 424 unless otherwise specified in this FOA.

All instructions in the SF424 (R&R) Application Guide

(http://grants.nih.gov/grants/funding/424/SF424_RR_Guide_General_Adobe_VerB.pdf)

must be followed along with any additional instructions provided in the FOA.

The applicant's plan should address activities they will conduct over the entire project period and must include the following items:

The Research Strategy component of the Research Plan narrative is limited to a total of 25 pages, 10 pages to address the center application content and 15 pages to address the applied public health prevention research project content.

A work plan and implementation time line should be included in the Appendix for each key element and the applied public health research project. The work plan and implementation timeline will not count against the page limit of the application. Additional information regarding the work plan is included in Appendix D and the timeline in Appendix E.

Center Application Content

Center application content is limited to the first 10 pages of the research strategy. Institutions should describe and/or provide evidence and experience in each of the following elements:

Infrastructure and Administration

- A. A description of where the PRC is located organizationally within the health center's infrastructure including the location of the PRC within the institution, reporting lines, and other participating schools and departments within the institution.
- B. A description of the PRC's mission, goals, and health priorities and disparities that the PRC will address.
- C. An organizational chart (which can be included as an appendix) and description of a staffing plan for the PRC faculty and staff, their roles, responsibilities and planned percent of effort. The organizational chart should reflect an appropriate leadership model and delegation of work activities to ensure accountability of all faculty and staff and the integration of activities into a coherent research center.
- D. Clear, detailed evidence of institutional commitment. This may take the form of office space, personnel, equipment, other resources, return of indirect costs, additional funding, etc.
- E. A description of the qualifications of the PD/PI (PRC Director) and the planned percentage of time that they will devote to the PRC. The PD/PI should be an established researcher with the leadership and institutional authority to direct the activities of the PRC.
- F. The qualifications of the PI should be documented and include previous experience developing or directing a research center, conducting community-based health promotion and disease prevention research, have published findings in peer-reviewed journals, and have the specific authority and responsibility to carry out the proposed project.
- G. A multidisciplinary faculty with expertise that is complementary to the PRC's mission and planned activities. Faculty should have experience partnering with tribal, territorial, state, or local health departments and community partners.
- H. Faculty and staff with demonstrated experience and expertise in conducting community-based research, statistical analysis, developing community partnerships, communicating and disseminating project materials to both scientific and lay audiences, implementing training programs, providing technical assistance and mentoring, and conducting evaluations.
- I. Evidence of on-going prevention projects and activities that are supported by other sources of funding. Include source of funds, amount, and dates of funding.

Community Engagement, Partnerships, and Technical Assistance

- A. A detailed description that includes specific activities, roles and responsibilities, and a timeline of how the PRC will collaborate with tribal, territorial, state or community health departments to provide technical assistance and subject matter expertise and how the health department will collaborate with the PRC. This can be evidenced by a signed Memorandum of Understanding (MOU) or Agreement (MOA) or letter of support. The letters of support, MOU or MOA should clearly specify the activities to be conducted, roles and responsibilities, and the expected goals of the partnership. The signed MOU, MOA or letter of support can be included under the Section 14: Letters of Support section of the research plan and will not count towards the page limit of the application.

- B. A description of a community committee(s) including the composition, role, and structure) and a plan for obtaining community input into PRC activities. Include each committee's mission or purpose, role in center planning and activities, and communication procedures between the committee and PRC faculty and staff.
- C. A description of the community support for the center and a plan for engagement with key stakeholders and partners (e.g., health departments, education agencies, etc.) as appropriate to conduct key PRC activities.

Communication and Dissemination

- A. An infrastructure of resources and personnel to support communication and dissemination activities. The faculty and staff within this structure need to demonstrate the ability to translate research activities and findings for different audiences.
- B. Ability to develop and maintain a PRC Website.
- C. Description of a plan to develop a realistic center-wide communication plan that includes 5-year goals, objectives and activities that integrates communication activities into research, training, evaluation, and community activities.
- D. Demonstrated capacity and experience developing and disseminating materials to all stakeholders including communities, partners, and the scientific community.
- E. Evidence of experience communicating activities related to research projects through marketing materials and the media.

Training

- A. Evidence of ability to serve as an educational and training resource, including information regarding previous training, technical assistance, and mentoring of public health practitioners particularly those at the local and state level, students, community members, and community partners.
- B. Describe plans to develop a 5-year comprehensive training plan. The training plan should address identified needs. Training activities should be designed to strengthen public health practitioners, students, community members, and partner organizations' capacity to implement evidence-based interventions, improve public health programs and activities, or conduct high quality applied public health research.
- C. Training budget cannot be greater than 5% of the total budget.

Evaluation

- A. Describe and develop a strong, feasible evaluation plan that includes SMART goals and objectives and activities related to the following outcomes: translation of research to practice; environmental **and systems-wide solution and strategies to address public health problems**; widespread use of evidence-based programs and policies; enhanced community capacity for health promotion and disease prevention; skilled public health professionals and community members; expanded resources for applied public health research; and increased recognition and support as outlined in the PRC Program logic model²⁵.
- B. Describe how evaluation findings will be used to identify changes to increase PRC's impact, productivity, and quality of research and center activities. This may include a

description of mechanisms for engaging stakeholders in evaluation activities, key local-level evaluation questions, and evaluation methods

Applied Public Health Prevention Research Project Application Content

The applied public health prevention research project content is limited to the last 15 pages of the research strategy narrative. The following information should be included:

- The specific focus area of the research: dissemination and implementation, public health practice based, or intervention.
- Specific aims, including a clear description of which health issue is being targeted, and what the expected health outcome is,
- A description of the defined partner community with which the applied public health research project will occur (population size, geographic boundaries, racial and ethnic makeup, socioeconomic status, etc.).
- Documentation of community support and agreement with the proposed research activities as evidenced through specific, detailed letters of support, MOU, or MOA, from the community committee, community members, and other key partners describing their planned involvement in PRC activities. This might include guidance on engagement of new and existing partners; involvement in the design and implementation of core research and other activities; and interpretation and dissemination of research results. This should be evidenced by letters of support detailing the involvement from partner organization(s). The letters of support, MOU or MOA should clearly specify the activities to be conducted, roles and responsibilities, and the expected goals of the partnership. The signed MOU, MOA or letter of support can be included under the Letters of Support section of the research plan and will not count towards the page limit of the application.
- A review of the existing literature on the topic of interest, which identifies a gap in the literature, and describes the contribution of the proposed research project.
- Background and significance, including a statement of the health problem being addressed and how the research contributes to the field of applied public health research.
- Preliminary Studies/Reports that document the project team's experience in conducting the type of research proposed, experience with the community in which the project will be implemented, and experience in the research topic and methods.
- Discussion of how the research plan activities would be coordinated with similar ongoing research activities.
- Plans to work with community partners and other key stakeholders to: use local knowledge in the understanding of health problems; design, implement, and interpret the results to ensure interventions and projects have public health impact, are sustainable, and have the potential for scalability.
- A plan for working with community members, partners, and other key stakeholders on how to disseminate the results and products of the research project.

- Plans to train the appropriate staff, students and community members to be able to carry-out the research activities such as data collection, data entry, data analysis, etc.
- A description of the study participants, including recruitment and retention strategies.
- Power calculations, if appropriate.
- Work plan (Appendix D) that includes an implementation timeline (Appendix E). The work plan that includes an implementation plan may be included in the Appendix and will not count towards the 15 page limit of the Research Strategy as outlined in the SF 424.
- Plans to increase the impact and effective use of research findings by developing, from the outset of the project, strategies for the translation, dissemination and wider implementation of their results.
- Plans to sustain the program after the funding period end. This section should describe plans for working with partners to sustain the impact of program efforts beyond the project period including sustaining and pursuing non-federal sources of funding. This section should also describe activities and plans to ensure the intended and sustained effect of the project continues after funding has ended.
- Documentation that the Principal Investigator(s) has prior experience conducting Public Health research as evidenced by providing a Biographical Sketch for the PI(s) that includes at least one first-authored journal article or previous grant support for research and at least 10 peer-reviewed journal articles relevant to the chosen topic and interventions. Applicant should clearly identify the relevant publications or grant support in their SF 424 Biographical Sketch.
- Documentation of effective and well-defined working relationships with tribal, territorial, state and local health departments and organization and/or outside entities expected to participate in the proposed research that will ensure implementation of the proposed activities. This may be evidenced by MOU, MOA, or letter of support detailing the involvement from the performing organization(s) (e.g. overview of the project, details of the agreement including scope of work or activities, and roles and responsibilities, etc.). The signed MOU, MOA or letter of support can be included under the Letters of Support section of the research plan and will not count towards the page limit of the application.
- Plans to develop a publication plan for the applied public health core research project and a communication plan for how to keep key stakeholders and community partners informed about the progress and results of the research project.
- Signed agreements (e.g. letter of support, MOU, MOA, etc.) from sub-recipients agreeing to the reporting terms and conditions of the award. The signed MOU, MOA or letter of support can be included under the Letters of Support section of the research plan and will not count towards the page limit of the application.

6. **Appendix**

Do not use the appendix to circumvent page limits. A maximum of 15 PDF documents are allowed in the appendix. Additionally, up to 3 publications may be included that are not

publically available. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

The appendix should include:

- A work plan for each key element of the center and the applied public health research project. Additional information regarding the work-plan is included in Appendix D.
- An implementation timeline for the applied public health research project. Additional information regarding the time line is included in Appendix E.
- A work plan and implementation time line for each key element of the center and the applied public health research project. Additional information regarding the work-plan and implementation timeline is included in Appendix D and Appendix E, respectively.
- In addition to the list of publicly available, peer-reviewed journal articles included in the PI's Bio-sketch, up to 3 publications of the following types can be included in one appendix. In each case include the entire document:
 - Manuscripts and/or abstracts accepted for publication but not yet published.
 - Published manuscripts and/or abstracts where a free, online, publicly available journal link is not available.
 - Do not include unpublished theses or abstracts/manuscripts submitted, but not yet accepted, for publication.
- Surveys, questionnaires, and other data collection instruments, clinical protocols, and informed consent documents.
- Intervention materials and protocols.
- A plan for IRB approval, a well-developed draft of an IRB protocol, or evidence of exemption from IRB approval.

Applicants are encouraged to be as concise as possible and submit only information essential for the review of the application.

7. Page Limitations

All page limitations described in this individual FOA must be followed. For this specific FOA, the Research Strategy component of the 398 Research Plan narratives is limited to 25 pages, 10 pages related to the center and 15 pages related to the applied public health prevention research project. Supporting materials for the Research Plan narrative included as appendices may not exceed 15 PDF files with a maximum of 50 pages for all appendices.

8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system.

CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide (Part I, Section 2) (http://grants.nih.gov/grants/guide/url_redirect.htm?id=12000).

9. Submission Dates and Times

Part I. Overview Information contains information about Key Dates. Applicants are encouraged to submit in advance of the deadline to ensure they have time to make any application corrections that might be necessary for successful submission.

Organizations must submit applications via [Grants.gov](http://www.grants.gov/) (<http://www.grants.gov/>), the online portal to find and apply for grants across all Federal agencies. The eRA Commons systems retrieve the application from Grants.gov and check the application against CDC business rules. If no errors are found, the application will be assembled in the eRA Commons for viewing by the applicant before moving on for further CDC processing.

If errors are found, the applicant will be notified in the eRA Commons. They must make required changes to the local copy of their application and submit again through Grants.gov. **Applicants are responsible for viewing their application in the eRA Commons to ensure accurate and successful submission.**

Once you can see your application in the Commons, be sure to review it carefully as this is what the reviewer will see. Applicants must then complete the submission process by tracking the status of the application in the eRA Commons (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11123).

Information on the submission process is provided in the SF424 (R&R) Application Guide.

Note: HHS/CDC grant submission procedures do not provide a period of time beyond the grant application due date to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e. error correction window).

The application package is not complete until it has passed the Grants.gov/eRA Commons validation process. This process and email notifications of receipt, validation or rejection may take two (2) business days.

Applicants are strongly encouraged to allocate additional time prior to the submission deadline to submit their applications and to correct errors identified in the validation process. Applicants are encouraged also to check the status of their application submission to determine if the application packages are complete and error-free. Applicants who encounter system errors when submitting their applications must attempt to resolve them by contacting the Grants.gov Contact Center (1-800-518-4726; support@grants.gov). If the system errors cannot be resolved, applicants must contact CDC PGO TIMS at 770-488-2700; www.pgotim@cdc.gov for guidance at least 3 calendar days before the deadline date.

After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. A third and final e-mail message is generated once the applicant’s application package has passed validation and the grantor has confirmed receipt of the application.

Unsuccessful Submissions:

If an application submission was unsuccessful, ***the applicant*** must:

1. Track his/her submission and verify the submission status (tracking should be done initially regardless of rejection or success).
 - a. If the status states “***rejected***,” do #2a or #2b.
2. Check his/her emails from both Grants.gov and eRA Commons for rejection notices.
 - a. If the deadline has passed, he/she should email the Grant Management Specialist listed in the FOA (pgotim@cdc.gov) explaining why the submission failed.
 - b. If there is time before the deadline, he/she should correct the problem(s) and resubmit as soon as possible.

10. Intergovernmental Review (E.O. 12372)

This initiative is not subject to intergovernmental review (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11142).

11. Funding Restrictions

All HHS/CDC awards are subject to the terms and conditions, cost principles, and other requirements described in the HHS Grants Policy Statement. Pre-award cost and expanded authority will not be authorized under this FOA.

Funding restrictions to protect human subjects may apply until appropriate IRB approval is received.

12. Other Submission Requirements and Information

Application Submission

Applications must be submitted electronically following the instructions described in the SF 424 (R&R) Application Guide. PAPER APPLICATIONS WILL NOT BE ACCEPTED.

Applicants must complete all required registrations before the application due date. Section III. Eligibility Information contains information about registration.

For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (http://grants.nih.gov/grants/guide/url_redirect.htm?id=11144).

Important reminders:

All PD/PIs must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.

The applicant organization must ensure that the DUNS number it provides on the application is the same number used in the organization’s profile in the eRA Commons and for the Central Contractor Registration (CCR). Additional information may be found in the SF424 (R&R) Application Guide.

Applicants are reminded to enter the approved Federal Wide Assurance (FWA) that the applicant has on file with the Office for Human Research Protections, if available. If the applicant has a FWA number, enter the 8-digit number. Do not enter the FWA before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of this Application Guide and in the HHS Grants Policy Statement.

See more resources to avoid common errors and submitting, tracking, and viewing applications: http://grants.nih.gov/grants/ElectronicReceipt/avoiding_errors.htm or http://grants.nih.gov/grants/ElectronicReceipt/submit_app.htm

Upon receipt, applications will be evaluated for completeness by the CDC Procurement and Grants Office (PGO) and responsiveness by PGO and the Center, Institute or Office of the CDC. Applications that are incomplete and/or nonresponsive will not be reviewed.

Section V. Application Review Information

1. Criteria

Only the review criteria described below will be considered in the review process. As part of the CDC mission (<http://www.cdc.gov/about/organization/mission.htm>), all applications submitted to the CDC in support of public health research are evaluated for scientific and technical merit through the CDC peer review system.

Overall Impact

Reviewers will provide an overall impact/priority score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research

field(s) involved, in consideration of the following review criteria and additional review criteria (as applicable for the project proposed).

Scored Review Criteria

Reviewers will consider each of the review criteria below in the determination of scientific merit, and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

Significance

Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

For the center:

- Do the proposed center's outcomes and activities align with CDC and the PRC Program's mission and goals?
- Does the applicant demonstrate the ability of the proposed prevention research center to contribute to improved community and population health and elimination of health disparities?
- Does the applicant provide adequate evidence that the proposed prevention research center has the potential to significantly impact public health programs and practice, and advance the field of public health promotion and disease prevention?
- Does the applicant adequately describe how the center will contribute to the health promotion and disease prevention objectives of the following: CDC winnable battles,³ NCCDPHP strategic priorities,⁴ the NCCDPHP Domains (Appendix B), or the National Prevention Strategy⁵?
- Does the applicant adequately demonstrate the ability, through past and current collaborative activities, to partner with tribes, health departments and community to develop, enhance, or improve public health practice, programs, or activities?
- If the applicant achieves the aims of the application, does the application specify how they will measure the expected outcomes of: increased translation of research to practice; increased changes to environmental **and systems-wide solution and strategies to address public health problems**; increased widespread use of evidence-based programs and policies; enhanced community capacity to conduct health promotion and disease prevention research; increased number of skilled public health professionals and community members; expanded resources for applied public health research; and increased recognition and support of PRC research and activities?

For the applied public health research project:

- Is the project public health oriented?
- Does the applicant clearly explain the importance of the problem their research will help answer?
- If the applicant achieves the aims of the research, do they adequately describe how it will advance knowledge or public health practice?
- Does the applicant clearly identify and describe the health needs, health priorities, and health disparities of their research community and how the research will address those areas?
- Does the research project address one or more of the preventable risk factors that contribute to the greatest burden of disease in America? These factors may include those associated with CDC's Winnable Battles,³ the NCCDPHP strategic priorities,⁴ the NCCDPHP's four domains (Appendix B), and the National Prevention Strategy⁵.
- Does the applicant clearly demonstrate that the research results can be translated and disseminated into public health programs, practices, or systems or environmental change at the local, regional, state or national level in a time- and cost-effective manner (i.e., show scalability)?
- Does the study include strategies to increase the impact and effective use of their findings by developing a strategy for translation and dissemination of their findings and results?

Investigator(s)

Are the PD/PIs, collaborators, and other researchers well suited to the project? Have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?

For the center:

- Does the applicant demonstrate that the PRC Director (Principal Investigator) is an established researcher in applied prevention research with the time commitment, leadership, and institutional authority to direct the scientific, administrative, budgetary, and operational activities of a prevention research center?
- Is the identified PRC Director a strong leader who attracts and builds the capacity of multidisciplinary dedicated faculty and staff to successfully develop, direct, and fulfill the mission and activities of a prevention research center?
- Does the PRC Director provide documentation of effective and well-defined working relationships with tribal, territorial, state or local health departments, organizations or outside entities expected to participate in center activities to ensure implementation of the proposed activities? This can be evidenced by letters of support, MOU, or MOA, detailing the involvement from the performing organization and outside entities (include in the application).

For the applied public health research project:

- Do the PI and other researchers demonstrate appropriate experience implementing similar research to the proposed research?
- Does the PI have the experience or training relevant to the targeted health conditions and public health interventions?
- Does the PI provide documentation of effective and well-defined working relationships with tribal, territorial, state or local health departments, organizations or outside entities expected to participate in the proposed research that will ensure implementation of the proposed activities? This can be evidenced by letters of support, MOU, or MOA, detailing the nature and extent of the involvement from the performing organization and outside entities (include in the application)

Innovation

Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?

For the center:

- Does the applicant describe novel approaches, methods, or technologies that could facilitate the development and growth of a prevention research center?
- Does the applicant describe novel approaches, methods, or technologies to facilitate the dissemination or translation of effective public health programs to local, state, and national lay and scientific audiences?
- Does the applicant describe a realistic and feasible plan to leverage resources to increase the size and scope of their center (e.g., increase in-kind support, obtain funding for additional projects from other sources, increase the number of research and evaluation projects)?

For the applied public health research project:

- Does the project challenge existing paradigms or public health practice; address an innovative hypothesis or critical barrier to progress in the field; or fill a novel or unique gap?
- Does the project develop or employ novel concepts, approaches, methodologies, tools, or technologies for this area?
- Does the applicant clearly and appropriately justify the selection of an intervention that maximizes health improvement in a targeted population?
- Does the applicant examine the health impact of interventions relative to feasible alternatives in populations of people?

Approach

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility and will particularly risky aspects be managed?

Are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

Overall:

- Does the applicant adequately demonstrate both high capacity to establish a prevention research center and ability to conduct the specific public health project proposed?

For the Center:

- Does the applicant describe commitment and institutional support necessary for developing and growing a prevention research center?
- Does the applicant demonstrate past successes in working with tribal, territorial, state, or local health departments, and other community and organizational partners? This may include how the applicant helped the partner with various activities (e.g., become accredited, conduct evaluation, conduct a community assessment, etc.)?
- Does the applicant identify and describe engagement with appropriate partners, including state, local, territorial or tribal health departments, education agencies, etc., at the local, state, or federal levels as appropriate for developing a prevention research center infrastructure; disseminating research findings, and implementing communication, training, technical assistance, and evaluation activities? This can be evidenced by letters of support, MOU, or MOA, detailing the involvement from the performing organization and outside entities (e.g., provide an overview of the project, details of the agreement including scope of work activities, and roles and responsibilities, etc.)
- Does the applicant identify an existing partner committee, or describe plans to develop such a committee comprised of appropriate partners whose composition, role, and structure are positioned to help the PRC achieve its overall goal and mission as a prevention research center? Is the committee's mission or purpose, role in center planning activities, and communication procedures between the committee and PRC leadership clearly defined? Does the applicant identify clear indicators to measure the success of the committee?
- Does the applicant's work plan assure that the activities occur in a timely manner to yield impactful results?

- Does the applicant describe a communication plan for disseminating PRC activities and results to both lay and scientific audiences at the local, state, and national levels?
- Does the applicant provide information to demonstrate the appropriate infrastructure to support all evaluation and monitoring activities and will collaborate with CDC to collect data to for the PRC Program’s national evaluation?

Applies to all Applied Public Health Prevention Research Projects:

- Does the applicant include a description of how the proposed project will contribute to the existing literature?
- Can the research plan realistically be completed within the timeframe provided? Specifically, does the applicant outline a high quality research project that will provide reportable results within 5 years?
- Does the applicant describe a plan to ensure that the research project activities occur in a timely manner to yield impactful results?
- Does the applicant include a work plan that includes a feasible and realistic implementation timeline? The work-plan and timeline may be included in the Appendix and will not count towards the 25 page limit of the Research Plan.
- Is the research design thorough and complete and include appropriate: research questions or hypotheses, research design, study population, recruitment methods, dependent and independent variables, draft recruitment and data collection materials, data analysis plan, and scientific dissemination plan (e.g., publication plan)?
- Is the research design appropriate to answer the proposed research questions?
- Does the applicant provide a plan for IRB approval, a well- developed draft of an IRB protocol, or evidence of exemption from IRB approval?
- Does the applicant use sound experimental design where outcome measures are of statistical and public health significance?
- Have interventions been carefully considered in advance to ensure successful implementation in populations other than the original study population?
- Has the applicant, as appropriate 1) described how they will control for potential sources of bias, 2) described appropriate analytic methods, 3) performed power calculations that demonstrate sufficient power to answer the research questions, 4) identified appropriate health conditions, personal behaviors, or community- or system-level (e.g., health system, schools, neighborhoods) changes in practice or policy?
- Has the applicant identified what targeted outcome(s) are anticipated and how such outcomes will be achieved? Is there a description of how the intervention will be implemented so it can be replicated by others?
- Does the applicant have a realistic plan to train appropriate staff, students, and partners to carry out the research activities such as data collection, data entry, data analysis, etc.?

- Has the applicant provided a plan for how the intervention will be translated into public health programs, practice, and policy in states and communities throughout the country in a time- and cost-efficient manner?
- Does the applicant identify and describe engagement with the identified community committee, appropriate partners, including state, local, territorial or tribal health departments, education agencies, etc., at the local, state, or federal levels as appropriate for conducting the research project? This can be evidenced by letters of support, MOU, or MOA, detailing the nature and extent involvement from the community committee, performing organization, and outside entities (e.g., provide an overview of the project, details of the agreement including scope of work activities, and roles and responsibilities, etc.)
- Does the applicant describe plans for working with partners to sustain the impact of program efforts beyond the project period including sustaining and pursuing non-federal sources of funding?
- Does the applicant have a realistic communication plan for disseminating research activities and results to both lay and scientific audiences at the local, state, and national levels? This should include a publication plan to ensure timely reporting of research methods and results in the peer-reviewed scientific literature and a plan for keeping key stakeholders and community partners informed about the progress of the research project.
- Does the applicant demonstrate that they will collaborate with CDC to collect data to be able to perform cost analysis to determine the return on investment, cost-benefit, or cost effectiveness of the intervention, implementation, or dissemination efforts?

Specifically for dissemination research projects:

- Does the applicant provide evidence of the efficacy or effectiveness of the intervention or strategy they plan to disseminate to a broader population or setting?
- Does the applicant describe the public health need for the dissemination research and subsequent information or intervention materials?
- Does the applicant specify how they will measure the expected outcomes of the proposed research objectives (i.e. increased spread, greater use, and impact of the intervention or strategy at a community or population level¹⁸)?
- Does the applicant clearly demonstrate that the research results can be translated and disseminated into public health programs, practices, or systems or environmental change at the regional, state or national level in a time- and cost-effective manner (i.e., show scalability)?

Specifically for implementation research projects:

- Does the applicant describe the major bottlenecks (e.g. social, behavioral, economic, management) that impede effective implementation that will be addressed by the project?

- Does the applicant describe how the project will contribute to determining a causal relationship between the intervention and its impact?
- Does the applicant describe how the project will contribute to public health practice at a population level?
- Does the applicant clearly demonstrate that the research results can be translated and disseminated into public health programs, practices, or systems or environmental change at the regional, state or national level in a time- and cost-effective manner (i.e., show scalability)?

Specifically for Public Health Practice-Based Research:

- Does the applicant provide evidence that the practice-based strategy has undergone sufficient implementation to be proven acceptable by the community?
- Does the applicant provide evidence of appropriate partnerships and available resources to successfully implement with fidelity the strategy over-time?
- Does the applicant clearly demonstrate that the research results can be translated and disseminated into public health programs, practices, or systems or environmental change at the regional, state or national level in a time- and cost-effective manner (i.e., show scalability)?

Specifically for Intervention Research:

- Does the applicant clearly describe the need for a new health promotion or disease prevention strategy for a particular group (e.g., racial or ethnic) or community (e.g., rural) or demonstrates the new intervention fills a major evidence gap identified in each review found in the Guide to Community Preventive Services¹, or as outlined in the 2012 or 2013 Community Preventive Services Task Force Annual Report to Congress^{2,3}.
- Does the applicant clearly demonstrate that the research results can be translated and disseminated into public health programs, practices, or systems or environmental change at the regional, state or national level in a time- and cost-effective manner (i.e., show scalability)?

Environment

Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

- Does the academic institution provide sufficient resources and facilities to support the Prevention Research Center and research project? Does the scientific environment in which the applicant will conduct the work of the center contribute to the probability of success?

- Are appropriate partners, faculty, staff and their skills and expertise well-described? Does the applicant demonstrate that the proposed staff for the research project have complementary and integrated expertise and experience to successfully implement the research project in a timely manner?
- Is there evidence of support and buy-in for the core research project from key partners and the community in which the project will be implemented?
- Does the applicant demonstrate that their faculty and staff have experience and expertise engaging health department and other community partners to conduct the proposed research, evaluations; analyze data; communicate and disseminate materials to both scientific and lay audiences and local, state, and national levels; and training and mentoring public health practitioners, students, partners, and community members?
- Does the applicant identify and describe engagement with the identified community committee, appropriate partners, including state, local, territorial or tribal health departments, education agencies, etc., at the local, state, or federal levels as appropriate for conducting the research project? This can be evidenced by letters of support, MOU, or MOA, detailing the nature and extent involvement from the community committee, performing organization, and outside entities (e.g., provide an overview of the project, details of the agreement including scope of work activities, and roles and responsibilities, etc.)
- Does the proposed research study benefit from unique features of the scientific environment or subject populations, or employ collaborative arrangements that have been demonstrated to be successful in previous research?
- Does the applicant demonstrate a multidisciplinary faculty with expertise that is complementary to the PRC's mission and planned activities and who will help the PRC fulfill its mission as a research center? Do they have experience partnering with health departments and community members?
- Is there evidence that the applicant partnered with the health department and appropriate partners to understand the health problems and develop the research project and that they will work with the partners to interpret the results to ensure the interventions and projects have public health impact, are sustainable, can be disseminated, and have the potential for scalability?
- Does the applicant describe how the proposed collaborations can reasonably be expected to improve the quality of the implementation, evaluation and dissemination of the prevention research center and the research project?

2. Additional Review Criteria

As applicable for the project proposed, *reviewers will evaluate* the following additional items while determining scientific and technical merit, and in providing an overall impact/priority score, but *will not give separate scores* for these items.

Protections for Human Subjects

If the research involves human subjects but does not involve one of the six categories of research that are exempt under [45 CFR Part 46](#), the committee will evaluate the

justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: 1) the justification for the exemption, 2) human subjects involvement and characteristics, and 3) sources of materials. For additional information on review of the Human Subjects section, please refer to the HHS/CDC Requirements under AR-1 Human Subjects Requirements (http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm#ar1).

If your proposed research involves the use of human data and/or biological specimens, you must provide a justification for your claim that no human subjects are involved in the Protection of Human Subjects section of the Research Plan.

Inclusion of Women, Minorities, and Children

When the proposed project involves clinical research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children. For additional information on review of the Inclusion section, please refer to the policy on the Inclusion of Women and Racial and Ethnic Minorities in Research (<http://www.cdc.gov/OD/foia/policies/inclusio.htm>) and the policy on the Inclusion of Persons Under 21 in Research (<http://aops-mas-iis.cdc.gov/Policy/Doc/policy496.pdf>).

3. Additional Review Considerations

As applicable for the project proposed, reviewers will consider each of the following items, but *will not give scores* for these items, and should not consider them in providing an overall impact/priority score.

Resource Sharing Plans

HHS/CDC policy requires that recipients of grant awards soliciting proposals for individual research projects of \$500,000 or more in total (direct and indirect) costs per year make research resources and data readily available for research purposes to qualified individuals within the scientific community after publication. Please see the NIH Statement on Sharing Research Data at:

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-03-032.html>.

Investigators responding to this funding opportunity should include a plan on sharing research resources and data.

Budget and Period of Support

Reviewers will consider whether the budget and the requested period of support are fully justified and reasonable in relation to the proposed research. The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

4. Review and Selection Process

Applications will be evaluated for scientific and technical merit by an appropriate peer review group, in accordance with CDC peer review policy and procedures, using the stated review criteria.

As part of the scientific peer-review, all applications:

- Will undergo a selection process in which only those applications deemed to have the highest scientific and technical merit will be discussed and assigned an overall impact/priority score. The intention is to discuss the top 45 applications.
- Will receive a written critique.

Applications will be assigned to the appropriate HHS/CDC Center, Institute, or Office. Applications will compete for available funds with all other recommended applications submitted in response to this FOA. Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding decisions:

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- The relevance and balance of proposed research topics relative to PRC programs priorities, HHS/CDC/NCCDPHP strategic priorities,⁴ and the research aims identified in this FOA.
- Research addresses underserved and minority populations.
- Signed MOU, MOA or letter of support with a tribal, territorial, state, or local health department.
- Selected PRC ensures geographic distribution of awards

5. Anticipated Announcement and Award Dates

After the peer review of the application is completed, the PD/PI will be able to access his or her Summary Statement (written critique) and other pertinent information via the eRA Commons. Notification of funding will occur prior to the publication of the SIP FOA.

Section VI. Award Administration Information

1. Award Notices

Any applications awarded in response to this FOA will be subject to the DUNS, CCR Registration, and Transparency Act requirements. If the application is under consideration for funding, HHS/CDC will request "just-in-time" information from the applicant as described in the HHS Grants Policy Statement (<http://dhhs.gov/asfr/ogapa/aboutog/grantsnet.html>).

A formal notification in the form of a Notice of Award (NoA) will be provided to the applicant organization for successful applications. The NoA signed by the Grants Management Officer is the authorizing document and will be sent via email to the grantee's business official.

Awardees must comply with any funding restrictions described in [Section IV.5. Funding Restrictions](#). Selection of an application for award is not an authorization to begin performance. Any costs incurred before receipt of the NoA are at the recipient's risk.

Funding restrictions to protect human subjects may apply until appropriate IRB approval is received.

2. CDC Administrative Requirements

Overview of Terms and Conditions of Award and Requirements for Specific Types of Grants

All HHS/CDC grant and cooperative agreement awards include the HHS Grants Policy Statement as part of the NoA. For these terms of award, see the HHS Grants Policy Statement Part II: Terms and Conditions of Award (<http://dhhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf>).

Awardees must comply with the administrative requirements (AR) outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate, as well as any additional requirements included in the FOA.

Specific requirements that apply to this FOA are the following:

[AR-1: Human Subjects Requirements](#)

[AR-2: Inclusion of Women and Racial and Ethnic Minorities in Research](#)

[AR-7: Executive Order 12372 Review](#)

[AR-9: Paperwork Reduction Act Requirements](#)

[AR-10: Smoke-Free Workplace Requirements](#)

[AR-11: Healthy People 2010](#)

[AR-12: Lobbying Restrictions](#)

[AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities](#)

[AR-14: Accounting System Requirements](#)

[AR-16: Security Clearance Requirement](#)

[AR-21: Small, Minority, And Women-owned Business](#)

[AR-22: Research Integrity](#)

[AR-24: Health Insurance Portability and Accountability Act Requirements](#)

[AR-25: Release and Sharing of Data](#)

[AR-26: National Historic Preservation Act of 1966](#)

[AR-28: Inclusion of Persons Under the Age of 21 in Research](#)

[AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009](#)

[AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973](#)

[AR 31 - Distinguishing Public Health Research and Public Health Nonresearch](#)

[AR 32 – FY 2012 Enacted General Provisions](#)

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

To view brief descriptions of relevant CDC requirements visit:

http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm

3. Additional Policy Requirements

The following are additional policy requirements relevant to this FOA:

HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items and Printing Publications

This policy supports the Executive Order on Promoting Efficient Spending (EO 13589), the Executive Order on Delivering and Efficient, Effective, and Accountable Government (EO 13576) and the Office of Management and Budget Memorandum on Eliminating Excess Conference Spending and Promoting Efficiency in Government (M-35-11). This policy apply to all new obligations and all funds appropriated by Congress. For more information, visit the HHS website at:

http://www.hhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html)

Federal Funding Accountability and Transparency Act of 2006

Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, www.USASpending.gov (<http://www.usaspending.gov/>). For the full text of the requirements, please review the following website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf

Plain Writing Act

The Plain Writing Act of 2010 was signed into law on October 13, 2010. The law requires that federal agencies use "clear Government communication that the public can understand and use" and requires the federal government to write all new publications, forms, and publicly distributed documents in a "clear, concise, well-organized" manner. For more information on this law, go to: <http://www.plainlanguage.gov/plLaw/index.cfm>.

Tobacco and Nutrition Policies

The 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* evidence-based tobacco and nutrition policies within their organizations. These policies build on the current federal commitment to reduce

exposure to secondhand smoke, which includes The Pro-Children Act, 20 U.S.C. 7181-7184 that prohibits smoking in certain facilities that receive federal funds.

Tobacco:

- Tobacco-free indoors – no use of any tobacco products (including smokeless tobacco) or electronic cigarettes in any indoor facilities under the control of the applicant.
- Tobacco-free indoors and in adjacent outdoor areas – no use of any tobacco products or electronic cigarettes in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the applicant.
- Tobacco-free campus – no use of any tobacco products or electronic cigarettes in any indoor facilities and anywhere on grounds or in outdoor space under the control of the applicant.

Nutrition:

- Healthy food service guidelines that at a minimum align with Health and Human Services and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations for cafeterias, snack bars, and vending machines in any facility under the control of the recipient organization and in accordance with contractual obligations for these services. The following are resources for healthy eating and tobacco free workplaces:
 - [http://www.gsa.gov/graphics/pbs/Guidelines for Federal Concessions and Vending Operations.pdf](http://www.gsa.gov/graphics/pbs/Guidelines%20for%20Federal%20Concessions%20and%20Vending%20Operations.pdf)
 - <http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>
 - <http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>

Applicants should state whether they choose to participate in implementing these two *optional* policies. However, **no applicants will be evaluated or scored** on whether they choose to participate in implementing these optional policies.

4. Cooperative Agreement Terms and Conditions of Award

The following special terms of award are in addition to, and not in lieu of, otherwise applicable U.S. Office of Management and Budget (OMB) administrative guidelines, U.S. Department of Health and Human Services (DHHS) grant administration regulations at 45 CFR Parts 74 and 92 (Part 92 is applicable when State and local Governments are eligible to apply), and other HHS, PHS, and CDC grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism (rather than an "acquisition" mechanism), in which substantial CDC programmatic involvement with the awardees is anticipated during the performance of the activities. Under the cooperative agreement, the HHS/CDC purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly

with the award recipients in a partnership role; CDC Project Officer are not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the awardees for the project as a whole, although specific tasks and activities may be shared among the awardees and HHS/CDC as defined below.

The PD(s)/PI(s) will have the primary responsibility for:

- Scientific, technical, or programmatic aspects of the cooperative agreement and for day-to-day management of the center and core research activities.
- Communicating with the PRC Program office and providing them with timely updates on PRC activities.
- Participating in monitoring activities such as: completing an annual work plan (that includes 5-year goals, 1-year SMART (Specific, Measurable, Achievable, Reasonable, and Time-bound) objectives, and 1-year activities), providing annual report, and interim progress report, participating in conference calls with the project officer and preparing and conducting site visits.
- Providing and documenting appropriate human subjects protections and obtaining necessary IRB approvals and consent forms.
- Participating in national evaluation activities.
- Participating in PRC committees, such as the steering committee.
- Participating in the semi-annual Directors' meetings and PRC Grantee meetings, including one person from each PRC's community committee.
- Demonstrating evidence within the text and budget of financial support for the PD/PI and other appropriate PRC faculty and staff, and community members to participate in semi-annual grantee and directors' meetings.

Recipient Organization will retain custody of and have primary rights to the information, data and software developed under this award, subject to U.S. Government rights of access consistent with current HHS/CDC policies, regulations, and applicable laws.

CDC staff will have substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below:

- Convening semi-annual meetings of the PRC Directors (one of which will take place during the annual PRC Program grantee meeting) to facilitate research collaboration and information sharing.
- Conducting on-site visits of PRCs to provide programmatic and scientific consultation and technical support and help recipients meet program objectives and cooperative agreement requirements.
- Providing consultation and other technical assistance to develop work plans, progress reports, and annual reports.
- Providing consultation and other technical assistance to help recipient collect and use evaluation information and data.

- Collecting, organizing, and disseminating information on PRC research projects and center activities.
- Serving as a scientific and professional resource for the PRCs' standing committees.
- Informing recipients about the laws and regulations pertaining to human subjects research and conduct inquiries concerning allegations of scientific misconduct.
- Evaluating and monitoring recipients' progress toward meeting program goals and objectives

Additionally, an agency scientific program official (SPO) or CIO program director will be responsible for the normal scientific and programmatic stewardship of the award and will be named in the award notice. The SPO will:

- Be named in the Notice of Grant Award (NGA) as the Program Official to provide oversight and assure overall scientific and programmatic stewardship of the award;
- Monitor performance against approved project objectives; and
- Assure assessment of the public health impact of the research conducted under this funding opportunity announcement and promote translation of promising practices, programs, interventions, and other results from the research.

Areas of Joint Responsibility include:

- Participation in activities designed to evaluate the impact of the Prevention Research Center activities and research projects.

5. Reporting

Awardees will be required to submit the [Non-Competing Continuation Grant Progress Report \(PHS 2590\)](#) annually and financial statements as required in the HHS Grants Policy Statement. An annual report that provides a description of progress during the annual budget period is also required.

A final progress report, invention statement, equipment inventory list and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.

Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity depend upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.

The Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for awardees of Federal grants to report information about first-tier sub awards and executive compensation under Federal assistance awards issued in FY2011 or later. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients: **1)**

information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000. It is a requirement for awardees of Federal grants to report information about first-tier sub awards and executive compensation under Federal assistance awards issued in FY2011 or later. All awardees of applicable CDC grants and cooperative agreements are required to report to the Federal Sub award Reporting System (FSRS) available at www.fsrs.gov on all sub awards over \$25,000. See the HHS Grants Policy Statement (<http://dhhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf>) for additional information on this reporting requirement.

A. Submission of Reports

The Recipient Organization must provide HHS/CDC with an original, plus one hard copy of the following reports:

- 1. Yearly Non-Competing Grant Progress Report**, (use form PHS 2590, posted on the HHS/CDC website, <http://www.cdc.gov/od/pgo/funding/forms.htm> and at <http://grants.nih.gov/grants/funding/2590/2590.htm>, is due **90 to 120 days prior to the end of the current budget period**. The progress report will serve as the non-competing continuation application. Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity are contingent upon the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports) and the determination that continued funding is in the best interest of the Federal government.
- 2. Annual Federal Financial Report (FFR) SF 425** is required and must be submitted through eRA Commons **within 90 days after the calendar quarter in which the budget period ends**.
- 3. Annual Report:** Description of Progress during past Budget Period Current is reported on the PHS 2590 Form 5 Progress Report Summary (<http://grants1.nih.gov/grants/funding/2590/2590.htm>) **within 90 days after the end of each budget period**. Includes a detailed narrative report for the past budget period that directly addresses progress towards the Measures of Effectiveness included in the current budget period proposal.
- 4. A final progress report**, invention statement, equipment/inventory report , and the expenditure data portion of the Federal Financial Report (FFR) Standard Form ("SF") 425 Form are required **within 90 days of the end of the project period**.

B. Content of Reports

- 1. Yearly Non-Competing Grant Progress Report:** The grantee's continuation application/progress report should include:
 - Description of Progress during Annual Budget Period: Current Budget Period Progress reported on the PHS 2590 (<http://grants1.nih.gov/grants/funding/2590/2590.htm>) <http://grants.nih.gov/grants/funding/2590/2590.htm>: Detailed narrative report for the current budget period that directly addresses progress towards the Measures of

- Effectiveness included in the current budget period proposal.
- Research Aims: list each research aim/project
 - a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned
 - b) Leadership/Partnership: list project collaborations and describe the role of external partners.
 - Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research to policy or practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. *Questions to consider in preparing this section include:*
 - How will the scientific findings be translated into public health policy or practice?
 - How will the project improve or effect the translation of research findings into policy or practice?
 - How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
 - How will the findings advance or guide future research efforts or related activities?
 - Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, policy, or use of technology in public health. *Questions to consider in preparing this section include:*
 - How will this project lead to improvements in public health?
 - How will the findings, results, or recommendations been used to influence practices, procedures, methodologies, etc.?
 - How will the findings, results, or recommendations contributed to documented or projected reductions in morbidity, mortality, injury, disability, or disease?
 - New Budget Period Proposal:
 - Detailed operational plan for continuing activities in the upcoming budget period, including updated Measures of Effectiveness for evaluating progress

- during the upcoming budget period. Report listed by Research Aim/Project.
- Project Timeline: Include planned milestones for the upcoming year (be specific and provide deadlines).
 - New Budget Period Budget: Detailed line-item budget and budget justification for the new budget period. Use the CDC budget guideline format.
 - Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate “Not applicable: No publications or presentations have been made.
 - IRB Approval Certification: Include all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of the most recent local IRB and CDC IRB, if applicable. If any approval is still pending at time of APR due date, indicate the status in your narrative.

2. Annual Federal Financial Reporting

The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons within 90 days after the calendar quarter in which the budget period ends. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information. **All CDC Financial Expenditure data due on/after October 1, 2012 must be submitted using the FFR via the eFSR/FFR system in the eRA Commons.** All Federal Reporting in the Payment Management System is unchanged. All new submissions should be prepared and submitted as FFRs.

CDC's implementation of the FFR retains a financial reporting period that coincides with the budget period of a particular project. However, **the due date for annual FFRs will be 90 days after the end of the calendar quarter in which the budget period ends.** Note that this is a change in due dates of annual FFRs and may provide up to 60 additional days to report, depending upon when the budget period end date falls within a calendar quarter. For example, if the budget period ends 1/30/2012, the annual FFR is due 6/30/2012 (90 days after the end of the calendar quarter of 3/31/2012). Due dates of final reports will remain unchanged. The due date for final FFRs will continue to be 90 days after the project period end date.

Grantees must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension,

grantees must submit a final FFR, final progress report, and Final Invention Statement and Certification within 90 days of the end of grant period. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

FFR (SF 425) instructions for CDC grantees are now available at <http://grants.nih.gov/grants/forms.htm>. For further information, contact GrantsInfo@nih.gov. Additional resources concerning the eFSR/FFR system, including a User Guide and an on-line demonstration, can be found on the eRA Commons Support Page: <http://www.cdc.gov/od/pgo/funding/grants/eramain.shtm>.

FFR Submission: The submission of FFRs to CDC will require organizations to register with eRA Commons (Commons) (<https://commons.era.nih.gov/commons/>). CDC recommends that this one time registration process be completed at least 2 weeks prior to the submittal date of a FFR submission.

Organizations may verify their current registration status by running the “List of Commons Registered Organizations” query found at: <http://era.nih.gov/commons/>. Organizations not yet registered can go to <https://commons.era.nih.gov/commons/registration/registrationInstructions.jsp> for instructions. It generally takes several days to complete this registration process. This registration is independent of Grants.gov and may be done at any time.

The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found at: <http://era.nih.gov/commons/index.cfm>.

3. **Annual Report:** Description of Progress during past Budget Period is reported on the PHS 2590 Form 5 Progress Report Summary (<http://grants.nih.gov/grants/funding/2590/2590.htm>) within 90 days after the Budget Period. Includes a detailed narrative report for the past budget period that directly addresses progress towards the Measures of Effectiveness included in the current budget period proposal.
 - Research Aims: list each research aim/project
 - c) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned
 - d) Leadership/Partnership: list project collaborations and describe the role of external partners.
 - Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to

- promote, enhance, or advance translation of the research to policy or practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. *Questions to consider in preparing this section include:*
- How will the scientific findings be translated into public health policy or practice?
 - How will the project improve or effect the translation of research findings into policy or practice?
 - How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
 - How will the findings advance or guide future research efforts or related activities?
- **Public Health Relevance and Impact (1 page maximum).** This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, policy, or use of technology in public health. *Questions to consider in preparing this section include:*
 - How will this project lead to improvements in public health?
 - How will the findings, results, or recommendations been used to influence practices, procedures, methodologies, etc.?
 - How will the findings, results, or recommendations contributed to documented or projected reductions in morbidity, mortality, injury, disability, or disease?

4. Final Reports: Final reports should provide sufficient detail for CDC to determine if the stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The grantee’s final report should include:

- **Research Aim/Project Overview:** The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.

- **Translation of Research Findings:** The PI should describe how the findings will be translated and how they will be used to promote, enhance or advance the research findings and the impact on public health policy and practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that influenced policy or practice during the course of the project period. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.
- **Public Health Relevance and Impact:** This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project related beyond the immediate study to improved practices, prevention or intervention techniques, policy, and technology or systems improvement in public health.
- **Publications; Presentations; Media Coverage:** Include information regarding all publications, presentations or media coverage resulting from this CDC funded activity. Please include any additional dissemination efforts that did or will result from the project.

Section VII. Agency Contacts

We encourage inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants.

Application Submission Contacts

[Grants.gov Customer Support](#) (Questions regarding Grants.gov registration and submission, downloading or navigating forms)

Contact Center Phone: 800-518-4726

Email: support@grants.gov

Hours: 24 hours a day, 7 days a week; closed on Federal holidays

[eRA Commons Help Desk](#) (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)

Phone: 301-402-7469 or 866-504-9552 (Toll Free)

TTY: 301-451-5939

Email: commons@od.nih.gov

Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time

CDC Technical Information Management Section (TIMS)

Procurement and Grants Office

Telephone 770-488-2700

Email: PGOTIM@cdc.gov

Hours: Monday - Friday, 7am – 4:30pm U.S. Eastern Standard Time

Scientific/Research Contact(s)

Michael A. Brown, MPH
Extramural Research Program Operations and Services
E-mail: prcfoa@cdc.gov

Peer Review Contact(s)

M. Chris Langub, PhD
Scientific Review Official
Extramural Research Program Operations and Services
E-Mail: prcfoa@cdc.gov

Financial/Grants Management Contact(s)

Lucy Picciolo
Procurement and Grants Office
E-mail: lip6@cdc.gov

Section VIII. Other Information

All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Authority and Regulations

Awards are made under the authorization of Sections 301(a) of the Public Health Service Act as amended, 42 U.S.C. 241(a), and Section 1706 of the Public Health Service Act, 42 U.S.C. 300u-5.

References

¹ The Community Guide Website. <http://www.thecommunityguide.org/index.html>. Accessed March 1, 2013.

² Community Preventive Services Task Force 2012 Annual Report to Congress. The Community Guide Website. <http://www.thecommunityguide.org/annualreport/2012-congress-report-full.pdf>. Accessed March 1, 2013.

³ Community Preventive Services Task Force 2013 Annual Report to Congress. The Community Guide Website. <http://www.thecommunityguide.org/annualreport/2013-congress-report-full.pdf> Accessed June 20, 2013.

⁴ Winnable Battles. Centers for Disease Control and Prevention Website. <http://www.cdc.gov/winnablebattles/>. Accessed March 1, 2013.

⁵ About the National Center for Chronic Disease Prevention and Health Promotion. Centers for Disease Control and Prevention Website.

<http://www.cdc.gov/chronicdisease/about/index.htm>. Accessed March 1, 2013.

⁶ National Prevention Strategy: America's Plan for Better Health and Wellness. Centers for Disease Control and Prevention Website. <http://www.cdc.gov/features/preventionstrategy/>. Accessed March 1, 2013.

⁷ Topics and Objectives Index. Healthy People 2020 Website.

<http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>. Accessed March 1, 2013.

⁷ Health Promotion and Disease Prevention Amendments of 1984, Pub. L. no. 98-551, 98 Stat. 2815, October 30, 1984. Available at: <http://history.nih.gov/research/downloads/PL98-551.pdf>. Accessed March 1, 2013.

⁸ National Center for Chronic Disease Prevention and Health Promotion, Prevention Research Centers At-a-Glance 2011. Centers for Disease Control and Prevention Website.

<http://www.cdc.gov/chronicdisease/resources/publications/aag/prc.htm>. Accessed March 1, 2013.

⁹ National Center for Chronic Disease Prevention and Health Promotion Overview. Centers for Disease Control and Prevention Website.

<http://www.cdc.gov/chronicdisease/overview/index.htm>. Accessed March 1, 2013.

¹⁰ National Center for Chronic Disease Prevention and Health Promotion, The Power of Prevention Report 2009. Centers for Disease Control and Prevention Website.

<http://www.cdc.gov/chronicdisease/pdf/2009-Power-of-Prevention.pdf>. Accessed March 1, 2013.

¹¹ Prevention Research Centers Strategic Plan. Centers for Disease Control and Prevention

Website. <http://www.cdc.gov/prc/about-prc-program/strategic-planning-mission-vision-goal-statements.htm>. Accessed March 1, 2013.

¹² Coordinated Chronic Disease Program. Centers for Disease Control and Prevention Website.

<http://www.cdc.gov/coordinatedchronic/index.htm>. Accessed March 1, 2013.

¹³ Community Transformation Grants. Centers for Disease Control and Prevention Website.

<http://www.cdc.gov/communitytransformation/index.htm>. Accessed March 1, 2013.

¹⁴ National Center for Chronic Disease Prevention and Health Promotion Programs. Centers for Disease Control and Prevention Website.

<http://www.cdc.gov/chronicdisease/about/programs.htm>. Accessed March 1, 2013.

- ¹⁵ About the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Centers for Disease Control and Prevention Website. <http://www.cdc.gov/nchstp/About.htm>. Accessed March 1, 2013.
- ¹⁶ CDC 24/7 Million Hearts: Prevention at Work. Centers for Disease Control and Prevention Website. <http://www.cdc.gov/24-7/prevention/MillionHearts/>. Accessed March 1, 2013.
- ¹⁷ Translation Research: Dissemination and Implementation. National Institutes of Health, Office of Behavioral and Social Sciences Research Website. http://obsr.od.nih.gov/scientific_areas/translation/dissemination_and_implementation/index.aspx. Accessed March 1, 2013.
- ¹⁸ Schillinger D. An Introduction to Effectiveness, Dissemination and Implementation Research. From the Series Fleisher P, Goldstein E, eds. UCSF Clinical and Translational Science Institute (CTSI) Resource Manuals and Guides to Community-Engaged Research. Published by Clinical Translational Science Institute Community Engagement Program, University of California San Francisco; 2010. http://ctsi.ucsf.edu/files/CE/edi_introguide.pdf. Accessed March 1, 2013.
- ¹⁹ Health Services Research Information Central, Dissemination and Implementation Science. National Institutes of Health, National Library of Medicine Website. http://www.nlm.nih.gov/hsrinfo/implementation_science.html. Accessed March 1, 2013.
- ²⁰ Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. Implementation Research: A Synthesis of the Literature. Published by Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network, University of South Florida, Tampa, FL; FMHI Publication #231: 2005. <http://ctndisseminationlibrary.org/PDF/nirmonograph.pdf>. Accessed March 1, 2013.
- ²¹ Frequently Asked Questions about Implementation Science. National Institutes of Health, Fogarty International Center Website. <http://www.fic.nih.gov/News/Events/implementation-science/Pages/faqs.aspx>. Accessed March 1, 2013.
- ²² Glasgow RE, Davidson KW, Dobkin PL, Ockene J, Spring B. Practical behavioral trials to advance evidence-based behavioral medicine [abstract]. *Ann Behav Med*. 2006 Feb;31(1):5-13. <http://www.ncbi.nlm.nih.gov/pubmed/16472033>. Accessed March 1, 2013. PMID: 16472033.
- ²³ Potter MA, Quill BE, Aglipay GS, et al. Demonstrating Excellence in Practice-Based Research for Public Health [Abstract]. *Public Health Rep*. 2006 Jan-Feb;121(1):suppl 1-16. <http://www.ncbi.nlm.nih.gov/pubmed/16416689>. Accessed March 1, 2013. PMID: 16416689.
- ²⁴ Funding Opportunity Announcements Glossary. Centers for Disease Control and Prevention Website. <http://www.cdc.gov/od/pgo/funding/grants/glossary.shtm/>. Accessed March 1, 2013.

²⁵ About the Prevention Research Centers, Description of the Logic Model for the Prevention Research Centers Program. Centers for Disease Control and Prevention Website.
<http://www.cdc.gov/prc/about-prc-program/program-evaluation/logicmodel.htm>. Accessed March 1, 2013.

Appendix A Definitions

For specific definitions of FOA related terms see
<http://www.cdc.gov/od/pgo/funding/grants/glossary.shtm>

Applied public health prevention research: The application and evaluation of research that aims to prevent disease and promote health by developing and disseminating strategies applicable to public health programs and policies.

Dissemination research: Dissemination research is the systematic study of processes and factors that lead to widespread use of an evidence-based intervention by the target population. Its focus is to identify the best methods to increase spread, greater use, and impact of the intervention or strategy.

Effectiveness: The extent to which a specific intervention, when deployed in real-world settings, achieves the intended effects or outcomes.

Efficacy: The extent to which a specific intervention produces the intended effect or outcomes under ideal conditions.

Etiologic research: A study that aims to determine a causal relationship.

Implementation research: Implementation research seeks to understand the processes and factors that are associated with successful uptake, adoption, and implementation of evidence-based interventions within a particular setting (e.g., a worksite or school). Implementation research investigates and address major bottlenecks that impede effective implementation, assesses whether the core components of the original intervention were faithfully transported to the real-world setting (i.e., the degree of fidelity of the disseminated and implemented intervention with the original study), and is also concerned with the adaptation of the implemented intervention to the local context.

Intervention research: Evaluates the efficacy or effectiveness of health promotion or disease prevention strategies for a particular group or community to test a hypothesized relationship.

Minority and underserved populations: Ethnic/racial minority groups include African-American, American Indian and Alaska Native, Asian American and Pacific Islander, and Hispanic. Underserved populations include, but are not limited to, the homeless, migrant workers, the unemployed or working poor, the elderly, veterans, the mentally ill, people who have disabilities, or other vulnerable groups.

Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA): is a document describing a bilateral or multilateral agreement between parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It is often used in cases

where parties either do not imply a legal commitment or in situations where the parties cannot create a legally enforceable agreement.

Overall Impact: Reviewers will provide an overall impact/priority score to reflect their assessment of the likelihood for the PRC and the applied public health research project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the five core review criteria, and additional review criteria, as appropriate.

People with disabilities: According to the [Americans with Disabilities Act](#), the term "disability" means, with respect to an individual 1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual, 2) a record of such an impairment; or 3) being regarded as having such an impairment.

Practice-based research: Systematic inquiry into the systems, methods, policies and programmatic applications of public health practice to provide evidence, where insufficient evidence exists, of the efficacy or effectiveness of practice-based strategies that are sustainable and potentially scalable.

Public health practice: The strategic, organized, interdisciplinary application of knowledge, skills, and competencies necessary to perform public health services and other activities to improve the health of populations.

Scalability: The ability of a health intervention shown to be efficacious on a small scale and or under controlled conditions to be expanded under real world conditions to reach a greater proportion of the eligible population, while retaining effectiveness.

SMART objectives: SMART objectives help develop realistic and measureable objectives. Each objective is Specific (concrete, detailed and well defined), Measureable (includes numbers and quantities), Achievable (feasible and easy to put into action), Realistic (considers resources, personnel, cost, etc.), and Time bound (has a time frame to set boundaries around the objective).

Special Interest Projects: Special Interests Projects (SIPs) are supplemental health promotion and disease prevention research projects funded by CDC, HHS, or other federal agencies that (1) focus on the major causes of death and disability, (2) improve public health practice within communities, and (3) cultivate effective state and local public health programs. SIPs are competed annually and open only to funded Prevention Research Centers.

Sustainability: The capacity to maintain an intervention or program services at a level that will provide ongoing prevention and treatment for a health problem after termination of major financial, managerial, and technical assistance from an external donor.

Appendix B

Chronic Disease Prevention and Health Promotion Domains

Four Domains of Chronic Disease

Organizing Our Work to Be More Effective

CDC is committed to leading strategic public health efforts to prevent chronic conditions, help people be healthier, and end health disparities. To be more effective, CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) is working to coordinate its efforts in four key areas or domains:

- Epidemiology and Surveillance.
- Environmental Approaches.
- Health System Strategies.
- Community-Clinical Links.

How the Four Domains Define Our Work

Chronic diseases—such as heart disease, stroke, cancer, diabetes, and arthritis—are the leading causes of death and disability in the United States. They account for more than 75 cents of every dollar our nation spends on health care. If Americans lived in healthier environments and received needed prevention services in their communities and health care settings in timely ways, much of the burden of poor health and high costs could be lifted. But resources to prevent and control chronic diseases are limited. By coordinating our efforts, we can be more efficient and reach more people.

The four domains are a new way to think about and organize the work NCCDPHP has been doing for many years. This framework will help us, our grantees, and our partners find new ways to work together and support each other's efforts.

The four domains will help us focus on strategies that

- Collectively address the behaviors and other risk factors that can cause chronic diseases rather than addressing them one by one.
- Address multiple diseases and conditions at the same time.
- Reach as many people as possible by promoting healthy environments and improving the performance of public health and health care systems.
- Link community and health care efforts to prevent and control disease.

By coordinating our efforts, we can improve the health and quality of life of millions of Americans. We can give people the tools they need to make healthy choices and control their own health. The four domains give CDC and our partners a strong foundation to work together to set priorities, share resources, and make real change.

What Are the Four Domains?

Domain 1: Epidemiology and Surveillance

Epidemiology and surveillance allow us to collect, analyze, and share data to help identify and solve problems and evaluate public health efforts. The data can be used to guide and monitor programs and interventions, research, and policies to improve public health.

By collecting data at all levels—national, state, and local—we can identify gaps in services, develop effective interventions, and track our progress in meeting health goals. This information can be used to educate decision makers and the public about the high rates of death and disability and high health care costs associated with chronic diseases and what CDC is doing to prevent and control them. It can also be used to identify what works and to set priorities, so our efforts will be as effective as possible.

Strategies That Have Been Proven to Work

- Track chronic diseases and their risk factors and share the information in easy-to-use formats. Data are collected now in many ways, including from surveys (like those used by the Behavioral Risk Factor Surveillance System), birth and death certificates (from the National Vital Statistics System), and health care data (from Medicare data sets).
- Monitor behavioral risk factors, social and environmental factors that influence health, and policies associated with chronic diseases. Examples include those related to smoke-free air, access to healthy foods, and community water fluoridation.
- Use health care data to conduct public health surveillance of key preventive services, such as cancer screening and the “ABCS” of heart disease and stroke prevention (aspirin therapy, blood pressure control, cholesterol control, and smoking cessation).

Domain 2: Environmental Approaches

Environmental approaches promote health and support and reinforce healthy behaviors in schools and child care settings, work sites, and communities.

Changes to social and physical environments can make it easier for people to make healthy choices and take charge of their health. Approaches that change the environment reach more people, are more cost efficient, and are more likely to have a lasting effect on population health.

Strategies That Have Been Proven to Work

- Promote the use of national nutrition standards in public and private settings—including schools, child care programs, work sites, and senior centers—to improve the foods and beverages offered to people of all ages.
- Increase access to healthy foods and beverages through policies and programs that expand options in underserved areas, promote farmers’ markets, and prompt restaurants to offer healthy menu items.

- Make sure all schools offer high-quality physical education and all child care programs follow national physical activity standards.
- Design streets and communities in ways that make it easier and safer for people to be physically active.
- Support smoke-free policies in work sites, public places, multi-unit housing (such as apartments or condos), and health care settings.
- Support strategies to reduce young people’s access to tobacco—for example, by raising the price of tobacco products and making them less visible in stores.
- Increase the number of people who are served by community water systems that have optimal levels of fluoride to prevent cavities.

Domain 3: Health System Strategies

Health system strategies improve the delivery and use of clinical and other preventive services that are designed to prevent disease or detect it early, reduce risk factors, and manage complications.

By improving health systems, we can improve health care outcomes and make sure as many people as possible are using health care services that improve the health of the population. Effective strategies include increasing the use of team-based care, electronic health records, and policies that require reporting of key health outcomes (such as control of high blood pressure) and reward good performance. Health systems can set up systems that remind clinicians to follow up on abnormal test results and give them feedback on how well they are performing.

Strategies That Have Been Proven to Work

- Encourage medical payers to cover health care services, such as disease screenings.
- Strengthen partnerships with state Medicaid programs and insurers to increase coverage for underserved populations.
- Implement health information technology systems to more effectively manage the delivery of health services.
- Increase the use of team-based care in health systems.

Domain 4: Community-Clinical Links

Strategies that link community and clinical services ensure that people with or at high risk of chronic diseases have access to the resources they need to prevent or manage these diseases.

These strategies include making sure people are referred to appropriate medical care, community services, or programs that can help them take charge of their health. Health systems also can develop community outreach programs to promote clinical preventive services so more people will use them. If people get the help they need to prevent or manage chronic

diseases, they can improve their quality of life, delay the onset or progression of disease, avoid complications, and reduce the need for more health care.

Strategies That Have Been Proven to Work

- Increase use of community interventions by making sure that effective programs are widely available, that doctors refer their patients to them, and that they are covered by insurance. Examples include chronic disease self-management programs, the National Diabetes Prevention Program, and smoking cessation services.
- Link existing public health systems, such as tobacco quitlines in the states, with health care systems.
- Use electronic health records to link existing public health systems and health care systems.
- Use health care data, such as information collected in cancer registries, for public health surveillance.
- Encourage more people working in health care positions (e.g., pharmacists, patient navigators, community health workers) to get involved in helping people manage their own health.

**Appendix C:
Budget Preparation for Continuation Applications/Progress Reports**

Follow the instructions listed in FOA and the SF 424 (R&R) application guide with these additional instructions.

A. SF 424 (R&R) Application for Federal Assistance

On Page 2, line 15 A total funds requested list the total amount of funds requested for the FOA including the center and applied public health research prevention project.

B. Detailed Budget and Justification

Prepare a detailed line item budget and justification of the funding request to support program activities for the upcoming budget period using the CDC Budget Guidelines (available at <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>). It is essential that you provide detailed justification for the funds you are requesting.

Use PHS 2590 Forms Page 2 to prepare separate budgets for continuation applications/progress reports starting in year 2 for Center and Applied Public Health Prevention Research Project. The Center budget should include funding for Administration and Infrastructure, Community Engagement, Partnerships and Technical Assistance, Communication and Dissemination, Training, and Evaluation. Do not include the Research Project in the Center budget. An example of a budget is provided below. On the top line of PHS 2590 Form 2, Center Program Director/Principal Investigator line, please indicate the component to which the page applies.

For example:

Program Director/Principal Investigator (Last, First, Middle): Very Important Person: Core

DETAILED BUDGET FOR NEXT BUDGET PERIOD – DIRECT COSTS ONLY			FROM	THROUGH	GRANT NUMBER		
			09/30/2010	09/29/2011	U48-DP 00XXXX		
<small>List PERSONNEL (Applicant organization only) Use Cal, Acad, or Summer to Enter Months Devoted to Project Enter Dollar Amounts Requested (omit cents) for Salary Requested and Fringe Benefits</small>							
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	SALARY REQUESTED	FRINGE BENEFITS	TOTALS
Very Important Person	PD/PI	1.20			99,999	9,999	99,999

On the last line of the first page of each component (Center or Research) provide a total for the direct costs associated with that component.

SUBTOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD		\$ 999,999
CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	99,999
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	999
TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD (Item 8a, Face Page)		\$ 999,999

PHS 2590 (Rev. 06/09)

Page 1

Form Page 2

Use the PHS 2590 Continuation Page(s) and the CDC Budget Guidelines to prepare a detailed, comprehensive budget justification for the Center and the Research Project. Include a table that summarizes the direct costs and indirect costs associated with each component. For example,

Cost Category	Core Component	Research Component
Salaries and Wages		
Fringe Benefits		
Consultant Costs		
Equipment		
Supplies		
Travel		
Other		
Total Direct Costs		
Indirect Costs		
Total Costs		

Department of Health and Human Services Public Health Services		Review Group	Type	Activity	Grant Number
Grant Progress Report		Total Project Period			
		From: 09/30/2009		Through: 09/29/2014	
		Requested Budget Period			
		From: 09/30/2010		Through: 09/29/2011	
1. TITLE OF PROJECT World Famous University Prevention Research Center					
2a. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR (Name and address, street, city, state, zip code) Very Important Person World Famous University 123 University Drive Best Place to Live on Earth, State, 12345			2b. E-MAIL ADDRESS VIP@WFU.edu		
			2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT Greatest Department on Earth		
			2d. MAJOR SUBDIVISION Division of Cool People		
			2e. Tel:		Fax:
3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code) World Famous University 123 University Drive Best Place to Live on Earth, State 12345			3b. Tel:		Fax:
			3c. DUNS:		
			4. ENTITY IDENTIFICATION NUMBER		
6. HUMAN SUBJECTS			5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL		
6a. Research Exempt		No	Yes	VIP, Business Office Guru 123 University Drive Best Place to Live on Earth, State 12345	
If Exempt ("Yes" in 6a): Exemption No.		If Not Exempt ("No" in 6a): IRB approval date			
6b. Federal Wide Assurance No.				Tel:	
6c. NIH-Defined Phase III Clinical Trial		No	Yes	E-MAIL:	
7. VERTEBRATE ANIMALS			10. PROJECT/PERFORMANCE SITE(S)		
7a. If "Yes," IACUC approval Date		No	Yes	Organizational Name:	
7b. Animal Welfare Assurance No.		DUNS:			
8. COSTS REQUESTED FOR NEXT BUDGET PERIOD			Street 1:		
8a. DIRECT \$999,999		8b. TOTAL \$999,999		Street 2:	
9. INVENTIONS AND PATENTS			City:		County:
If "Yes," Previously Reported		No	Yes	State:	
Not Previously Reported		Province:			
			Country:		Zip/Postal Code:
Congressional Districts:					

DETAILED BUDGET FOR NEXT BUDGET PERIOD – DIRECT	FROM 09/30/2014	THROUGH 09/29/2015	GRANT NUMBER U48-DP 00XXXX
--	---------------------------	------------------------------	--------------------------------------

List PERSONNEL (*Applicant organization only*)
 Use Cal, Acad, or Summer to Enter Months Devoted to Project
 Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits
 CENTER

NAME	ROLE ON PROJECT	Cal. Mnth	Acad. Mnth	Summer Mnth	SALARY REQUESTED	FRINGE BENEFITS	TOTALS
Very Important	PD/PI	1.20			99,999	9,999	99,999
VIP 2	Center Director	.60			99,999	9,999	99,999
VIP 3	Co-Investigator	.60			99,999	9,999	99,999
VIP 4	Training PI/Dir	.60			99,999	999	9,999
VIP 5	Evaluation PI/Dir	6.0			99,999	999	99,999
VIP6	Com.Engagement PI/Dir	.60			999	99	9,999
VIP7	Office Administrator	12			99,999	9,999	99,999
Totals -Pages 2 & 3					999,999	99,999	999,999

SUBTOTAL

999,999	99,999	99,999
----------------	---------------	---------------

CONSULTANT COSTS Grand Pubah of Evidence Based Interventions							9,999
---	--	--	--	--	--	--	-------

EQUIPMENT (<i>Itemize</i>) None (Please note that Equipment is an item with a cost of more than \$5000; items under this amount are considered supplies)							0
--	--	--	--	--	--	--	---

SUPPLIES (<i>Itemize by category</i>) General Office Supplies							
--	--	--	--	--	--	--	--

TRAVEL PRC Annual Meetings, Conferences, Local Travel, etc.							99,999
--	--	--	--	--	--	--	--------

INPATIENT CARE COSTS							
----------------------	--	--	--	--	--	--	--

OUTPATIENT CARE COSTS							
-----------------------	--	--	--	--	--	--	--

ALTERATIONS AND RENOVATIONS (<i>Itemize by category</i>)							
--	--	--	--	--	--	--	--

OTHER EXPENSES (<i>Itemize by category</i>) Fax/Copier Maintenance \$xxx University IT costs \$xxx Printing \$xxxx Phone \$xx Postage/Fed Ex \$xxxx Training Space \$xxx							9,999
--	--	--	--	--	--	--	-------

SUBTOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD							\$ 999,999
---	--	--	--	--	--	--	-------------------

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	99,999
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	999
TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD <i>(Item 8a, Face Page)</i>		\$ 999,999

DETAILED BUDGET FOR NEXT BUDGET PERIOD – DIRECT	FROM 09/30/2014	THROUGH 09/29/2015	GRANT NUMBER U48 DP 00XXXX
--	---------------------------	------------------------------	--------------------------------------

List PERSONNEL (*Applicant organization only*)
 Use Cal, Acad, or Summer to Enter Months Devoted to Project
 Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	SALARY REQUESTED	FRINGE BENEFITS	CENTER
							TOTALS
	PD/PI						
VIP	Center Director	8.4			99,999	9,999	99,999
VIP(TBN)	Post Doc	.60			99,999	9,999	99,999
VIP	Health Ed. Spec.	3.0			99,999	999	99,999
VIP	Comm. liason	6.0			99,999	999	99,999
VIP (TBN)	Research Assoc.	4.8			99,999	999	99,999
VIP (TBN)	Grad Asst	9			99,999	999	99,999
VIP	Co-Investigator	6			99,999	9,999	99,999
SUBTOTAL →					999,999	99,999	999,999

CONSULTANT COSTS

EQUIPMENT (*Itemize*)

SUPPLIES (*Itemize by category*)

TRAVEL

INPATIENT CARE COSTS

OUTPATIENT CARE COSTS

ALTERATIONS AND RENOVATIONS (*Itemize by category*)

OTHER EXPENSES (*Itemize by category*)

SUBTOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD **\$**

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	

TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD *(Item 8a, Face Page)*

\$

DETAILED BUDGET FOR NEXT BUDGET PERIOD – DIRECT	FROM 09/30/2014	THROUGH 09/29/2015	GRANT NUMBER U48-DP 00XXXX
--	---------------------------	------------------------------	--------------------------------------

List PERSONNEL (*Applicant organization only*)
 Use Cal, Acad, or Summer to Enter Months Devoted to Project
 Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits
 RESEARCH

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	SALARY REQUESTED	FRINGE BENEFITS	TOTALS
Research VIP	PD/PI	3.0			99,999	9,999	99,999
VIP 2	Co-Investigator	1.35			99,999	9,999	99,999
VIP 3	Co-Investigator	1.2			99,999	9,999	99,999
VIP 4	Co-Investigator	3.0			99,999	9,999	99,999
VIP 5	Co-Investigator	6.0			99,999	9,999	99,999
VIP (TBN)	Post Doc	4.8			99,999	9,999	99,999
VIP	Program Mgr	8.4			99,999	9,999	99,999
Totals from Page 5					999,999	99,999	999,999

SUBTOTAL

999,999	99,999	999,999
----------------	---------------	----------------

CONSULTANT COSTS

Grand Pubah of Research Methods

9,999

EQUIPMENT (*Itemize*)

None

0

SUPPLIES (*Itemize by category*)

GeneralOfficeSupp.
Intervention Materials

999

TRAVEL

Meetings,Local travel for recuitment

99,999

ALTERATIONS AND RENOVATIONS (*Itemize by category*)

OTHER EXPENSES (*Itemize by category*)

Incentives \$xxxx Communications \$xxxx Intervention Specific Items \$xxxx
Copying/Printing \$xxxx

999

SUBTOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD

\$ 999,999

CONSORTIUM/CONTRACTUAL COSTS

DIRECT COSTS

9,999

CONSORTIUM/CONTRACTUAL COSTS

FACILITIES AND ADMINISTRATIVE COSTS

999

TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD (*Item 8a, Face Page*)

\$ 999,999

Appendix D

Guidelines for the Development of PRC Work Plan

Work Plan Requirements

The work plan should reflect the center key elements of: infrastructure and administration; community engagement, partnerships, and technical assistance; communication and dissemination; training; and evaluation; and the applied public health prevention research project as listed in the Funding Opportunity Announcement. The requirements for the research section relate to the Applied Public Health Prevention Research Project. The work plan should not exceed 20 pages.

For each of the 5 elements of the Center (infrastructure and administration; community engagement, partnerships, and technical assistance; communication and dissemination; training; and evaluation;) and for the Research Project provide the following:

- The 5-year project period goal (up to 3 goals per section)
- Long-term impact or outcome of the project period goal
- Long-term measure of success
- SMART Annual Objectives for the next budget period
- Activities for each annual objective (up to 4 activities per objective)
- Person responsible for the activity
- Anticipated completion date

Definitions

Five Year Project Period Goal:

- An outcome statement that defines what the program intends to accomplish over the five year project period. No more than 3 goals should be developed for each section (Administration and Infrastructure, Community Engagement and Partnerships, Communication and Dissemination, Training, Evaluation, and the Research Project).
- Each goal should be written so that the desired outcome is clear.
- Each goal should be SMART (see definition below), concise, free of jargon, and easily understood.
- Each goal should include at least one measure of success (see definition below).

Long Term Impact or Outcome:

- A statement describing the intended effect or result if the project period goal is achieved

Long Term Measure(s) of Success:

- Standard developed to assess progress toward achieving project period goal.

Annual Objective:

- Precise, time-based, and measureable actions that support the completion of a project period goal.
- The objective should cover one budget year.
- Up to 5 annual objectives may be written for each project period goal.
- Each objective should be SMART, concise, free of jargon, and easily understood.

SMART

- S=Specific: an objective should be precise and should focus on a single result. A specific objective answers the questions, “who, what, where, and how?”
- M=Measurable: an objective should include specific criteria or measures that indicate whether the objective has been met. A good measure answers the question, “how will we know if we have accomplished the objective?”
- A=Achievable: an objective should be attainable and within the center’s or program’s reach.
- R=Realistic: an objective should be realizable given the time, resources, and activities proposed and available.
- T=Time-bound: an objective should include the date it will be started and the date the center expects to complete it.

Annual Activity:

- Key events or actions implemented to achieve a specific annual objective.
- Up to 4 annual activities may be written for each annual objective.

Completion Date:

- Actual or anticipated completion date for the activity.

Work Plan Template

Provide a Work Plan for each of the 5 sections of the Center Core (infrastructure and administration; community engagement, partnerships and technical assistance; communication and dissemination; training; and evaluation) and for the Research Project as in the template below:

Funding Opportunity Announcement Section: __ Infrastructure __ Community Engagement __ Communication __ Training __ Evaluation __ Research			
Project Period Goal (up to 3) 1: An outcome statement that defines what the program intends to accomplish over the five year project period.			
Long-term Impact or Outcome 1: A statement describing the intended effect or result if the project period goal is achieved.			
Long-term Measure of Success 1: Standard(s) developed to assess progress towards achieving project period goal and outcome.			
Annual Objectives (limit 5 objectives per goal)	Activities (limit 4 activities per objective)	Team Member Responsible	Completion Date
Precise, time-based, and measurable actions that support the completion of a project period goal.	Key events or actions implemented to achieve a specific annual objective		Actual or anticipated completion date for the activity
Objective 1.1	Activity 1.1.1		

Appendix E
Prevention Research Centers: Applied Public Health Prevention Research
Implementation Timeline

Go Goal: Conduct research to address a clear gap or insufficient evidence in public health research that informs improvements in public health practice and policy.

Year 01
<ul style="list-style-type: none"> • Refine research design and methodology <ul style="list-style-type: none"> ○ Identify and obtain resource requirements (e.g. human, financial, physical space) ○ Finalize and submit research implementation timeline • Finalize study plans in conjunction with partners, including the following: <ul style="list-style-type: none"> ○ Measures ○ Recruitment materials and strategies ○ Data collection instruments ○ Develop recruitment strategies in partnership with stakeholders ○ Other study materials such as: training materials, consent forms, plans for ordering relevant equipment and supplies, etc. • Develop IRB protocol and submit final protocol to academic institution • Provide documentation of IRB approval to CDC (PGO and PRCO). • Finalize research project publication and dissemination plan • Finalize research project sustainability plan
Year 02
<ul style="list-style-type: none"> • Complete material development (e.g. data collection tools) • Initiate recruitment, staff training, and other initial steps • Collect and analyze pilot test data (if applicable) • Revise and resubmit IRB protocol if necessary • Implement intervention(s) • Review research project publication and dissemination plan • Review research project sustainability plan
Year 03
<ul style="list-style-type: none"> • Monitor recruitment efforts • Monitor intervention(s) or project delivery to ensure activities are moving forward in a timely manner. • Collect data • Develop preliminary drafts of publications • Review research project publication and dissemination plan • Review research project sustainability plan
Year 04
<ul style="list-style-type: none"> • Monitor interventions or project delivery to ensure activities are moving forward. • Data collection and analysis • Implement core research project dissemination plan • Submit manuscripts for publication to peer-reviewed journals • Present results at national conferences • Implement research project sustainability plan
Year 05
<ul style="list-style-type: none"> • Publish results in peer-reviewed journals • Present results at national conferences • Continue to implement publication and dissemination plan • Implement research project sustainability

Appendix F
FOA Questions from Potential Applicants with Answers by CDC

1. Are universities with CEPH-accredited public health programs eligible to apply for this FOA?

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

2. I recently came across RFA-DP-14-001 and wanted confirmation regarding my institution's eligibility. I am housed inside a medical school with an accredited program in public health. Although our School of Medicine has an accredited program of public health, the medical school doesn't have a preventive medicine residency.

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

3. Is it correct that these can be new and separate from the current CDC-funded PRCs, (e.g., a new center can be proposed from XXXX as long as it is quite distinct and separate from xxxx's PRC)?

This is a new and competitive FOA. The current FOA DP09-001 ends September 29, 2014. The FOA notes in Section II; Application Types Allowed: New—An application that is submitted for funding for the first time. The FOA outlines the following requirements—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution (normally identified by having a unique DUNS number) may submit, or be part of, only a single application in response to this FOA. Multiple applications from different divisions, faculties, centers, schools, etc. of the same university, school of public health, medicine, or osteopathy will be returned without further consideration by CDC.

4. In reviewing the eligibility criteria for this RFA, it appears we are ineligible for criterion #1 (i.e., we do not have a preventive medicine residency), and we may be ineligible for criterion #2 (as the RFA appears to limit eligibility to schools). Does CDC intend to limit applications to schools and exclude accredited programs?

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

5. Because this is an electronic submission, and there is only one total summary budget page for each year for the submission, how would you like us to represent or attach the Core Component and the Research Component pieces? Do you want us to fill out 398 forms to represent them individually and attach them as an “Appendix”? Please clarify.

A: In Section IV. Application and Submission Information, 4. Required and Optional components, Supplemental instructions for preparing the SF424(R&R) for the Health Promotion and Disease Prevention Research Centers: the FOA requires that “the funds requested and justification provided should be specific to the PRC center and the applied public health research activities. The total budget for the application should be reflected on the Face Page. A separate budget, prepared using CDC guidelines, is requested for 1) the center and 2) the proposed public health research project.” It is recommended that a cumulative budget (including both the center and the research project) be submitted by using the Research and Related Budget preparation instructions starting on Page I-74 of the 424 R&R Application Guide. And, it is further recommended that the separate budgets for the 2 components be included as an appendix. The budgets and justifications should clearly delineate staff and

resources for each component (center or research project) so that detailed information is available for review for each component.

6. Part A: Is this RFA intended to supplement current national CDC-funded PRCs, (i.e., with new applications)? Part B: In addition, can a new center be proposed from an institution that already has a PRC, as long as it is quite distinct and separate from an existing PRC?

Part A: This is not a supplement to the currently funded PRCs. It is a new and competitive FOA. The current FOA DP09:001 ends September 29, 2014.

Part B: The FOA outlines the following requirements—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution (normally identified by having a unique DUNS number) may submit, or be part of, only a single application in response to this FOA. Multiple applications from different divisions, faculties, centers, schools, etc. of the same university, school of public health, medicine, or osteopathy will be returned without further consideration by CDC.

7. I believe XXX would not be eligible to apply for a new PRC because they already have a CDC-funded PRC. However, it is my understanding that an accredited medical school with a preventive medicine residency, (e.g., XXX Medical School), which is a different entity with a different DUNS, would be eligible. Can you confirm that this is the case and, if so, which types or definitions of “preventive medicine” residencies would be eligible?

This is a new and competitive FOA. The current FOA DP09-001 ends September 29, 2014.

The FOA outlines the following requirements in Section III. Eligibility Information: Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

8. XXX is an accredited School of Medicine. The institution does not offer a preventive medical residency program, but we do offer a preventative medical fellowship. Can we be eligible for this grant.

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.

2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

9. Part A: I am writing to inquire about the eligibility qualifications for RFA-DP-14-001. The announcement states that only schools of public health are eligible—is that still the case given the new realignment of schools and programs of public health through ASPPH? Part B: Second, what do you consider a public health residency program?

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

10. Specifically, "preventing drug abuse and excessive alcohol abuse" is one of the seven priority areas of the National Prevention Strategy. My question is this, and I recognize the difficulty in answering it: All other things being equal, would a prescription drug abuse-focused PRC application (that is fully responsive to all other criteria) fit with the mission of the PRCs Program?

The topic of the research is up to the investigator, and the applicant must demonstrate how their research topic fits within the intent of the FOA. The FOA supports applied public health prevention research. The types of applied research approaches supported by this FOA include behavioral, environmental, or systems-wide solutions and strategies that address major causes of disease and disability. The research project should align with CDC's winnable battles, the NCCDPHP strategic priorities, the NCCDPHP domains, or the National Prevention Strategy. In addition the research project should align with a *Healthy People 2020* focus area, as described in the FOA. The applied public health research project should address an evidence gap in public health research in one of three broad categories: (1) dissemination and implementation research, (2) public health practice-based research, or (3) intervention research.

11. The first Web session on July 31st is from 3 to 5pm (EDT), whereas the second one on August 1st seems to be an hour shorter from 3 to 4pm. Is one of these time ranges a misprint,

or are they indeed different lengths (maybe in anticipation of more people being on the first call)?

Yes, it is a misprint, and the second time will be changed to 3 to 5pm when the FOA is officially amended.

12. XXX School of Public Health already has a PRC. Would we be eligible to apply for another center in a different area? If not, is the XXX School of Medicine eligible to apply?

This is a new and competitive FOA. The current FOA DP09-001 ends September 29, 2014. The FOA outlines the following requirements in Section III. Eligibility Information: Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

13. We are a program, not a school, nor are we part of a medical school. However, we are CEPH-accredited, and a full-member of ASPH. On behalf of Public Health at XX, I would like to ask for your clarification as to whether we are eligible?

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

14. A group of public health faculty members here at XXX University and XXXX Medical School are interested in applying for RFA-DP-14-001. The joint Public Health Program between XXX and XXXX is accredited by the Council on Education in Public Health. Please advise whether the XXXU/XXXXMS is eligible for the grant application.

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement: The FOA outlines the following requirements—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with

Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

15. The Letter of Intent asks for a descriptive title of the proposed research, but the examples given are one-word examples, such as cardiovascular, renal, etc. Is it sufficient then to say “obesity research?”

The title of the proposed research project should be as descriptive as possible and include the specific topic(s) in accordance with the purpose and priorities of the FOA. If the title does not include specific topic(s), then add the one word descriptors separately.

16. There is no place in the proposal for a progress report for Centers that are already funded as there has been in the past. Should currently funded centers include a progress report somewhere (e.g., Appendix)?

The FOA does not require this information. However, you may include it if you think it adds to your application.

17. There is no place in the proposal for inclusion of our Federally Negotiated IDC Agreement. Should that be included somewhere (e.g., Appendix)?

The FOA states in Section IV. Application and Submission Information; 2. Content and Form of Application Submission states, “It is critical that applicants follow the instructions in the SF424 (R&R) Application Guide (http://grants.nih.gov/grants/guide/url_redirect.htm?id=12000), except where instructed in this Funding Opportunity Announcement to do otherwise.” In the 424 form, it indicates the following: “Indicate the most recent indirect cost rate(s) (also known as Facilities & Administrative Costs [F&A]) established with the cognizant federal office, or in the case of for-profit organizations, the rate(s) established with the appropriate agency. If you have a cognizant/oversight agency and are selected for an award, you must submit your indirect rate proposal to that office for approval. If you do not have a cognizant/oversight agency, contact the awarding agency.”

18. There is no place in the proposal to include a Center-level logic model. Would it be acceptable/appropriate to include the logic model in the Appendix with the work plan and implementation timeline?

The FOA does not require this information. However, you may include it if you think it adds to your application.

19. On page 26, the FOA states that the “principal investigator (on behalf of the applicant institution) must provide documentation of an overall match between the proposed Prevention Research Center, as described in the applicant’s Project Summary, and the research aims of this FOA...” What sort of documentation is required? Is this saying that the statement needs to be explicit in the Project Summary, or that there needs to be documentation included elsewhere in the proposal?

It is up to the applicant to determine the documentation needed and where to place it within the application.

20. Page 26 of the guidelines for RFA-DP-14-001 calls for a detailed budget for the Center and a detailed budget for the proposed public health research project. How can I do this in an electronic submission? Would I put the detailed budget for the research project in the subcontract module?

In Section IV. Application and Submission Information, 4. Required and Optional Components, Supplemental instructions for preparing the SF424 (R&R) for the Health Promotion and Disease Prevention Research Centers, the FOA requires that “the funds requested and justification provided should be specific to the PRC center and the applied public health research activities. The total budget for the application should be reflected on the Face Page. A separate budget, prepared using CDC guidelines, is requested for 1) the center and 2) the proposed public health research project.” It is recommended that a cumulative budget (including both the center and the research project) be submitted by using the Research and Related Budget preparation instructions starting on Page I-74 of the 424 R&R Application Guide. And, it is further recommended that the separate budgets for the 2 components be included as an appendix. The budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component.

21. We have a CEPH-accredited MPH Program within the XXX School of Medicine, although we are not a school of public health. My understanding is that schools of medicine may apply if they have a Preventive Medicine residency training program. We partner with the Preventive Medicine residency administratively housed within the X Department of Public Health (XXXX). That is, faculty and staff from both institutions serve on committees, conduct research, and teach within both programs. Indeed, the first year of the residency is at XXX, where residents obtain their MPH and work with faculty from XXX and XXXX. Please let us know as soon as possible whether our institution (XXX School of Medicine) would be considered eligible.

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement. The FOA outlines the following requirements—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with

Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

22. Where should we attach the 398 pages? Do we attach them as part of the budget justification narrative, or do we attach it as an "Appendix"?

In Section IV; Application and Submission Information; 5. PHS 398 Research Plan Component
The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of 16 components. Not all 16 components of the Research Plan apply to all Funding Opportunity Announcements (FOAs).

In Section IV; Application and Submission Information; 4. Required and Optional Components;
Supplemental instructions for preparing the SF424 (R&R) for the Health Promotion and Disease Prevention Research Centers, the FOA requires that "the funds requested and justification provided should be specific to the PRC center and the applied public health research activities. The total budget for the application should be reflected on the Face Page. A separate budget, prepared using CDC guidelines, is requested for 1) the center and 2) the proposed public health research project." It is recommended that a cumulative budget (including both the center and the research project) be submitted by using the Research and Related Budget preparation instructions starting on Page I-74 of the 424 R&R Application Guide. And, it is further recommended that the separate budgets for the 2 components be included as an appendix. The budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component.

23. I did not see in this FOA, 2014-2019, that a Progress Report is included. Is that correct?

The FOA does not require this information. However, you may include it if you think it adds to your application.

24. Appendix C in the FOA states that the Core Budget and Research Budget should be separate. However, there is no place in the online application package to upload two separate budgets, (and the header on the Appendix says that it's for continuations or progress reports). Can you please clarify whether the budget should be consolidated or separate, (and if separate, how we should upload it)?

In Section IV. Application and Submission Information; 4. Required and Optional Components; Supplemental instructions for preparing the SF424 (R&R) for the Health Promotion and Disease Prevention Research Centers, the FOA requires that “the funds requested and justification provided should be specific to the PRC center and the applied public health research activities. The total budget for the application should be reflected on the Face Page. A separate budget, prepared using CDC guidelines, is requested for 1) the center and 2) the proposed public health research project.” It is recommended that a cumulative budget (including both the center and the research project) be submitted by using the Research and Related Budget preparation instructions starting on Page I-74 of the 424 R&R Application Guide. And, it is further recommended that the separate budgets for the 2 components be included as an appendix. The budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component.

25. Does the definition of “Preventive Medicine Residency” include all four of the specialty areas of training (i.e., 1. General Preventive Medicine; 2. Occupational Medicine; 3. Aerospace Medicine; and 4. Hyperbaric Medicine), or just No. 1. General Preventive Medicine Residency?

Yes, and an institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

26. We are an institution within a University that seeks proactive approaches for prevention and early diagnosis of noncommunicable diseases. We conduct multidisciplinary and high-tech (engineering, sciences, biology, and social sciences) research and training on noncommunicable disease prevention strategies; do collaborative research with physicians or clinicians from medical schools; but do not practice medicine like medical schools do.

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the

following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

27. Do you have a sample that I can use as a template for completing an application, as the standard "Aims, Background, Innovation, and Approach" headings do not really work for this FOA. Perhaps there is some guidance on how this will differ from a standard 424 submission?

In Part 1. Overview Information; Required Application Instructions, the FOA indicates that an institution “must follow the instructions in the [SF 424 \(R&R\) Application Guide](#) except where instructed to do otherwise in this FOA.” The Research Strategy component of the Research Plan narrative is limited to a total of 25 pages; 10 pages should be used to address the center core key elements and 15 pages to address the applied public health prevention research project. (See Section 5.5 of the SF 424 [R&R] Application Guide for components of the Research Plan.)

28. Do CEPH-accredited programs of public health meet the eligibility requirement to apply for the current PRC RFA?

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

29. We have an accredited MPH program, are not in a School of Public Health, and are part of the X School of Medicine. To the best of my knowledge, our department (Preventive Medicine) does not have a preventive medicine residency program. Are we eligible?

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

30. Does the applied public health prevention research project need to fit entirely in one of the three categories listed in the FOA, or could it have components that fit in two or more categories?

The topic of the research is up to the investigator, and the applicant must demonstrate how their research topic fits within the intent of the FOA. The FOA supports applied public health prevention research. The types of applied research approaches supported by this FOA include behavioral, environmental, or systems-wide solutions and strategies that address major causes of disease and disability. The research project should align with CDC's winnable battles, the NCCDPHP strategic priorities, the NCCDPHP domains, or the National Prevention Strategy. In addition, the research project should align with a *Healthy People 2020* focus area, as described in the FOA. The applied public health research project should address an evidence gap in public health research mainly in one of three broad categories: (1) dissemination and implementation research; (2) public health practice-based research; or (3) intervention research. However, it is possible that some components may address the other areas.

31. Would a successful program that affected behaviors and systems in a large RCT meet the definition of an “evidence-based program” for option #1, Dissemination and Implementation of evidence-based strategies?

The topic of the research is up to the investigator, and the applicant must demonstrate how their research topic fits within the intent of the FOA. The FOA supports applied public health prevention research. The types of applied research approaches supported by this FOA include behavioral, environmental, or systems-wide solutions and strategies that address major causes

of disease and disability. The research project should align with CDC's winnable battles, the NCCDPHP strategic priorities, the NCCDPHP domains, or the National Prevention Strategy. In addition, the research project should align with a *Healthy People 2020* focus area, as described in the FOA. The applied public health research project should address an evidence gap in public health research in one of three broad categories: (1) dissemination and implementation research; (2) public health practice-based research; or (3) intervention research.

32. Would the study of a program based on evidence-based strategies (e.g., a strongly recommended approach in the community guide) meet the definition of an “evidence-based program” for option #1, Dissemination and Implementation of evidence-based strategies, even if the exact intervention had not been previously evaluated?

The topic of the research is up to the investigator, and the applicant must demonstrate how their research topic fits within the intent of the FOA. The FOA supports applied public health prevention research. The types of applied research approaches supported by this FOA include behavioral, environmental, or systems-wide solutions and strategies that address major causes of disease and disability. The research project should align with CDC's winnable battles, the NCCDPHP strategic priorities, the NCCDPHP domains, or the National Prevention Strategy. In addition, the research project should align with a *Healthy People 2020* focus area, as described in the FOA. The applied public health research project should address an evidence gap in public health research in one of three broad categories: (1) dissemination and implementation research; (2) public health practice-based research; or (3) intervention research.

33. Our Health Sciences program is accredited by the Council on Education in Public Health (CEPH). Are we eligible to apply?

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

34. Would the 2 budgets for the center and one for the research project be combined in the detailed budget forms and then separated in the budget justification, using the CDC budget guidelines?

In Section IV. Application and Submission Information, 4. Required and Optional components, Supplemental instructions for preparing the SF424(R&R) for the Health Promotion and Disease Prevention Research Centers: the FOA requires “the funds requested and justification provided should be specific to the PRC center and the applied public health research activities. The total budget for the application should be reflected on the Face Page. A separate budget, prepared using CDC guidelines, is requested for 1) the center and 2) the proposed public health research project.” It is recommended that a cumulative budget (including both the center and the research project) be submitted by using the Research and Related Budget preparation instructions starting on Page I-74 of the 424 R&R Application Guide. In addition, it is further recommended that the separate budgets for the 2 components be included as an appendix. The budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component.

35. Are the specific aims counted as part of the 25-page limit? On page 33 (item #7), the FOA states that only the research strategy is part of the 25 pages. Because the research strategy includes only significance, innovation, and approach (per page 27, item #5), we are wondering if the specific aims are in addition to the 25 pages?

The specific aims are not counted as part of the 25-page limit. In the FOA Section IV. Application and Submission Information; 5. PHS 398 Research Plan Component; the Specific Aims are number 2. The SF 424 specifies page limits for the specific aims.

36. We planned to have one set of specific aims for the overall proposal, and another set specifically for the research project portion of the proposal. If the specific aims are not counted toward the 25 pages, may we have two sets of specific aims?

The specific aims are not counted as part of the 25-page limit. The FOA does not specify the number of specific aims. The SF 424 specifies page limits for the specific aims.

37. May we include in the budget light refreshments for the quarterly meetings of our PRC's Community Advisory Board? This would be less than \$500 per meeting, for a total of less than \$2,000 per year.

In Section VI. Award Administration Information; 3. Additional Policy Requirements; the first policy requirement is related to food http://www.hhs.gov/asfr/ogapa/acquisition/appfundspol_att2.html. Any requests that include food will be subject to the policy requirements.

38. Are the letters of support counted against the page limit of the appendix? (We are pretty sure the answer is no, but we wanted to confirm.)

In Section IV. Application and Submission Information; 5. PHS 398 Research Plan Component; the FOA states: “The signed MOU, MOA, or letters of support can be included under Section 14:

Letters of Support section of the research plan and do not count towards the page limit of the application.”

39. Is there a specific place where we should report on our current PRC core research project, or should we make our best determination about where to describe that work?

The FOA does not require this information. However you may include it if you think it adds to your application.

40. Do you yet know when the 2014 SIP FOA will be published?

CDC is working on the 2014 SIP announcement.

41. Will the same reviewers review our full proposal, or will one group review the center components and another group review the research components?

The FOA outlines the structure as one application, which is reviewed as a whole by assigned reviewers.

42. Would you like us to submit a consolidated budget, or just the two separate budgets (center and research)?

In Section IV. Application and Submission Information, 4. Required and Optional Components, Supplemental instructions for preparing the SF424 (R&R) for the Health Promotion and Disease Prevention Research Centers: the FOA requires “the funds requested and justification provided should be specific to the PRC center and the applied public health research activities. The total budget for the application should be reflected on the Face Page. A separate budget, prepared using CDC guidelines, is requested for 1) the center and 2) the proposed public health research project.” It is recommended that a cumulative budget (including both the center and the research project) be submitted by using the Research and Related Budget preparation instructions starting on Page I-74 of the 424 R&R Application Guide. And, it is further recommended that the separate budgets for the 2 components be included as an appendix. The budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component.

43. May our research budget be more than 50% of the total budget?

In Section I. Funding Opportunity Announcement Description; Applied Public Health Prevention Research Project the FOA states: “The FOA will support one applied public health prevention research project. The PRC should allocate at least 50% funding (direct and indirect) provided through this FOA to support the design, development, implementation, evaluation and dissemination of one applied public health prevention research project.”

44. On page 14, the FOA states: "The PRCs should develop a 5-year center-wide integrated research agenda." Please clarify what this means. Is this our research work plan? Does "center-wide" indicate that it's broader than just the work we conduct with funding from the CDC PRC Program? Is this a specific document that we need to include in the proposal?

The center-wide integrated research agenda is broader than the research work plan. However, the FOA does not specify what is required. It is up to the applicant to determine how best to address this.

45. Where in the proposal should we state whether we are complying with the two optional policies related to tobacco and nutrition (FOA, page 48)? In addition, are we stating compliance for our PRC or for our university as a whole?

In Section VI. Award Administration Information; 2. CDC Administrative Requirements; the FOA states, “Awardees must comply with the administrative requirements (AR) outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate, as well as any additional requirements included in the FOA.” The FOA does not specify a specific location in the application for this information.

46. Is it feasible for X University to be considered eligible to respond to this announcement as the submitting organization if we have confirmed the partnership with an accredited institution of public health and also an accredited school of medicine?

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement: The FOA outlines the following requirements—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

47. Is our CEPH-accredited public health program or our medical school at the University of X at X eligible for this RFA?

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement: The FOA outlines the following requirements—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

48. Can you please expound on what you mean by "environmental systems" in outcome measure #2: Increased changes to environmental systems?

In the FOA—Section I. Funding Opportunity Announcement Description; Background and Purpose; the sentence was truncated to read “environmental systems.” The FOA will be amended to reflect the following change in this phrase, “environmental systems,” on **p. 11, #2; p. 14, #2; p. 16 #2; p. 31 Under Evaluation A**; and **p. 38 Last bullet under For the Center** to “environmental and systems-wide solution and strategies to address public health problems.”

49. Do we need or have to develop SMART objectives for the core research project or only for the center activities? (It does not seem to make sense for the research project, the 1-year window for a 5-year research project.)

In the FOA; Appendix D; Guidelines for the Development of PRC Work Plan; Work Plan Requirements, it states: “The work plan should reflect the center key elements of: infrastructure and administration; community engagement, partnerships, and technical assistance; communication and dissemination; training; and evaluation; and the applied public health prevention research project as listed in the Funding Opportunity Announcement.” The requirements for the research section relate to the Applied Public Health Prevention Research Project. The work plan should not exceed 20 pages.

For each of the 5 elements of the Center (i.e., infrastructure and administration; community engagement, partnerships, and technical assistance; communication and dissemination; training; evaluation), and for the Research Project, provide the following:

- The 5-year project period goal (up to 3 goals per section).
- Long-term impact or outcome of the project period goal.
- Long-term measure of success.
- SMART Annual Objectives for the next budget period.

50. Is there one summary or abstract for the entire application, or one for the 10-page core application and another for the 15-page research project?

In Part 1. Overview Information; Required Application Instructions, the FOA indicates that an institution “must follow the instructions in the [SF 424 \(R&R\) Application Guide](#) except where instructed to do otherwise in this FOA.” Your Project Summary serves as a succinct and accurate

description of the proposed application, including both the center and core research project and should be no longer than 30 lines of text.

51. Should the 10 pages and the 15 pages be merged into one document for submission?

In Part 1. Overview Information; [Required Application Instructions](#), the FOA indicates that an institution “must follow the instructions in the [SF 424 \(R&R\) Application Guide](#) except where instructed to do otherwise in this FOA.” The Research Strategy component of the Research Plan narrative is limited to a total of 25 pages, 10 pages to address the center application content and 15 pages to address the applied public health prevention research project.

52. Should we submit a name for the center proposal and a name for the research project proposal, or just a name for the research project?

The title of the proposed research project should be as descriptive as possible and include the specific topic(s) in accordance with the purpose and priorities of the FOA. If the title does not include specific topic(s), then add the one word descriptors separately. It is suggested that the award title have a different name.

53. Do we need to fill out human subjects, inclusion, and target enrollment documents for the training, evaluation, community engagement, communications, and infrastructure sections, or just one form for the entire proposal?

An applicant should fill out those documents for the research project, if it involves human subjects, and those documents for the core, where applicable.

54. We have an accredited MPH program, but the program is not contained within a School of Public Health. We are part of the XX School of Medicine. To the best of my knowledge, our department, Preventive Medicine, does not have a preventive medicine residency program. Are we eligible to apply?

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

55. I have a congressman who would like to address the letter of support directly to someone at CDC. Can you provide a contact name and address for this purpose? (They will send the letter to us; they just need a name and contact person to whom the letter can be addressed.)

The letter should be addressed to the Scientific/Research Contact, Michael A. Brown, MPH, Extramural Research Program Operations and Services. The letter should be submitted with the application to be considered part of the official application.

56. Page 14 of the FOA lists what the PRC infrastructure or administration should be able to do. Do we need to document a 5-year research agenda in the infrastructure section, or just show we have the infrastructure to carry it out and outline our research in the applied research section?

The center-wide integrated research agenda is broader than the research work plan. However, the FOA does not specify what is required. It is up to the applicant to determine how best to address this.

57. Are applicants better advised to focus on one winnable battle, or alternatively, the risk factors in common underlying two to three winnable battles, (e.g., smoking, teen pregnancy, STIs/HIV)?

The FOA does not specify in Section I. Funding Opportunity Announcement Description which agency priorities on which to focus. It states the following: This FOA aligns with the following agency priorities:

1. CDC's winnable battles, which cover health topics of HIV, motor vehicle injuries, nutrition, physical activity and obesity, teen pregnancy, and tobacco.
2. The NCCDPHP strategic priorities of well-being, health equity, research translation, development, evaluation and dissemination of environmental and systems-wide solutions and strategies to address public health problems, and workforce development to support applied prevention research to develop sustainable and transferable community-based interventions.
3. The NCCDPHP domains of epidemiology and surveillance, environmental approaches that promote health and support and reinforce healthful behaviors, health system interventions to improve the effective delivery and use of clinical and other preventive services, and strategies to improve community-clinical linkages.
4. The National Prevention Strategy.

In addition, this FOA will align and contribute to the health promotion and disease prevention objectives of the following *Healthy People 2020* focus areas, including adolescent health, cancer, dementia (including Alzheimer's), diabetes, educational and community based

programs, health-related quality of life and well-being, hearing, heart disease and stroke, HIV, nutrition and weight status, older adults, physical activity, sexually transmitted diseases, sleep, social determinants of health, tobacco use, and vision.

It is up to the applicant to describe how the application addresses the priorities.

58. Does the cap on the amount of funding allocated to training include the time of a faculty member who would lead that Core? Or does that cap apply only to the amount that can be allocated for implementing trainings?

Faculty salaries are not included in the cap on the amount of funding allocated to training. Large scale public health training programs requiring more than the 5% of total approved PRC budget will not be supported through this FOA.

59. There does not seem to be any place to discuss the work plan(s) in the points specified in the announcement for the 10-page Core Center proposal. How should it be addressed?

In the FOA; Appendix D; Guidelines for the Development of PRC Work Plan; Work Plan Requirements, it states: The work plan should reflect the center key elements of: infrastructure and administration; community engagement, partnerships, and technical assistance; communication and dissemination; training; and evaluation; and the applied public health prevention research project, as listed in the Funding Opportunity Announcement. The requirements for the research section relate to the Applied Public Health Prevention Research Project. The work plan should not exceed 20 pages. **In Section IV. Application and Submission Information, 6. Appendix the FOA states: The appendix should include:**

- 1. A work plan for each key element of the center and the applied public health research project. Additional information regarding the work-plan is included in Appendix D.**
- 2. An implementation timeline for the applied public health research project. Additional information regarding the time line is included in Appendix E.**

60. Are the budget forms, which are to be included as an appendix, part of the 50-page limit on the appendices?

Yes.

61. Does occupational medicine, a subspecialty of preventive medicine, meet the residency requirement?

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

- 1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.**

2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

62. The guidance document states that intervention research will be funded only to address an evidence gap in the efficacy or effectiveness of health promotion or disease prevention strategies for a particular group or community, OR fills a major evidence gap identified in each review found in the Guide for Community Preventive Services. The rest of that section focuses heavily on the CPS. Does that mean that if we are looking at an intervention research project that does not address a CPS topic area, we will not be compliant with the intent of this domain?

As noted in the FOA, Section I. Funding Opportunity Announcement Description; 2. Approach; **3. Intervention research** that addresses a clear gap in the evidence of the efficacy or effectiveness of health promotion or disease prevention strategies for a particular group (e.g., racial or ethnic), community (e.g., rural), or fills a major evidence gap identified in each review found in the Guide to Community Preventive Services, or as outlined in the 2012 or 2013 Community Preventive Services Task Force Annual Report to Congress.

63. What is the Web address where the slides and text of the presentation are located?

The slides and text are posted here: <http://www.cdc.gov/prc/newsroom/foa-dp14-001.htm>.

64. Regarding Health Promotion and Disease Prevention Research Centers FOA (CFDA 93.135), must the applicant have a residency program? Under the “Eligible Organization” section, the FOA states that accredited schools of public health are eligible, with no mention that those schools must have a residency program. Could you clarify this for me?

An institution must meet one of the two requirements as outlined in the FOA to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B.

Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

65. Will the merit review scores (from the peer review in November) be available through eRA Commons a few days after the review (similar to NIH study section reviews)?

Yes.

66. We are considering an application in response to this RFA but would like to assess CDC's interest in our topic. We have a strong existing infrastructure for community engagement and partnerships for this line of work.

The topic of the research is up to the investigator, and the applicant must demonstrate how their research topic fits within the intent of the FOA. The FOA supports applied public health prevention research. The types of applied research approaches supported by this FOA include behavioral, environmental, or systems-wide solutions and strategies that address major causes of disease and disability. The research project should align with CDC's winnable battles, the NCCDPHP strategic priorities, the NCCDPHP domains, or the National Prevention Strategy. In addition, the research project should align with a *Healthy People 2020* focus area, as described in the FOA. The applied public health research project should address an evidence gap in public health research in one of three broad categories: (1) dissemination and implementation research; (2) public health practice-based research; or (3) intervention research.

67. During the call-in, the answer was yes, that general preventive medicine, occupational medicine, hyperbaric medicine, and aerospace medicine, as ACGME accredited Preventive Medicine Programs, are included in the Preventive Medicine Residency requirement in the grant. Please correct me if that is not correct.

That is correct. An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

68. Is the only required committee a Community Committee? Or should there also be an internal/external Advisory Committee?

The applicant should include a description of a community committee(s) including the composition, role, and structure, and a plan for obtaining community input into PRC activities. The number and types of committees is up to the investigator, and the applicant must demonstrate how their committee(s) fit within the intent of the FOA.

69. Can the Training PI salary be part of the core budget? In other words, can the training 5% contain just the costs related to putting together the actual training, which would include non-investigator labor costs, materials, meeting costs, etc?

Faculty salaries are not included in the cap on the amount of funding allocated to training. Large-scale public health training programs requiring more than the 5% of total approved PRC budget will not be supported through this FOA.

70. For travel, how many trips should be budgeted for PI(s) to attend PRC meetings?

Section VI. Award Administration Information; 4. Cooperative Agreement Terms and Conditions of Award; The PD(s)/PI(s) will have the primary responsibility for: Demonstrating evidence within the text and budget of financial support for the PD/PI and other appropriate PRC faculty and staff, and community members to participate in semiannual grantee and directors' meetings.

71. For travel, how many trips should be budgeted for the lead investigator on the sub-project?

Section VI. Award Administration Information; 4. Cooperative Agreement Terms and Conditions of Award; The PD(s)/PI(s) will have the primary responsibility for: Demonstrating evidence within the text and budget of financial support for the PD/PI and other appropriate PRC faculty and staff, and community members to participate in semiannual grantee and directors' meetings.

72. Can the list of ongoing prevention projects and activities be submitted as an appendix?

The FOA does not require this information. However, it may be included if it adds to your application.

73. Approximately how many projects should be listed to be sufficient to address the breadth of work we are doing?

The FOA does not specify. It is up to the applicant to determine the documentation needed.

74. Are you asking for a timeline for each of the goals listed in the six separate sections (infrastructure, community engagement, training, etc.)? With up to three goals for each area, this would translate to as many as 18 separate timelines.

Within the work plan, there should be completion dates associated with SMART objectives and annual activities (Appendix D). An implementation timeline (Appendix E) is expected for the applied public health research project. **In Section IV. Application and Submission Information, 6. Appendix the FOA states: The appendix should include:**

1. A work plan for each key element of the center and the applied public health research project. Additional information regarding the work-plan is included in Appendix D.
2. An implementation timeline for the applied public health research project. Additional information regarding the time line is included in Appendix E.

75. Because the work plan template asks for a completion date for the activities, we are not clear how Appendix E would be differentiated from the work plan.

Within the work plan, there should be completion dates associated with SMART objectives and annual activities (Appendix D). An implementation timeline (Appendix E) is expected for the applied public health research project. In Section IV. Application and Submission Information, 6. Appendix the FOA states: The appendix should include:

1. A work plan for each key element of the center and the applied public health research project. Additional information regarding the work-plan is included in Appendix D.
2. An implementation timeline for the applied public health research project. Additional information regarding the time line is included in Appendix E.

76. What is the smallest allowable font for an appendix?

In Part 1. Overview Information; Required Application Instructions, the FOA indicates that an institution “must follow the instructions in the [SF 424 \(R&R\) Application Guide](#) except where instructed to do otherwise in this FOA.” See for example, Part 1. INSTRUCTIONS FOR PREPARING AND SUBMITTING AN APPLICATION; 2. Process for Application Submission via Grants.gov; 2.6 Format Specifications for Text (PDF) Attachments.

77. In Appendix D, the work plan requires "SMART Annual Objectives for the next budget period." Does this mean the annual objectives in the work plan should only cover year one of the grant?

Yes, that is correct.

78. Is health services considered part of public health practice?

The FOA defines public health practice as the strategic, organized, interdisciplinary application of knowledge, skills, and competencies necessary to perform public health services and other activities to improve the health of populations (see Appendix A in the FOA). The research project should align with CDC’s winnable battles, the NCCDPHP strategic priorities, the NCCDPHP domains, or the National Prevention Strategy. The four NCCDPHP domains include the following: epidemiology and surveillance, environmental approaches, health systems interventions, and community-clinical linkages (see Appendix B in the FOA).

79. Where will answers sent to PRCFOA@cdc.gov be posted?

Frequently Asked Questions about this FOA are posted at <http://www.cdc.gov/chronicdisease/about/foa.htm> and are updated frequently. Please check the Web site for updates. Frequently Asked Questions about this FOA will be posted on Grants.gov. as an amendment to this FOA prior to the application receipt date.

80. Is the specific aims page included within the 25-page limit, or can that be a separate page?

The specific aims are not counted as part of the 25-page limit. In the FOA Section IV. Application and Submission Information; 5. PHS 398 Research Plan Component; the Specific Aims are number 2. The SF 424 specifies page limits for the specific aims.

81. For the separate budgets, do we need to provide all of the PHS 398 pages for each of the subcontracts within each of the components (i.e., face page, plus form pages 4, 5, and 6 = 4 pages per subcontract per component—we anticipate this will take up 20+ pages of our appendix)? Can you recommend an alternative but acceptable format for providing the separate budget details?

A separate budget, prepared using CDC guidelines, is requested for (1) the center and (2) the proposed public health research project. It is recommended that a cumulative budget, (including both the center and the research project), be submitted by using the Research and Related Budget preparation instructions starting on Page I-74 of the 424 R&R Application Guide. And, it is further recommended that the separate budgets for the 2 components be included as an appendix. The budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component. If you need additional information, the FOA Section VII. Agency Contacts, provides information for technical support for application submission questions.

Application Submission Contacts

[Grants.gov Customer Support](#)

(Questions about Grants.gov registration and submission, downloading, or navigating forms)

Contact Center Phone: 800-518-4726

E-mail: support@grants.gov

Hours: 24 hours a day, 7 days a week; closed on federal holidays

[eRA Commons Help Desk](#)

(Questions about eRA Commons registration, tracking application status, post submission issues, FFR submission)

Phone: 301-402-7469 or 866-504-9552 (Toll Free)

TTY: 301-451-5939

E-mail: commons@od.nih.gov

Hours: Monday-Friday, 7am-8pm US Eastern Time

CDC Technical Information Management Section (TIMS)

Procurement and Grants Office

Phone: 770-488-2700

E-mail: PGOTIM@cdc.gov

Hours: Monday-Friday, 7am-4:30pm US Eastern Standard Time

82. XU is an accredited school of medicine. X hospital has an active and accredited Preventive Medicine Residency program. We are submitting documents together to ACGME to make this a joint PM program. It will have a codirector from both organizations. The documents are due

to ACGME in September, and we will be prepared to submit them with our PRC application, if it is necessary to verify our eligibility. Are we qualified to apply?

The applicant institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

83. The FOA states that no more than 5% of the total budget should be directed to training. If the proposed public health project includes the implementation of a curriculum, are we correct in assuming that this intervention is not limited by the 5 % cap?

Training is one component of the Center Core. Large-scale public health training programs requiring more than the 5% of total approved PRC budget will not be supported through this FOA.

84. If we have been doing a project for the past 5 years, could we apply for funds that would continue support of this project?

The applied public health research project should address one of three broad categories: (1) dissemination and implementation research, (2) public health practice based research, or (3) intervention research that addresses a clear gap in the evidence of the efficacy or effectiveness of health promotion or disease prevention strategies. Etiologic research will not be supported as the core research project. The topic of the research is up to the investigator, and the applicant must demonstrate how their research topic fits within the intent of the FOA. The FOA supports applied public health prevention research. The types of applied research approaches supported by this FOA include behavioral, environmental, or systems-wide solutions and strategies that address major causes of disease and disability. The research project should align with CDC's winnable battles, the NCCDPHP strategic priorities, the NCCDPHP domains, or the National Prevention Strategy. In addition, the research project should align with a *Healthy People 2020* focus area, as described in the FOA. The applied public health research project should address an evidence gap in public health research in one of three broad categories: (1) dissemination and implementation research, (2) public health practice-based research, or (3) intervention research.

85. We are an accredited Public Health Program, not a school, and we do not have a residency training in public health program, but we do have a required practicum for all students. Are we eligible to apply?

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

86. In reading the FOA, we have not observed any language or requirements related to the National Community Committee; is this correct?

The National Community Committee is not included in the FOA.

87. Were either of the informational webinars recorded? Are the slides used for the webinars available?

The web address for the PRC FOA slides and text is <http://www.cdc.gov/prc/newsroom/foa-dp14-001.htm>.

88. Can existing PRCs apply for DP-14-001, or is it only for the development of new centers?

Yes. This is a new and competitive FOA. The current FOA DP09-001 ends September 29, 2014.

89. I missed the technical assistance webinar. Are slides or other information available?

The web address for the PRC FOA slides and text is <http://www.cdc.gov/prc/newsroom/foa-dp14-001.htm>.

90. Our group is looking at several issues involving occupational health as a possible primary research project for the HPDPRC grant. Occupational health is a topic area in *Healthy People 2020*, and workplace injury prevention is part of the National Prevention Strategy. However, it is not one of the specific HP 2020 topics listed in the grant guidance, page 10. It is not clear whether topics must be strictly limited to that list. Given the above, is occupational health/safety acceptable as a primary research project for the grant?

The topic of the research is up to the investigator, and the applicant must demonstrate how their research topic fits within the intent of the FOA. The FOA supports applied public health prevention research. In **Section I. Funding Opportunity Announcement Description**; The FOA states **1. Background and Purpose**; **Purpose**: This FOA will support a network of Health

Promotion and Disease Prevention Research Centers (PRCs) to conduct applied public health prevention research approaches for behavioral interventions, environmental, or systems-wide solutions and strategies that address major causes of disease and disability. Research activities should focus on addressing underserved, minority, and other populations with diseases, health hazards, and risk factors, which are most amenable for health promotion and disease prevention interventions. In **2. Approach**. In addition, funding for this FOA should support one applied public health research project in one of three broad categories to address an evidence gap in applied public health prevention research. The three categories are (1) dissemination and implementation research, (2) public health practice-based research, or (3) intervention research.

In **Statutory Authority**: This FOA aligns with the following Agency priorities:

1. CDC's winnable battles, which cover health topics of HIV, motor vehicle injuries, nutrition, physical activity, obesity, teen pregnancy, and tobacco.
2. The NCCDPHP strategic priorities of well-being, health equity, research translation, development, evaluation and dissemination of environmental and systems-wide solutions and strategies to address public health problems, and workforce development to support applied prevention research to develop sustainable and transferable community-based interventions.
3. The NCCDPHP domains of epidemiology and surveillance, environmental approaches that promote health and support and reinforce healthful behaviors, health system interventions to improve the effective delivery and use of clinical and other preventive services, and strategies to improve community-clinical linkages.
4. The National Prevention Strategy.

In addition, this FOA will align and contribute to the health promotion and disease prevention objectives of the following Healthy People 2020 focus areas, including adolescent health, cancer, dementia (including Alzheimer's), diabetes, educational and community-based programs, health-related quality of life and well-being, hearing, heart disease and stroke, HIV, nutrition and weight status, older adults, physical activity, sexually transmitted diseases, sleep, social determinants of health, tobacco use, and vision.

91. This question is about the requirement to put the budget and justification for both the Center and Research component of the proposal in the appendices. Are we expected to put the entire 5 years into the appendices, or can we just put the first year?

In Section IV. Application and Submission Information, 4. Required and Optional components, Supplemental instructions for preparing the SF424(R&R) for the Health Promotion and Disease Prevention Research Centers: the FOA requires "the funds requested and justification provided should be specific to the PRC center and the applied public health research activities. The total budget for the application should be reflected on the Face Page. A separate budget, prepared using CDC guidelines, is requested for 1) the center and 2) the proposed public health research project." It is recommended that a cumulative budget (including both the center and the research project) be submitted by using the Research and Related Budget preparation instructions starting on Page I-74 of the 424 R&R Application Guide. And, it is further recommended that the separate budgets for the 2 components be included as an appendix. The

budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component.

92. We do not have a preventive medicine residency here. We are submitting one, but do have community health and family medicine. Does that count? I see two different things written, where one place says it can be submitted by either a school of public health or school of medicine, and another place that says it must have both. Please advise?

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

93. Can we partner with a medical school in another state that has a Preventive Medicine Residency program?

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

94. I just wanted to clarify that the “Specific Aims” page is NOT counted in the 25-page limit.

The specific aims are not counted as part of the 25-page limit. In the FOA Section IV. Application and Submission Information; 5. PHS 398 Research Plan Component; the Specific Aims are number 2. The SF 424 specifies page limits for the specific aims.

95. What is the resource sharing section meant to address?

In Section V. Application Review Information, the FOA states “As applicable for the project proposed, reviewers will consider each of the following items, but *will not give scores* for these items, and should not consider them in providing an overall impact/priority score. 3. Resource Sharing Plans HHS/CDC policy requires that recipients of grant awards soliciting proposals for individual research projects of \$500,000 or more in total (direct and indirect) costs per year make research resources and data readily available for research purposes to qualified individuals within the scientific community after publication. Please see the NIH Statement on Sharing Research Data at: <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-03-032.html>. Investigators responding to this funding opportunity should include a plan on sharing research resources and data.”

96. Does the budget justification included in the appendices need to include all five years or is year one adequate?

In Section IV. Application and Submission Information, 4. Required and Optional components, Supplemental instructions for preparing the SF424(R&R) for the Health Promotion and Disease Prevention Research Centers: the FOA requires that “the funds requested and justification provided should be specific to the PRC center and the applied public health research activities. The total budget for the application should be reflected on the Face Page. A separate budget, prepared using CDC guidelines, is requested for 1) the center and 2) the proposed public health research project.” It is recommended that a cumulative budget (including both the center and the research project) be submitted by using the Research and Related Budget preparation instructions starting on Page I-74 of the 424 R&R Application Guide. And, it is further recommended that the separate budgets for the 2 components be included as an appendix. The budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component.

97. We are a nonprofit research institution affiliated with an accredited school of public health. Can our institution meet the eligibility requirement through our affiliation?

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.

2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

98. Our medical school does not have a Preventive Medicine Residency. Can we partner with another medical school with a Preventive Medicine Residency?

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

99. There is one application per institution. If the application is coming from my university, and we are partnering with the medical school that has a PMR, can that university submit its own application for a different center?

In **Section III. Eligibility Information; Eligible Applicants** the FOA states: An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME).

In **Section III. Eligibility Information; 10. Number of Applications** the FOA states: An institution may submit, or be part of, only a single application in response to this FOA. Multiple

applications from different divisions, faculties, centers, schools, etc. of the same university, school of public health, medicine, or osteopathy will be returned without further consideration by CDC. Only one application per institution (normally identified by having a unique DUNS number) is allowed.

100. Our School of Public Health has completed all requirements for accreditation and has documentation of such. We would like assurance that as long as we have our official documentation prior to review, that we are eligible to apply.

The FOA **Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations** states: An institution may submit an application if the organization has any of the following characteristics:

In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

101. What are the preferred headings for the 25 pages?

In **Section IV. Application and Submission Information; 5. PHS 398 Research Plan Component** the FOA states in: **3. Research Strategy**—the research strategy should be organized under 3 headings: Significance, Innovation and Approach. Describe the proposed center and the applied public health research project. In **Center Application Content** the FOA states: Center application content is limited to the first 10 pages of the research strategy. Institutions should describe and/or provide evidence and experience in each of the following elements: Infrastructure and Administration; Community Engagement, Partnerships, and Technical Assistance; Communication and Dissemination; Training, and Evaluation.

102. For the research project, does it have to be one discrete project or could it be multicomponent addressing a key evidence gap?

The research project is designed to be one core research project; however, within that research project the applicant may have specific activities or smaller projects.

103. The 50% minimum required for the applied research project—is that for the overall 5-year amount, or does each year have to be a minimum of 50%?

The 50% or more of the budget for the core research project is for every year.

104. Does the section on innovation refer to the entire center or just the applied research project?

It applies to both.

105. If our core research project could potentially span more than one of the three research categories, how do we handle that in our application?

It is recommended to choose the one category with which your research project most closely aligns.

106. If the center Principal Investigator (PI) is different from the research project PI, should we use the multiple PI mechanism, or would the PI of the research project be a co-PI on the overall center, or coinvestigator?

In Section III. Eligibility Information; 8. Eligible Individuals (Project Director/Principal Investigator) in organizations/Institutions states, “Applications may include more than one PI; however the PI/PRC Director who submits the application will be responsible for all activities conducted under the FOA and will be listed as the ‘contact PI’ for all correspondence.”

107. Do we have to include a full IRB approval at the time of submission?

A full IRB approval at the time of submission is not required. In Section IV. Application and Submission Information; 6. Appendix the FOA states, “The appendix should include: ... a plan for IRB approval, a well-developed draft of the IRB protocol, or evidence of exemption from IRB approval.”

108. Does the CDC have the same requirements for a data safety monitoring plan as the NIH?

Yes, in Section V. Application Review Information; Protections for Human Subjects; the FOA indicates ... “data and safety monitoring for clinical trials.”

109. For the Special Emphasis Panel, will the reviewers include nonprofessional community members?

The review pool will be very broad, representing a variety of disciplines and a variety of topics that are covered in the FOA.

110. Please confirm that separate detailed budgets (for the center and research project) to be placed in the appendices are required for year 1 only. We understand that detailed budgets for years 2-5 for the center and research project will be submitted in subsequent years via the PHS2590 Grant Progress Report, as shown in Appendix C.

In Section IV. Application and Submission Information; 4. Required and Optional Components; Supplemental instructions for preparing the SF424 (R&R) for the Health Promotion and Disease Prevention Research Centers, the FOA requires that “the funds requested and justification provided should be specific to the PRC center and the applied public health research activities. The total budget for the application should be reflected on the Face Page. A separate budget, prepared using CDC guidelines, is requested for 1) the center and 2) the proposed public health research project.” It is recommended that a cumulative budget (including both the center and the research project) be submitted by using the Research and Related Budget preparation instructions starting on page I-74 of the 424 R&R Application Guide. And, it is further recommended that the separate detailed budgets for the 2 components, for year one only, be included as an appendix. The budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component.

111. Is it acceptable to describe the applied public health research project in terms of significance, innovation, and research, and describe the proposed center by addressing each of the 5 elements responding to the specific bullet points listed for each? In other words, the elements (infrastructure and administration, community engagement, communication and dissemination, etc.) would not be broken into significance, innovation, and approach.

In **Section IV. Application and Submission Information**;5. PHS 398 Research Plan Component the FOA states in: **3. Research Strategy**—the research strategy should be organized under 3 headings: Significance, Innovation and Approach. Describe the proposed center and the applied public health research project. In **Center Application Content** the FOA states: Center application content is limited to the first 10 pages of the research strategy. Institutions should describe and/or provide evidence and experience in each of the following elements: Infrastructure and Administration; Community Engagement, Partnerships, and Technical Assistance; Communication and Dissemination; Training, and Evaluation.

112. We missed the FOA webcasts, as well as the LOI deadline. Is there material available from the webcast, and can we still send in a LOI?

Frequently Asked Questions about this FOA and the PRC FOA webcast slides and text are posted at <http://www.cdc.gov/chronicdisease/about/foa.htm>. Please check the Web site for updates. Frequently Asked Questions about this FOA will be posted on Grants.gov. as an amendment to this FOA before the application receipt date.

A letter of intent (LOI) can still be sent in and is appreciated for planning purposes. The LOI should be emailed as a PDF file to

Michael A. Brown, MPH
Extramural Research Program Operations and Services
E-mail: prcfoa@cdc.gov

113. We plan to propose that our prevention center implement a community-based program targeting diabetes. Would this fit with the goal of the FOA?

The topic of the research is up to the investigator, and the applicant must demonstrate how their research topic fits within the intent of the FOA. The FOA supports applied public health prevention research. The types of applied research approaches supported by this FOA include behavioral, environmental, or systems-wide solutions and strategies that address major causes of disease and disability. The research project should align with CDC's winnable battles, the NCCDPHP strategic priorities, the NCCDPHP domains, or the National Prevention Strategy. In addition, the research project should align with a *Healthy People 2020* focus area, as described in the FOA. The applied public health research project should address an evidence gap in public health research in one of three broad categories: (1) dissemination and implementation research, (2) public health practice-based research, or (3) intervention research.

114. Are we allowed to refer the reviewers, in the body of the text, to our current PRC Web site via a link?

The FOA does not specify this information. However, the applicant may include it if they think it adds to the application. Applications are reviewed only on the basis of what is included in the application.

115. In the appendix section, do the additional three unpublished manuscripts count towards the 15 document, 50-page limits?

Yes—In **Section IV. Application and Submission Information**; 6. Appendix: the FOA states that “The appendix should include: ... In addition to the list of publicly available, peer-reviewed journal articles included in the PI's Bio-sketch, up to 3 publications of the following types can be included in one appendix. In each case, include the entire document,” and 7. Page Limitations ... “may not exceed 15 PDF files with a maximum of 50 pages for all appendices.”

116. What is the required reference style? Is there a page limit or limited number of references we can provide?

The FOA does not specify a particular format or reference limit.

117. Should the budgets that are included in the appendix be prepared by using the SF424 or the PHS398?

A separate budget, prepared by using CDC guidelines, is requested for (1) the center and (2) the proposed public health research project. It is recommended that a cumulative budget, (including both the center and the research project), be submitted by using the Research and Related Budget preparation instructions starting on Page I-74 of the 424 R&R Application Guide. And, it is further recommended that the separate budgets for the 2 components be included as an appendix.

118. I know that XX has a PRC. My question is whether it is a problem for our proposed PRC to include a subcontract to XX? We know they want to submit an application for their institution. Can they be included in both applications?

In **Section III. Eligibility Information; 10. Number of Applications** the FOA states: An institution may submit, or be part of, only a single application in response to this FOA. Multiple applications from different divisions, faculties, centers, schools, etc. of the same university, school of public health, medicine, or osteopathy will be returned without further consideration by CDC. Only one application per institution (normally identified by having a unique DUNS number) is allowed.

119. Is Appendix E needed for the following sections of the application that will be part of the first 10 pages: infrastructure and administration, community engagement, communication, and training and evaluation?

In Section IV. Application and Submission Information, 6. Appendix the FOA states: The appendix should include:

1. A work plan for each key element of the center and the applied public health research project. Additional information regarding the work-plan is included in Appendix D.
2. An implementation timeline for the applied public health research project. Additional information regarding the time line is included in Appendix E.

120. The answer you gave seems to indicate that Appendix E is ONLY needed for the Applied Public Health Prevention Research Project. Is this correct?

In Section IV. Application and Submission Information, 6. Appendix the FOA states: The appendix should include:

1. A work plan for each key element of the center and the applied public health research project. Additional information regarding the work-plan is included in Appendix D.
2. An implementation timeline for the applied public health research project. Additional information regarding the time line is included in Appendix E.

121. For Appendix D, SMART Annual Objectives are only needed for year 1 of the proposal, is that correct?

That is correct. In the FOA; Appendix D; Guidelines for the Development of PRC Work Plan; Work Plan Requirements, it states: "For each of the 5 elements of the Center (i.e., infrastructure and administration; community engagement, partnerships, and technical assistance; communication and dissemination; training; evaluation), and for the Research Project, provide the following: 1. The 5-year project period goal (up to 3 goals per section). 2. Long-term impact or outcome of the project period goal. 3. Long-term measure of success. 4. SMART Annual Objectives for the next budget period. 5. Activities for each annual objective (up to 4 activities per objective)."

122. No objectives are to be listed for years 2, 3, 4, or 5, correct? If so, then activities will only be specified for year 1 objectives, is that correct?

That is correct. In Appendix D; Guidelines for the Development of PRC Work Plan; Work Plan Requirements, the FOA states: "For each of the 5 elements of the Center (i.e., infrastructure and administration; community engagement, partnerships, and technical assistance; communication and dissemination; training; evaluation), and for the Research Project, provide the following:

1. The 5-year project period goal (up to 3 goals per section). 2. Long-term impact or outcome of the project period goal. 3. Long-term measure of success. 4. SMART Annual Objectives for the next budget period. 5. Activities for each annual objective (up to 4 activities per objective).”

123. Can the individual budgets for the Center and the Research Project that are to be included in the Appendix be in an Excel spreadsheet format, or must the budgets be submitted on PHS 398 forms?

This detail is not specified in the FOA or in the recommended approach relating to the budgets in the appendix. In **Section IV. Application and Submission Information; 4. Required and Optional Components**; Supplemental instructions for preparing the SF424 (R&R) for the Health Promotion and Disease Prevention Research Centers, the FOA requires that “the funds requested and justification provided should be specific to the PRC center and the applied public health research activities. The total budget for the application should be reflected on the Face Page. A separate budget, prepared using CDC guidelines, is requested for 1) the center and 2) the proposed public health research project.” It is recommended that a cumulative budget (including both the center and the research project) be submitted by using the Research and Related Budget preparation instructions starting on page I-74 of the 424 R&R Application Guide. And, it is further recommended that the separate detailed budgets for the 2 components, for year one only, be included as an appendix. The budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component.

124. On page 29, it is noted that the work plan and implementation timeline will not count against the page limit of this application. Does that mean that even though they are put in the appendix, they do not count towards the 50-page limit for the appendix?

In **Section IV. Application and Submission Information; 5. PHS 398 Research Plan Component**; the FOA states: “The work plan that includes an implementation plan may be included in the Appendix and will not count towards the 15-page limit of the Research Strategy as outlined in the SF 424.”

In **Section IV. Application and Submission Information**; the FOA states “**Page Limitations** ... appendices may not exceed 15 PDF files with a maximum of 50 pages for all appendices.”

125. I understand the work plan should not exceed 20 pages. Is that correct?

Yes, that is correct. In the FOA **Appendix D, Guidelines for the Development of PRC Work Plan; Work Plan Requirements**, it states that “The work plan should not exceed 20 pages.”

The applicant may use any format as long as they address the elements within the Implementation Timeline.

In **Section IV. Application and Submission Information, 6. Appendix** the FOA states: **The appendix should include:**

1. A work plan for each key element of the center and the applied public health research project. Additional information regarding the work-plan is included in Appendix D.
2. An implementation timeline for the applied public health research project. Additional information regarding the time line is included in Appendix E.

126. Is the format for the Implementation Timeline provided in Appendix E the required or preferred format (as with the Work Plan template provided in Appendix D), or may we use another format?

The applicant may use any format as long as they address the elements within the Implementation Timeline.

In Section IV. Application and Submission Information, 6. Appendix the FOA states: The appendix should include:

1. A work plan for each key element of the center and the applied public health research project. Additional information regarding the work-plan is included in Appendix D.
2. An implementation timeline for the applied public health research project. Additional information regarding the time line is included in Appendix E.

127. The guidance references a requirement for “PHS398 assurances and certifications,” but I’m not sure which form(s) would comply with this request. I found two documents under the assurances and certifications links on the site provided in the guidance (<http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>), but they’re not PHS398 forms so I’m not sure if that’s what you’re looking for. Please advise.

In the FOA, Section IV. Application and Submission Information, Item #2 Content and Form Submission, it states: In conjunction with the SF424 (R&R) components, CDC grants applicants should also complete and submit additional components titled “PHS398.” Note the PHS398 should include assurances and certifications, additional data required by the agency for a complete application. The forms package associated with this FOA in Grants.gov includes all applicable components for this FOA, required and optional. It is recommended that the applicant submit both a detailed budget and a budget justification for each of the 2 components, for year one only, (core and research project) as an appendix. The applicant can determine the specific format or template to use. An example of a detailed budget table is included in Appendix C.

If you need help preparing your submission information, the FOA Section VII. Agency Contacts, provides information for technical support for application submission questions.

Application Submission Contacts

[Grants.gov Customer Support](#)

(Questions about Grants.gov registration and submission, downloading, or navigating forms)

Contact Center Phone: 800-518-4726

E-mail: support@grants.gov

Hours: 24 hours a day, 7 days a week; closed on federal holidays

[eRA Commons Help Desk](#)

(Questions about eRA Commons registration, tracking application status, post submission issues, FFR submission)

Phone: 301-402-7469 or 866-504-9552 (Toll Free)

TTY: 301-451-5939

E-mail: commons@od.nih.gov

Hours: Monday-Friday, 7am-8pm US Eastern Time

CDC Technical Information Management Section (TIMS)
Procurement and Grants Office
Phone: 770-488-2700
E-mail: PGOTIM@cdc.gov
Hours: Monday-Friday, 7am-4:30pm US Eastern Standard Time

128. The guidance indicates that we should use the PHS398 project summary, but I'm unsure if you really want the PHS 398 template, which includes much of the information that will be entered to the SF424 forms, or if we should just upload a 30-line project summary without headers and footers. Please advise. Should we leave the PHS 398 headers and footers on the documents that are uploaded to the SF424 forms, or is the content of the PHS398 document more what you're looking for rather than the actual template?

In Section IV. Application and Submission Information, 4. Required and Optional components the FOA states: A complete application has many components, both required and optional. The forms package associated with this FOA in Grants.gov includes all applicable components for this FOA, required and optional.

Required Components

- Research & Related Project/Performance Site Locations.
- Research & Related Other Project Information—
 - o Research & Related Senior/Key Person.
 - o Research & Related (Detailed) Budget for both Center Core and the Research Project.
 - o Research & Related Sub award Budget Attachment(s) Form.

Note: Although both budget components are included in the SF424 (R&R) forms package, the CDC U48 uses ONLY the detailed Research & Related Budget. (Do not use the PHS 398 Modular Budget.) The recommended guidance for completing a detailed justified budget can be found on the CDC Web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

- PHS398 Cover Page Supplement.
- PHS398 Project Summary that serves as a succinct and accurate description of the proposed PRC that is no more than 30 lines of text and including the following components:
 - o The Prevention Research Center's specific aims and long term objectives.
 - o Statement of the health problem to be addressed by the applied public health prevention research project.
 - o Description of proposed prevention research project, including the type of research, research design, objectives, and methods to be used.
 - o Which of the areas are addressed in the application: CDC winnable battles, NCCDPHP strategic priorities, the National Chronic Disease Prevention and Health Promotion Domains (Appendix B), or the National Prevention Strategy.

If you need help preparing your submission information, the FOA Section VII. Agency Contacts, provides information for technical support for application submission questions.

Application Submission Contacts

[Grants.gov Customer Support](#)

(Questions about Grants.gov registration and submission, downloading, or navigating forms)

Contact Center Phone: 800-518-4726

E-mail: support@grants.gov

Hours: 24 hours a day, 7 days a week; closed on federal holidays

[eRA Commons Help Desk](#)

(Questions about eRA Commons registration, tracking application status, post submission issues, FFR submission)

Phone: 301-402-7469 or 866-504-9552 (Toll Free)

TTY: 301-451-5939

E-mail: commons@od.nih.gov

Hours: Monday-Friday, 7am-8pm US Eastern Time

CDC Technical Information Management Section (TIMS)

Procurement and Grants Office

Phone: 770-488-2700

E-mail: PGOTIM@cdc.gov

Hours: Monday-Friday, 7am-4:30pm US Eastern Standard Time

129. This question is regarding clarification of question 5 on the FAQ site. As noted below, it says it is further recommended that the separate budgets for the 2 components be included as an appendix. The budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component. Regarding the two separate budgets included in the appendices, if a new or renewal applicant completes and submits the CDC template available <http://www.cdc.gov/od/pgo/funding/budgetguide.htm> for each component (center and project), is this considered sufficient to meet the RFA requirements of providing a budget and justification for each component? Or is the CDC template considered only a justification, in which case, should the applicants also provide a detailed budget table, and if so, is there a specific format or template that should be used for the budget table (e.g., Form pages 4 & 5 of the PHS 398)?

It is recommended that the applicant submit both a detailed budget and a budget justification for each of the 2 components, for year one only, (core and research project) as an appendix. The applicant can determine the specific format or template to use. An example of a detailed budget table is included in Appendix C.

130. We are setting up a subcontract for the RFA-DP-14-001 application, and we have a question about indirect rate policies. The subcontractor does not have a federally negotiated indirect cost rate. Our grants office said that depending on the sponsor, we may be allowed to include indirect costs, but supporting documentation would be required to justify the rate. A. Is it possible to include indirect costs in the subcontract?

The Grantee should enforce the same regulations and policies to their subcontracts as CDC requires of the Grantee, 45CFR74.5.

B. If possible, what supporting documentation would the CDC need to justify the rate?

See Section IV. Application and Submission Information, Item #4. Required and Optional Components, “The recommended guidance for completing a detailed justified budget can be found on the CDC Web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.” Item number eight on this budget guide gives the detail that CDC needs on contractual costs.

131. Should we leave the PHS 398 headers and footers on the documents that are uploaded to the SF424 forms or is the content of the PHS398 document more what you’re looking for rather than the actual template?

Section IV. Application and Submission Information, Item #2 Content and Form of Application Submission. In conjunction with the SF424 (R&R) components, CDC grants applicants should also complete and submit additional components titled “PHS398.” Note the PHS398 should include assurances and certifications, additional data required by the agency for a complete application. While these are not identical to the PHS398 application form pages, the PHS398 reference is used to distinguish these additional data requirements from the data collected in the SF424 (R&R) components. A complete application to CDC will include SF424 (R&R) and PHS398 components. These forms can be downloaded and uploaded as Attachment A from the following link: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

132. The Implementation Timeline in the Appendix appears to have all of the elements listed that we would ordinarily list on a timeline. This is a bit confusing. Are we supposed to use this timeline as it is shown in the FOA or do we still develop our own, which would be very similar?

The applicant may use any format as long as they address the elements within the Implementation Timeline.

In **Section IV. Application and Submission Information, 6. Appendix** the FOA states: The appendix should include:

- A work plan for each key element of the center and the applied public health research project. Additional information regarding the work-plan is included in Appendix D.
- An implementation timeline for the applied public health research project. Additional information regarding the time line is included in Appendix E.

133. From the FOA, Per #10: Number of Applications: “An institution may submit, or be part of, only a single application in response to this FOA.” We are planning to submit an application in response to this FOA. One of our researchers has been asked to collaborate with another institution for a small percentage of time which would require a subcontract to our institution. Would this level of collaboration constitute being part of another application and cause our application to be disqualified and thus not be reviewed?

In **Section III. Eligibility Information; 10. Number of Applications** the FOA states: An institution may submit, or be part of, only a single application in response to this FOA. Multiple

applications from different divisions, faculties, centers, schools, etc. of the same university, school of public health, medicine, or osteopathy will be returned without further consideration by CDC. Only one application per institution (normally identified by having a unique DUNS number) is allowed.

134. In past PRC grant applications we were required to send in a copy of the current F&A rate agreement that was negotiated between the Federal Government and the University. Do we need to include a copy the current F&A rate agreement for the PRC FOA grant application? If so should it go in the Appendix and if in the Appendix does it count against the 50 page limit?

The FOA states in Section IV. Application and Submission Information; 2. Content and Form of Application Submission states, "It is critical that applicants follow the instructions in the SF424 (R&R) Application Guide (http://grants.nih.gov/grants/guide/url_redirect.htm?id=12000), except where instructed in this Funding Opportunity Announcement to do otherwise." In the 424 form, it indicates the following: "Indicate the most recent indirect cost rate(s) (also known as Facilities & Administrative Costs [F&A]) established with the cognizant federal office, or in the case of for-profit organizations, the rate(s) established with the appropriate agency. If you have a cognizant/oversight agency and are selected for an award, you must submit your indirect rate proposal to that office for approval. If you do not have a cognizant/oversight agency, contact the awarding agency."

135. As you are aware, per our letter of intent, we are in the process of partnering with the XX University on a PRC application. XX University is the lead agency and our institution will be a subcontractor with me serving as co-PI of the overall Center. I was asked by my institution to verify that there are no eligibility issues as we are not yet an accredited school of Public Health. It is my understanding that this is not an issue as the lead applicant is an accredited school. I would appreciate your verification or clarification of this issue.

The FOA Section III. Eligibility Information; 1. **Eligible Applicants; Eligible Organizations** states: An institution may submit an application if the organization has any of the following characteristics:

In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

An institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in

the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

136. On page 29 of the FOA, it states that SF424 R&R Version B must be followed. In section 5.7.1 of SF424 R&R Version B (and also on Version C), planned enrollment and inclusion enrollment forms are images, which are not fillable forms (image copied below). Also on page 28, the FOA asks applicants to complete a PHS 398 research plan. The most recent PHS 398 forms (<http://grants.nih.gov/grants/funding/phs398/phs398.html>) suggest using the attached forms for any applications due before September 25th, 2013, which are not the most up-to-date forms based on OMB approval date. Could you please clarify which form is most appropriate for this FOA?

If you need help preparing your submission information, the FOA Section VII. Agency Contacts, provides information for technical support for application submission questions.

Application Submission Contacts

[Grants.gov Customer Support](#)

(Questions about Grants.gov registration and submission, downloading, or navigating forms)

Contact Center Phone: 800-518-4726

E-mail: support@grants.gov

Hours: 24 hours a day, 7 days a week; closed on federal holidays

[eRA Commons Help Desk](#)

(Questions about eRA Commons registration, tracking application status, post submission issues, FFR submission)

Phone: 301-402-7469 or 866-504-9552 (Toll Free)

TTY: 301-451-5939

E-mail: commons@od.nih.gov

Hours: Monday-Friday, 7am-8pm US Eastern Time

CDC Technical Information Management Section (TIMS)

Procurement and Grants Office

Phone: 770-488-2700

E-mail: PGOTIM@cdc.gov

Hours: Monday-Friday, 7am-4:30pm US Eastern Standard Time

137. A US Senator would like to provide a letter of support for our Center's application. Do you know if there is a particular person and mailing address at CDC to which they can send the letter?

The letter should be addressed to the Scientific/Research Contact, Michael A. Brown, MPH, Extramural Research Program Operations and Services. The letter should be submitted with the application to be considered part of the official application.

138. Do biosketches count towards the appendix page limit?

Information on biosketches can be found in the SF424 (R&R), Section 4.5 Senior/Key Person Profile (Expanded) Form: The R&R states, “This form provides the ability to collect structured data for up to 40 senior/key persons...”

In **Section IV. Application and Submission Information; 7. Page Limitations** ... “included as appendices may not exceed 15 PDF files with a maximum of 50 pages for all appendices.”

If you need help preparing your submission information, the FOA Section VII. Agency Contacts, provides information for technical support for application submission questions.

Application Submission Contacts

[Grants.gov Customer Support](#)

(Questions about Grants.gov registration and submission, downloading, or navigating forms)

Contact Center Phone: 800-518-4726

E-mail: support@grants.gov

Hours: 24 hours a day, 7 days a week; closed on federal holidays

[eRA Commons Help Desk](#)

(Questions about eRA Commons registration, tracking application status, post submission issues, FFR submission)

Phone: 301-402-7469 or 866-504-9552 (Toll Free)

TTY: 301-451-5939

E-mail: commons@od.nih.gov

Hours: Monday-Friday, 7am-8pm US Eastern Time

CDC Technical Information Management Section (TIMS)

Procurement and Grants Office

Phone: 770-488-2700

E-mail: PGOTIM@cdc.gov

Hours: Monday-Friday, 7am-4:30pm US Eastern Standard Time

139. I just saw that the closing date had changed on the Grant Application Package. Does this mean that the grant is now due September 23, 2013? Or is the application still due September 16th?

Yes, the new due date is September 23, 2013.

140. Since submitting our letter of intent, we have made a decision to change the contact PI for our application. Do we need to notify someone at CDC before submitting the grant that we made this change? Should we submit a revised letter of intent? We are going to explain this change in the narrative of the application, but wanted to make sure that there were not any other steps we should be taking to reflect this change.

There is no need to explain the change in lead PI in your application. The LOI is for information only to help us plan for the peer review.

141. We have decided on a multiple-PI leadership model. This includes a total of three PIs. Is it allowable to have three PIs (with one of three as the official contact PI)?

In Section III. Eligibility Information; 8. Eligible Individuals (Project Director/Principal Investigator) in organizations/Institutions states, "Applications may include more than one PI; however, the PI/PRC Director who submits the application will be responsible for all activities conducted under the FOA and will be listed as the 'contact PI' for all correspondence."

142. We received two application package updates today for RFA-DP-14-001. The first package had all new forms expiring in 2016, and the second package had the old forms expiring in 2011. Which package and forms are we supposed to use? In addition, when trying to export the R&R Subaward Budget Forms, the extraction process does not work for either package.

The latest posting on Grants.gov has the correct forms, and we changed the due date to September 23, 2013. If you are having technical difficulty and you need help preparing your submission information, the FOA Section VII. Agency Contacts, provides information for technical support for application submission questions.

Application Submission Contacts

[Grants.gov Customer Support](#)

(Questions about Grants.gov registration and submission, downloading, or navigating forms)

Contact Center Phone: 800-518-4726

E-mail: support@grants.gov

Hours: 24 hours a day, 7 days a week; closed on federal holidays

[eRA Commons Help Desk](#)

(Questions about eRA Commons registration, tracking application status, post submission issues, FFR submission)

Phone: 301-402-7469 or 866-504-9552 (Toll Free)

TTY: 301-451-5939

E-mail: commons@od.nih.gov

Hours: Monday-Friday, 7am-8pm US Eastern Time

CDC Technical Information Management Section (TIMS)

Procurement and Grants Office

Phone: 770-488-2700

E-mail: PGOTIM@cdc.gov

Hours: Monday-Friday, 7am-4:30pm US Eastern Standard Time

143. FAQ number 129 states, "This question is regarding clarification of question 5 on the FAQ site. As noted below, it says it is further recommended that the separate budgets for the 2 components be included as an appendix. The budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component. Regarding the two separate budgets included in the appendices, if a new or renewal applicant completes and submits the CDC template available (<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>) for each component (center and project), is this considered sufficient to meet the RFA requirements of providing a budget and justification for each component? Or is the CDC template considered

only a justification, in which case, should the applicants also provide a detailed budget table, and if so, is there a specific format or template that should be used for the budget table (e.g., Form pages 4 & 5 of the PHS 398)?

It is recommended that the applicant submit both a detailed budget and a budget justification for each of the 2 components, for year one only, (core and research project) as an appendix. The applicant can determine the specific format or template to use. An example of a detailed budget table is included in Appendix C.

The guidelines do not state that the separate core detailed budgets are for Year 1 only. This is the first mention we have seen about Year 1 only. We prepared 5 years. When did this change occur?

The answer to question 110, posted August 26, 2013, clarified that the detailed budgets and justifications for the two components were for Year 1 only. It is recommended to place the detailed budget and justification for the two components, for Year 1 only, in the appendix. An applicant still needs to submit the budgets for Years 1–5, as stated in the PHS398; however, our recommendation is to submit a detailed budget and justification for the two components, for Year 1 only, in the appendix.

144. We are working on MOUs with the communities participating in the core research project, the state health department, and our university extension. Given the timeline from the FOA to the pending closing date, these partner organizations may need more time to finalize MOUs. Thus, we may not have these officially in place by 9/16/13. Is a letter of support with language of the pending MOU sufficient for these partners?

In Section IV. Application and Submission Information; 5. PHS 398 Research Plan Component; the FOA states: "This can be evidenced by a signed Memorandum of Understanding (MOU) or Agreement (MOA) or letter of support. The letters of support, MOU or MOA should clearly specify the activities to be conducted, roles and responsibilities, and the expected goals of the partnership. The signed MOU, MOA, or letters of support can be included under Section 14: Letters of Support section of the research plan and do not count towards the page limit of the application." In addition, the application due date is September 23, 2013.

145. The University of XX submitted an application to ACGME to obtain accreditation for a preventive medicine residency. The required sections we need to submit from this application (A & B) total five pages. Do these pages count towards the maximum total appendix page limit?

The FOA does not specify a specific location in the application for this information. In **Section IV. Application and Submission Information, 7. Page Limitations**; Supporting materials for the Research Plan narrative included as appendices may not exceed 15 PDF files with a maximum of 50 pages for all appendices.

146. The guidelines are clear that the cumulative budget should be on the R&R budget forms. However, the guidance and answers about the separate core detailed budgets that go into the appendix are unclear. The guidelines state, "Note: While both budget components are included in the SF424 (R&R) forms package, the CDC U48 uses ONLY the detailed Research &

Related Budget," but then references the PHS 398 forms. The appendix of the guidelines also references the PHS 398 forms. In addition, the FAQs reference the PHS 398 forms. We prepared the separate core detailed budgets on the R&R budget forms and will include them as an attachment to the appendix. Is this acceptable?

In Section IV. Application and Submission Information; 4. Required and Optional

Components; Supplemental instructions for preparing the SF424 (R&R) for the Health Promotion and Disease Prevention Research Centers, the FOA requires that "the funds requested and justification provided should be specific to the PRC center and the applied public health research activities. The total budget for the application should be reflected on the Face Page. A separate budget, prepared using CDC guidelines, is requested for 1) the center and 2) the proposed public health research project." It is recommended that a cumulative budget (including both the center and the research project) be submitted by using the Research and Related Budget preparation instructions starting on page I-74 of the 424 R&R Application Guide. And, it is further recommended that the separate detailed budgets for the 2 components, for Year 1 only, be included as an appendix. The budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component.

147. The question answers below seem contradictory. Question and Answer (Q&A) 74 and 75 seem to imply we only need a timeline for the research project, which is all the application notes for an example in Appendix E.

That is correct. An implementation timeline is only needed for the research project.

a. Q&As 119 and 120 seem to imply a timeline is needed for all the center elements and research project.

An implementation timeline is not needed for the center elements.

b. Are the goals listed on the timeline from the work plan project period goals? The implementation timeline is meant to be major milestones for tracking progress of the research project.

c. Is there a page limit for the timeline, or is that part of the work plan 20-page limit?

There is no page limit for the implementation timeline, and it is not part of the 20-page limit for the work plan. However, the implementation timeline is subject to the page limits of the appendix.

d. With the budget items required to be in the appendix, this seems to be a concern for the page limits. Because we are already listing activities for Year 1 in the work plan with objectives, how does that differ from Year 1 items on the implementation timeline?

The implementation timeline is meant to be major milestones for tracking progress of the research project.

e. Appendix E does not note actual instructions and provides just one example, which is not helpful. In addition, according to question 126, do we need to follow the format for the

work plan as outlined, the format for the implementation timeline as outlined, or can we use any format we like for either of these?

As the answer to question 126 states, the applicant may use any format as long as they address the elements within the Implementation Timeline. In addition, the applicant may use any format for the work plan as long as they address all the elements within the work plan.

148. X will be submitting an application for the RFA-DP-14-001, Health Promotion and Disease Prevention Research Centers. We are planning to have the Principal Investigator of the X Prevention Research Center as a subcontract on our project. Will this be allowed?

In **Section III. Eligibility Information; 10. Number of Applications** the FOA states: An institution may submit, or be part of, only a single application in response to this FOA. Multiple applications from different divisions, faculties, centers, schools, etc. of the same university, school of public health, medicine, or osteopathy will be returned without further consideration by CDC. Only one application per institution (normally identified by having a unique DUNS number) is allowed.

149. Appendix D indicates that “each goal should be SMART....” This is the only place in the Guidance where it is suggested that goals be SMART. We understand that SMART objectives are needed. Is it the intent that all goals be SMART as well?

In **Section I. Funding Opportunity Announcement Description in the FOA; 2. Approach:** the FOA states: “...is expected to develop and implement an evaluation plan that includes SMART goals and objectives.

150. Please state clearly which 398 forms need to be included in the appendix—I assume a face page, f2, f4, and f6 both for the research project and public health intervention. Are there any other 398 forms that need to be included?

In Part 1. Overview Information; Required Application Instructions, the FOA indicates that an institution “must follow the instructions in the SF 424 (R&R) Application Guide except where instructed to do otherwise in this FOA.” See for example, Part 1. INSTRUCTIONS FOR PREPARING AND SUBMITTING AN APPLICATION; 2. Process for Application Submission via Grants.gov; 2.6 Format Specifications for Text (PDF) Attachments. Appendices may not exceed 15 PDF files with a maximum of 50 pages for all appendices.

151. Can the research plan (divided between the core and the research project) be submitted as part of the SF424 application?

In Section IV; Application and Submission Information; 5. PHS 398 Research Plan Component The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of 16 components. Not all 16 components of the Research Plan apply to all Funding Opportunity Announcements (FOAs).

In Section IV; Application and Submission Information; 4. Required and Optional Components; Supplemental instructions for preparing the SF424 (R&R) for the Health Promotion and Disease Prevention Research Centers, the FOA requires that “the funds requested and justification provided should be specific to the PRC center and the applied public health research activities. The total budget for the application should be reflected on the Face Page. A separate budget,

prepared using CDC guidelines, is requested for 1) the center and 2) the proposed public health research project.” It is recommended that a cumulative budget (including both the center and the research project) be submitted by using the Research and Related Budget preparation instructions starting on Page I-74 of the 424 R&R Application Guide. And, it is further recommended that the separate budgets for the 2 components, for Year 1 only, be included as an appendix. The budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component.

152. What are the font and margin restrictions?

In **Part 1. Overview Information; Required Application Instructions**, the FOA indicates that for an institution, “It is critical that applicants follow the instructions in the [SF 424 \(R&R\) Application Guide](#) except where instructed to do otherwise in this FOA. Conformance to all requirements (both in the Application Guide and the FOA) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide, as well as any program-specific instructions noted in [Section IV](#). When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions. In the *SF 424 (R&R) Application Guide*, see 2.6 Format Specifications for Text (PDF) Attachments; Font—Use an Arial, Helvetica, Palatino Linotype, or Georgia typeface, a black font color, and a font size of 11 points or larger. (A Symbol font may be used to insert Greek letters or special characters; the font size requirement still applies.). Type density, including characters and spaces....

153. Does the timeline fall under the 20-page limit for the work plan? Or is it considered separate?

There is no page limit for the implementation timeline, and it is not part of the 20-page limit for the work plan. However, the implementation timeline is subject to the page limits of the appendix. Appendices may not exceed 15 PDF files with a maximum of 50 pages for all appendices.

154. Are there any font size restrictions for either the work plan or the timeline?

In the *SF 424 (R&R) Application Guide*, see 2.6 Format Specifications for Text (PDF) Attachments; Font—Use an Arial, Helvetica, Palatino Linotype, or Georgia typeface, a black font color, and a font size of 11 points or larger. (A Symbol font may be used to insert Greek letters or special characters; the font size requirement still applies.). Type density, including characters and spaces....

155. We would like to include two expert scientists as members of our scientific advisory board and consultants. They will be paid directly for their time, and no subcontract to their university will exist. If we hire them as independent consultants and pay them the honorarium directly, without any connection to their home institution, would this constitute a double application from their home university? Neither of them is involved in their own institution's PRC.

In **Section III. Eligibility Information; 10. Number of Applications** the FOA states: An institution may submit, or be part of, only a single application in response to this FOA. Multiple applications from different divisions, faculties, centers, schools, etc. of the same university, school of public health, medicine, or osteopathy will be returned without further consideration by CDC. Only one application per institution (normally identified by having a unique DUNS number) is allowed.

Please note that Honorarium is defined as “voluntary payment made for services where no fee is legally required.” This cost could be mistaken for a donation. Per OMB A-21 donations and contributions are unallowable. However, speaker fees or participation support costs are allowable under OMB A-21.

156. The following are the comments entered by the Grantor Agency for the application package change: "Modified Application Instructions—Amendment II." Some of the changes made for this package require that you redownload the new application package from the following: Does this mean that I need to complete a new SF 424R&R application file?

If you downloaded and used forms prior to August 30, then new forms need to be filled out. If you downloaded forms after August 30, 2013, and going forward, then you are ok. Per the Amendment II that was posted on Grants.gov September 05, 2013, one of the changes to RFA-DP-14-001 was the Targeted/Planned Enrollment Table.

157. To what do the amounts of \$21 million and \$105 million refer in the FOA?

In the FOA, Executive Summary; Funds Available and Anticipated Number of Awards: The CDC intends to commit a total of \$105,000,000 (direct and indirect) for the entire project period. The CDC intends to commit an estimated total of \$21,000,000 in FY2014 for an anticipated 25–30 awards. Awards issued under this FOA are contingent upon the availability of funds and the submission of a sufficient number of meritorious applications.

158. Should we separate the prevention center cost justifications from the research project cost justifications?

In Section IV. Application and Submission Information; 4. Required and Optional Components; Supplemental instructions for preparing the SF424 (R&R) for the Health Promotion and Disease Prevention Research Centers, the FOA requires that “the funds requested and justification provided should be specific to the PRC center and the applied public health research activities. The total budget for the application should be reflected on the Face Page. A separate budget, prepared using CDC guidelines, is requested for 1) the center and 2) the proposed public health research project.” It is recommended that a cumulative budget (including both the center and the research project) be submitted by using the Research and Related Budget preparation instructions starting on Page I-74 of the 424 R&R Application Guide. And, it is further recommended that the separate budgets for the 2 components, for Year 1 only, be included as an appendix. The budgets and justifications should clearly delineate staff and resources for each component (center or research project) so that detailed information is available for review for each component.

159. We are submitting a multi-PI application across two academic institutions. One institution is a CEPH-accredited school of public health or an accredited preventive medicine residency program in a school of medicine, and the other is a School of Medicine with a CEPH-accredited public health program. Can the contact PI be the School of Medicine with a CEPH-accredited public health program?

In Section III. Eligibility Information: 6. Required Registrations: All Program Directors/Principal Investigators (PD/PIs) **must** also work with their institutional officials to register with the **eRA Commons** or ensure their existing eRA Commons account is affiliated with the eRA Commons account of the applicant organization.

The applicant institution must meet one of the two requirements, as outlined in the FOA, to be eligible for this cooperative agreement—Section III. Eligibility Information; 1. Eligible Applicants; Eligible Organizations: An institution may submit an application if the organization has any of the following characteristics: In accordance with Section 1706 of the Public Health Service Act (PHS Act), 42, U.S.C. 300u-5, the following research institutions are eligible to apply for funding under this FOA:

1. Accredited schools of public health. Eligible schools of public health must be accredited by the Council on Education in Public Health (CEPH). Accreditation is defined by Section 799B (1) (E) of the PHS Act.
2. Accredited schools of osteopathy and accredited schools of medicine that offer an accredited Preventive Medicine Residency program, or are in the process of obtaining accreditation for a preventive medicine residency program. Eligible schools of osteopathy and medicine must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). Applicants in the process of obtaining accreditation from ACGME for a preventive medicine residency must include a copy of Section A. Accreditation Information and Section B. Participating Sites of the Preventive Medicine New Application Program Information Form in their application.

Applications may include more than one PI; however, the PI/PRC Director who submits the application will be responsible for all activities conducted under the FOA and will be listed as the ‘contact PI’ for all correspondence.

160. Is it required to use the same form (2590 Form Page 2) for the first year budget (for both components)?

In the FOA, Section IV. Application and Submission Information, Item #2 Content and Form Submission, it states: In conjunction with the SF424 (R&R) components, CDC grants applicants should also complete and submit additional components titled “PHS398.” Note the PHS398 should include assurances and certifications, additional data required by the agency for a complete application. The forms package associated with this FOA in Grants.gov includes all applicable components for this FOA, required and optional. It is recommended that the applicant submit both a detailed budget and a budget justification for each of the 2 components, for Year 1 only, (core and research project) as an appendix. The applicant can determine the specific format or template to use. An example of a detailed budget table is included in Appendix C.

161. Is a PHS2590 Face Page Form required with each individual budget?

In the FOA, Section IV. Application and Submission Information, Item #2 Content and Form Submission, it states: In conjunction with the SF424 (R&R) components, CDC grants applicants should also complete and submit additional components titled "PHS398." Note the PHS398 should include assurances and certifications, additional data required by the agency for a complete application. The forms package associated with this FOA in Grants.gov includes all applicable components for this FOA, required and optional. It is recommended that the applicant submit both a detailed budget and a budget justification for each of the 2 components, for Year 1 only, (core and research project) as an appendix. The applicant can determine the specific format or template to use. An example of a detailed budget table is included in Appendix C.

162. Are the budget justification files supposed to be attached as individual appendixes, or do we have to include them as part of the same PDF detailed budget files?

It is up to the applicant to determine if they want to combine the budget justification files with the detailed budget files as one appendix or keep them as separate appendixes. A maximum of 15 PDF documents are allowed in the appendix.

163. If the center or research project have subcontracts, are we required to provide Year 1 SF424 R&R budgets for each subcontract as well? The concern is that the appendix page limit is 50 pages. Each SF424 R&R is 4 pages, as opposed to the PHS398 forms, where you would only use form page 4 for the Year 1 budget (i.e., 1 page total).

You have to submit a budget for all 5 years, which is not part of the appendix, it is part of the forms package. CDC recommends that you submit a detailed budget in the appendix for Year 1 only, for the Core Center and Core Research; an example of the detail recommended is in appendix C of the FOA. Reference the FOA, Section IV Application and Submission Information, item 2, Content and Form of Application Submission.

You do not need to provide all of the pages for each subcontract. The following Internet address, as provided in the FOA, provides guidance on the type of budget detail that needs to be submitted for all costs, including contractual:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

164. The above referenced RFA states: "A work plan and implementation timeline should be included in the Appendix for each key element and the applied public health research project.... The work plan should not exceed 20 pages." Does this 20-page limit include the implementation timeline? If not, then please advise on the page limit for the timeline.

There is no page limit for the implementation timeline, and it is not part of the 20-page limit for the work plan. However, the implementation timeline is subject to the limitations of the appendixes. Appendixes may not exceed 15 PDF files with a maximum of 50 pages for all appendixes.

165. For our PRC application, for senior/key personnel, we have biosketches, and we describe the tasks for each in the budget justification. Must we also obtain from each a letter that

repeats what is in the budget justification? We ask because in SF424 it suggests getting letters from senior/key personnel. We have never done that for other federal applications.

There is no requirement in the FOA for letters from key personnel. It is up to the applicant to determine if they want to include them.