Improving Adolescent Health and Well-Being Through School-Based Surveillance and the What Works in Schools Program

Opportunity number: CDC-RFA-DP-24-0139

Contents

Before you begin

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

SAM.gov registration (this can take several weeks)

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

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

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

See Step 2: Get Ready to Apply

Apply by April 1, 2024

Applications are due by 11:59 p.m. Eastern Time on April 1, 2024.

Step 1:
Review the Opportunity

In this step

Basic information

Centers for Disease Control and Prevention (CDC)

National Center for Chronic Disease Prevention and Health Promotion

Division of Adolescent and School Health (DASH)

Using prevention strategies and data to improve the health and well-being of young people.

Summary

Schools are an ideal setting to foster healthy behaviors and to prevent and buffer the impact of adverse experiences. This NOFO aims to improve the health and well-being of youth by supporting local education agencies in implementing CDC's What Works in Schools program, and collecting and using school-based surveillance data. The What Works in Schools program is a proven approach that builds schools' capacity to:

- Provide quality health education
- Connect students to health services, including mental and behavioral health services
- Create safe and supportive environments

The program strategies have been linked to reductions in sexual risk behaviors, experiences of violence, and substance use, and improvements in mental health for students.

As adolescent mental health worsens, with some youth experiencing higher levels of violence, emotional distress, and suicidality, the population-level impact of this program is key for improving well-being and reducing disparities. Funding will also support the collection and use of school-based surveillance data. These data, collected through the Youth Risk Behavior Surveillance System (YRBSS) and School Health Profiles (Profiles), will help assess needs to improve adolescent health, track behaviors and experiences over time, and understand the impact of programs and policies.

Have questions?
See Contacts and support.

Key facts

Opportunity Name:
Improving Adolescent Health and Well-Being Through School-Based Surveillance and the What Works in Schools Program

Opportunity Number:
CDC-RFA-DP-24-0139

Federal Assistance Listing:
93.079

Key dates

Application deadline:
Monday, April 1, 2024 - 11:59 p.m. ET

Optional letter of intent deadline:
Friday, March 1, 2024

Informational webinar:
Tuesday, February 13, 2024

Expected award date:
Monday, July 15, 2024

Expected start date:
Thursday, August 1, 2024

This NOFO includes three components:

- **Component 1:** Local implementation of What Works in Schools and school-based surveillance
- **Component 2:** Consortia support of What Works in Schools and school-based surveillance
- **Component 3:** State, territorial, and tribal school-based surveillance

Definitions

- A local education agency is a school district. We will use school district throughout the rest of the NOFO.
- A consortium is a group of multiple school districts that border each other and have a designated lead district or organization responsible for organizing these districts.

Funding details

Type: Cooperative agreement

Expected total program funding over the performance period: $77,500,000

Expected total program funding per budget period: $15,500,000

Expected awards: 88

Expected average award amount per budget period:

- **Component 1:** $300,000 for What Works in Schools implementation, $60,000 for school-based surveillance, and an optional $7,500 for the addition of Adverse Childhood Experiences (ACEs) questions to the Youth Risk Behavior Survey (YRBS).
- **Component 2:** $300,000 for What Works in Schools implementation, $60,000 for school-based surveillance, and an optional $7,500 for the addition of ACEs questions to YRBS.
- **Component 3:** $100,000 for school-based surveillance and an optional $12,500 for the addition of ACEs questions to YRBS.

We plan to make up to 88 awards for 12-month budget periods for the 5-year period of performance. We will award only 1 project per state under Component 3.

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

Funding strategy

Funding may differ based on demonstration of need such as burden data, reach of proposed activities, and availability of funds.

- **Component 1:** If funding allows, we intend to fund up to 35 organizations for Component 1.
- **Component 2:** If funding allows, we intend to fund up to 5 organizations for Component 2.
- **Component 3:** If funding allows, we intend to fund up to 50 states, 7 U.S. territories, and 2 tribal nations for Component 3. We will fund only one Component 3 application per state, territory, or tribal nation.

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

Eligibility

Who can apply

Eligible applicants

Eligibility is unrestricted. Your organization may be any entity type, but you must meet the following requirements.

Other required qualifying factors (components 1 and 2 only)

Component 1

You must demonstrate:

- Legal authority and oversight for the policies and practices of your school district
- Your school district has at least 40,000 students

Component 2

You must demonstrate that you represent, as a fiscal agent and lead agency, a consortium made up of contiguous school districts. As fiscal agent and lead agency, you will be responsible for managing the financial and reporting duties on behalf of the consortium.

The lead agency must demonstrate that the consortium member school districts:

- Have the legal authority and oversight for the policies and practices of the school districts within their jurisdictions
- Have a combined student enrollment of at least 40,000 students

Districts can demonstrate this legal authority and oversight in the following ways:

- state, territorial, or local legislation
- a charter document
- a letter from the state or local superintendent
- a letter from the Governor's office

Cost-sharing and matching funds

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

Program description

Background

Overview

National [data from 2011 to 2021](#) show mixed trends in the health and well-being of U.S. adolescents. While some health risks have decreased, some risk behaviors and experiences remain too common. Over the last decade, we have seen:

- A rise in depressive symptoms and suicidal thoughts and behaviors
- Concerning numbers of students using substances and experiencing violence
- A decline in protective sexual behaviors, including condom use
- Female and LGBTQ+ students experiencing higher levels of violence, substance use, poor mental health, and suicidality compared to their peers
- Varying disparities by racial and ethnic group. For example, Black and Hispanic students are more likely to miss school because of safety concerns, and Hispanic and multiracial students have higher rates of depressive symptoms.

The What Works in Schools program can positively impact adolescent behaviors and experiences. An [evaluation of the program](#) showed that students in schools where strategies were implemented were less likely to:

- Engage in sexual risk behaviors
- Use marijuana
- Miss school because of safety concerns
- Experience forced sex
- [Have depressive symptoms and suicidal thoughts and behaviors](#)

Related work

This NOFO builds on the work of previous Division of Adolescent and School Health (DASH) NOFOs [PS13-1308](#) and [PS18-1807](#). It promotes the [What Works in Schools](#) program developed by DASH and supports collecting school-based surveillance through the [Youth Risk Behavior Surveillance System](#) and [School Health Profiles](#).

Purpose

1. What Works in Schools

Funding helps districts and schools implement the What Works in Schools program. This primary prevention approach aims to improve the behaviors and experiences of middle and high school students and reduce disparities in sexual risk behavior, substance use, experience of violence, poor mental health, and suicidality by supporting schools to:

- Deliver high-quality health education
- Increase access to needed health services, including behavioral and mental health services
- Create safe and supportive school environments

This approach also emphasizes:

- Reducing disparities in adolescent risk behaviors and experiences
- Fostering engagement with youth, families, and communities

2. School-based surveillance

Funding supports the collection and use of surveillance data at the school district, state, territorial, and tribal levels. If awarded, you will conduct the Youth Risk Behavior Survey and School Health Profiles in your jurisdictions.

This NOFO achieves its two purposes with three components. **You can only apply for one component.** Choose the one that is most appropriate based on your reach and organization type. CDC requires a total enrollment of at least 40,000 students to help reach the largest number of students and maximize the impact of federal funds.

Component	Recommended For
Component 1: Local implementation of What Works in Schools and school-based surveillance	School districts with a local reach and an enrollment of **at least** 40,000 students.
Component 2: Consortia support of What Works in Schools and school-based surveillance	School districts with a local reach and an enrollment of **less than** 40,000 students.
Component 3: State, territorial, and tribal school-based surveillance	Organizations with the capacity to conduct and use school-based surveillance at the state, territorial, or tribal level

Strategies, activities, and outcomes by component

We know that many factors may affect your ability to implement all required activities. If there are state, territorial, tribal, or local policies or laws that prohibit specific required activities, you must describe in your application:

- Which activities are prohibited by policies or laws
- Alternative activities you will implement to achieve the outcomes in the logic model

Go to the applicable sections:
- Component 1
- Component 2
- Component 3
- Cross-component activities

Component 1: Local implementation of What Works in Schools and school-based surveillance

Approach

The logic model shows the strategies and activities of the program along with the outcomes we expect over time. We will require you to report on the following outcomes indicated by an asterisk (*).

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strategy 1A: Health education • Implement a technical assistance plan and provide professional development to support delivery of quality health education **Strategy 1B: Health services** • Assess district and school capacity and implement a plan to increase access to school- and community-based services **Strategy 1C: Safe and supportive environments** • Foster safe and supportive school environments • Support the mental health and well-being of students and staff	↑ Teacher and staff knowledge, comfort, and skills to deliver health education* ↑ Student access to health education instructional programs* ↑ Student health-related knowledge, skills, and behaviors ↑ Student and staff awareness of health services for students* ↑ Staff awareness, knowledge, and skills for creating safe and supportive school environments* ↑ Student participation in positive youth development approaches*	↑ Student receipt of high-quality health education* ↑ Student awareness of need for health services ↑ Student receipt of health services* ↑ District and school level policies and practices that support student access to health services, health education, and safe and supportive environments ↑ District and school-level access to health services for students* ↑ Partnerships to support student health outcomes* ↑ Engagement of students, families, and communities in school programs ↑ Student and staff perceptions of a safe and inclusive school environment* ↑ Student and staff feelings of school connectedness* ↑ Effective classroom management ↑ Staff feelings of being supported by the school	**Sexual health** ↓ Sexual risk behaviors ↑ Preventive behaviors that decrease risk for HIV, STD, and teen pregnancy **Violence** ↓ Experiences of violence **Mental health** ↑ Improved mental health ↓ Suicidal thoughts and behaviors **Substance use** ↓ Use and misuse of alcohol and other drugs

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strategy 1D: Family, school, and community engagement • Establish a School Health Advisory Council (SHAC) and collaborations across the district • Implement youth, family, school, and community engagement strategies Strategy 1E: School-based surveillance • Conduct Youth Risk Behavior Survey • Conduct School Health Profiles	↑ Student participation in safe and supportive school environment activities* ↑ Staff participation in mental health and well-being activities* ↑ Opportunities for student leadership in district and school decision-making* ↑ School district awareness of youth risk behaviors and experiences and school health policies and practices	↑ School district understanding of short-term trends in youth risk behaviors and experiences and of school health policies and practices*	

Required strategies and activities

The following required activities will help school districts implement the What Works in Schools program.

You must implement all activities at the secondary school level (grades 6 to 12) unless specified otherwise.

To reach as many middle and high school students as possible, you will implement each activity district-wide. Some activities are best implemented at the district level. Others are best implemented at the school level and must be implemented in secondary schools throughout the district.

Strategy 1A – Health education (HED)

You will implement a technical assistance plan and provide professional development to support the delivery of quality health education through the following activities:

- HED1. Develop, implement, and review a technical assistance plan. Its goal is to support and improve teacher and school staff's knowledge, comfort, and skills for delivering health education to students in secondary grades (6 to 12). This includes sexual and mental health education.

- HED2. Each year, provide professional development for teachers and school staff delivering health education instructional programs to students in secondary grades (6 to 12). This includes sexual health and mental health education. Prioritize instructional competencies needed for culturally responsive and inclusive education.

- HED3. Each year, implement a health education instructional program for students in grades K to 12. Health education instructional programs should:
  - Align with a district or school scope and sequence
  - Be culturally responsive, inclusive, developmentally appropriate, and focused on meeting the needs of students who have been marginalized, including students from racial and ethnic minority groups, students who identify as LGBTQ+, and students with intellectual and developmental disabilities
  - Incorporate sexual and mental health content
  - Prioritize skills to identify and access health services
  - Assess student performance

Strategy 1B – Health services (HS)

You will assess district and school capacity and implement a plan to increase access to school- and community-based services through the following activities:

- HS1. Each year, assess district and school capacity, infrastructure, and partnerships. The assessment reviews the ability to implement activities that increase student access to youth-friendly and inclusive sexual, behavioral, and mental health services.

- HS2. Build partnerships with health care providers. The goal is to support student access to youth-friendly and inclusive sexual, behavioral, and mental health services.

- HS3. Provide annual professional development to help staff support student access to health services, specifically sexual, behavioral, and mental health services. Each year, you must provide professional development to both:
  - Staff who provide health services, and
  - Other school staff

- HS4. Implement or enhance school-based activities that increase access to services. The goal is to increase student access to youth-friendly and inclusive school- and community-based sexual, behavioral, and mental health services. Activities must include at least one of the following:
  - Create a referral system to link students to sexual, behavioral, and mental health services.
  - Provide school-based sexual, behavioral, and mental health services to students. For example, STI screening, making condoms available, school-based counseling, and mental health supports.
  - Provide school-based health center services that support sexual, behavioral, and mental health services for students.

Strategy 1C – Safe and supportive environments (SSE)

You will foster safe and supportive school environments and support the mental health and well-being of students and staff through the following activities:

- SSE1. Each year, implement activities that support youth who have been marginalized, and foster safe and supportive school environments for all youth.
  - In Year 1, designate a staff person at the district level to lead and coordinate diversity, equity, and inclusion activities with school-level champions.
  - Establish or enhance student-led clubs that support youth, including youth with LGBTQ+ identities. These are often known as Genders and Sexualities Alliances (GSAs).
  - Develop, implement, improve, and enforce policies that prohibit harassment based on a student's perceived or actual sexual orientation or gender identity. These policies are in addition to federally mandated policies on the basis of race, color, national origin, disability, age, sex (including gender identity, sexual

   orientation, and pregnancy) or other constitutionally protected statuses.

- Identify "safe spaces" where all youth, including those with LGBTQ+ identities, can receive support from administrators, teachers, or other school staff. These could be a counselor's office, designated classroom, or student organization space.

- SSE2. Each year, provide professional development to school staff on fostering safe and supportive school environments. Professional development topics should consist of supporting youth including those with LGBTQ+ identities and racial and ethnic minority youth, classroom management, and mental health awareness and crisis response.

- SSE3. Implement activities to support school staff's mental health and well-being.

- SSE4. Implement school-wide practices to support the behavioral and mental health and social and emotional well-being of students.

  - Establish dedicated time within the school schedule for students to connect with teachers and peers. The goal is to hold structured discussions that promote social-emotional well-being and strengthen relationships. These might include advisory programs or periods and morning meetings.

  - Implement schoolwide positive behavioral interventions and support for student and teacher well-being. This includes:

    - Setting positive behavioral expectations for students
    - Teaching academic and social behaviors that students need to meet school expectations
    - Defining behaviors that negatively affect school environments
    - Using positive disciplinary practices to respond to negative behaviors

- SSE5. Implement positive youth development approaches. Specifically, provide school-based mentoring, service learning, or other positive youth development programs or connect students to community-based programs.

Strategy 1D – Family, school, and community engagement (ENGAGE)

You will establish a School Health Advisory Council (SHAC) and collaborations across the district through the following activities:

- ENGAGE1. Establish and maintain a SHAC, or similar council or team. It must include representation from students, school staff, parents, and community members. The goal is to allow them to regularly provide district or school-level guidance to support and improve health-related policies, programs, and practices.

- ENGAGE2. Establish and maintain interdepartmental collaborations across the school district. The goal is to help implement district or school-level activities that support and improve school health policies, programs, and practices.

You will implement youth, family, school, and community engagement strategies through the following activities:

- ENGAGE3. Implement family, school, and community engagement strategies. The goal is to engage parents, caregivers, guardians, and community members in health education, health services, and safe and supportive environments activities. Such strategies might include:

  - Providing seminars, workshops, and information
  - Providing opportunities for feedback on program activities
  - Leveraging school and community resources

- ENGAGE4. Implement youth engagement strategies. The goal is to actively engage students in health education, health services, and safe and supportive environments activities. Strategies should create space for youth to share their ideas. They might include:

  - Implementing school-wide, student-planned marketing campaigns
  - Creating district-wide youth advisory councils (YACs)

In addition to the strategies above, you are also required to:

- Submit success stories as you accomplish work plan milestones. Submit them as they occur and include them with work plan status reports every 6 months.

- Submit all HIV-related materials to a Program Review Panel. You can find information on this HIV Program Review Panel on the CDC website. Materials might include written, audiovisual, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula, and like materials.

Strategy 1E – School-based surveillance

You will conduct the Youth Risk Behavior Survey (YRBS) and School Health Profiles (Profiles). For the activities and requirements, see Cross-Component Activities, YRBS and Profiles Activities and Requirements.

In addition to those requirements, you must also include all Profiles questions and a subset of specific YRBS questions on your questionnaires for program evaluation purposes. We outline the requirements in the Evaluation and Performance Measurement section.

Outcomes

We expect you to achieve the short-term and intermediate outcomes asterisked in the Component 1 logic model by the end of the 5-year project period.

Component 2: Consortia support of What Works in Schools and school-based surveillance

Approach

The logic model shows the strategies and activities of the program along with the outcomes we expect over time. We will require you to report on the following outcomes indicated by an asterisk (*).

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Strategy 2A: Partnership • Build partnerships and facilitate peer-sharing and community of practice (CoP) opportunities **Strategy 2B: Educate and support** • Identify barriers and facilitators to implementing What Works in Schools (WWIS) • Provide technical assistance to districts and schools **Strategy 2C: School-based surveillance**	↑ Formalized partnerships to support implementation of WWIS* ↑ Consortium understanding of barriers and facilitators to implementing WWIS ↑ Awareness and support for implementing WWIS among key decision-makers and partners* ↑ Consortium awareness of youth risk behaviors and experiences and school health policies and practices ↑ Use of CDC tools and resources to strengthen health-related policies, programs, and practices by school and district staff	↑ Student health-related knowledge, skills, and behaviors ↑ Teacher and staff knowledge, comfort, and skills to deliver health education. ↑ Student access to health education instructional programs* ↑ Student and staff awareness of health services for students* ↑ Staff awareness, knowledge, and skills for creating safe and supportive school environments* ↑ Student participation in positive youth development approaches ↑ Student participation in activities that create safe and supportive school environments ↑ Staff participation in mental health and well-being activities	Sexual health ↓ Sexual risk behaviors ↑ Preventive behaviors that decrease risk for HIV, STD, and unintended teen pregnancy Violence ↓ Experiences of violence Mental health ↑ Improved mental health ↓ Suicidal thoughts and behaviors Substance use ↓ Use and misuse of alcohol and other drugs

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
• Conduct Youth Risk Behavior Survey • Conduct School Health Profiles		↑ Opportunities for student leadership in district and school decision-making ↑ District and school-level policies and practices that support student access to health services, health education, and safe and supportive environments ↑ Engagement of students, families, and communities in school programs ↑ Student and staff perceptions of a safe and inclusive school environment ↑ Consortium understanding of short- term trends in youth risk behaviors and experiences and school health policies and practices*	

Required strategies and activities

The following required activities support the implementation of the What Works in Schools program in consortium member school districts.

You must implement all activities at the secondary school level (grades 6 to 12) unless we specify otherwise in the required activity.

To reach as many middle and high school students as possible, you will implement each activity district-wide in your consortium member school districts. Some activities are best implemented at the district level. Others are best implemented at the school level and must be implemented in secondary schools throughout each district.

Strategy 2A – Partnership

You will build partnerships and facilitate peer-sharing opportunities through the following activities:

- Partnership1. Establish and maintain partnerships between consortium member districts, their schools, and relevant local, state, and national organizations to support the implementation of the What Works in Schools program.
- Partnership2. Coordinate cross-district School Health Advisory Council (SHAC) networks. These networks include representation from all consortium member school districts. The goal is to provide district or school-level guidance to support and improve health-related policies, programs, and practices for students in grades kindergarten through 12.
- Partnership3. Facilitate peer-sharing and community of practice (CoP) opportunities for consortium member districts and schools around implementing the What Works in Schools program.

Strategy 2B – Educate and support (ES):

You will identify barriers and facilitators to implementing What Works in Schools through the following activity:

- ES1. Each year, conduct a needs assessment. The goal is to identify barriers and facilitators that influence the implementation of the What Works in Schools program.

You will provide technical assistance to districts and schools through the following activities:

- ES2. Provide professional development for teachers and school staff to improve knowledge, comfort, and skills in implementing the What Works in Schools program.
- ES3. Provide technical assistance to consortium member districts and schools to support the implementation of the What Works in Schools program.
- ES4. Provide support for the coordination of sexual, behavioral, and mental health education and services in consortium member districts and schools.

In addition to the strategies above, you are also required to:

- Submit success stories as you achieve work plan milestones. Submit them as they occur and include them with work plan status reports every 6 months.
- Submit all HIV-related materials to a Program Review Panel. You can find information on this HIV Program Review Panel on the [CDC website](). Materials might include written, audiovisual, pictorials, questionnaires,

survey instruments, proposed group educational sessions, educational curricula, and similar materials.

Strategy 2C – School-Based Surveillance:

You will conduct the Youth Risk Behavior Survey (YRBS) and School Health Profiles (Profiles). For the activities and requirements, see Cross-Component Activities, YRBS and Profiles Activities and Requirements.

In addition to those requirements, you must also include all Profiles questions and a subset of specific YRBS questions on your questionnaires for program evaluation purposes. We outline the requirements in the Evaluation and Performance Measurement section.

Outcomes

We expect you to achieve the short-term and intermediate asterisked outcomes in the Component 2 logic model by the end of the 5-year project period.

Component 3: State, territorial, and tribal school-based surveillance

Approach

The logic model shows the strategies and activities of the program along with the outcome we expect over time. We will require you to report on the following outcome indicated by an asterisk (*).

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Conduct Youth Risk Behavior Survey Conduct School Health Profiles	↑ Awareness of youth risk behaviors and experiences and school health policies and practices by education and public health agencies	↑ State, territory, or tribe understanding of short-term trends in youth risk behaviors and experiences and school health policies and practices*	↑ State, territory, or tribe understanding of long-term trends in youth risk behaviors and experiences and school health policies and practices

Required strategies and activities

Component 3 establishes, implements, and strengthens systematic procedures to collect Youth Risk Behavior Survey (YRBS) and School Health Profiles (Profiles) data. You will collect data and report results to help support the development of policies and practices that reduce priority health risk behaviors and experiences among youth.

Component 3 applicants are encouraged to apply for funding for both YRBS and Profiles but can apply for a reduced amount of funding for a single survey (either YRBS or Profiles).

To maximize U.S. coverage, we will fund only one application per state. If multiple applicants from the same state apply, we will select the highest-scoring applicant from that state.

Activities

You will conduct the Youth Risk Behavior Survey (YRBS) and School Health Profiles (Profiles). For the activities and requirements, see Cross-Component Activities, YRBS and Profiles Activities and Requirements.

Outcomes

We expect you to achieve the asterisked intermediate outcome in the [Component 3 logic model](#) by the end of the 5-year project period.

Cross-component activities

YRBS and Profiles activities and requirements

You will conduct the Youth Risk Behavior Survey (YRBS) and School Health Profiles (Profiles) to collect, analyze, and report on:

- Data related to adolescent health risk behaviors and experiences
- School health policies and practices

You will complete each activity described for YRBS and Profiles in years 1 to 5. You will conduct:

- YRBS in odd-numbered years (2025, 2027, and 2029)
- Profiles in even-numbered years (2026 and 2028)

You will conduct the activities for your jurisdiction:

- Component 1, Strategy 1E: Across the school district
- Component 2, Strategy 2C: Across each of the consortium member school districts
- Component 3: Across all public secondary schools in the jurisdiction for Profiles and across all public high schools in the jurisdiction for YRBS. If you apply for only YRBS or only Profiles, you are only required to conduct activities for that system.

Additionally, Component 1 and 2 recipients must include all Profiles questions and a subset of specific YRBS questions on your questionnaires for program evaluation purposes. We outline the requirements in the Evaluation and Performance Measurement section.

Funding designated for this purpose must only be used for the administration, dissemination, and use of the YRBS and Profiles. You cannot use these funds to support any other school-based surveillance activities.

YRBS years 1 to 5 required activities

- Establish and maintain a YRBS coalition to support survey administration.
- Prepare for and conduct the YRBS according to procedures outlined in the Handbook for Conducting Youth Risk Behavior Surveys for that survey cycle. We will provide the Handbook with detailed instructions to funded applicants. Activities for conducting YRBS include:
  - Developing a questionnaire
  - Producing a sampling frame
  - Selecting classes for surveying

- Obtaining school agreements and parental permission
- Coordinating with any other CDC-funded entities conducting YRBS in schools in your jurisdiction
- Collecting and submitting data

- Disseminate YRBS results and submit examples of the materials you disseminate.

YRBS years 1 to 5 optional activity

CDC will offer financial incentives to jurisdictions that choose to include up to 16 questions, developed by CDC, related to Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs) on their 2025, 2027, and 2029 YRBS questionnaires.

We will offer two tiers of financial incentives. Funding amounts will depend on the number of participating jurisdictions. Question wording cannot be altered.

- Tier 1 jurisdictions must include the 8 traditional ACEs questions and will receive up to 7.5% of their annual YRBS award funding.
- Tier 2 jurisdictions must include all 16 ACEs and PCEs questions and will receive up to 12.5% of their annual YRBS award.

Profiles years 1 to 5 required activities

- Prepare for and conduct Profiles according to procedures outlined in the Handbook for Conducting School Health Profiles that survey cycle. We will provide the Handbook with detailed instructions to funded applicants. Activities for conducting Profiles include:
  - Producing a sampling frame
  - Collecting data
  - Following up with nonresponding principals and teachers
  - Coordinating with any other CDC-funded entities conducting Profiles in schools in your jurisdiction
  - Submitting data
- Disseminate Profiles results and submit examples of the materials you disseminate.

Focus populations

Schools play a crucial role in shaping the health of young people. They can address health disparities through equity-focused strategies that promote protective factors.

Protective factors are characteristics, conditions, and behaviors that improve people's health outcomes or reduce the effects of stressful life events and other risk factors.

We include activities to address disparities in each strategy of Component 1 and Component 2. They aim to address the needs of students who have been marginalized, such as:

- Students from racial and ethnic minority groups
- Students with LGBTQ+ identities
- Students with intellectual and developmental disabilities

These strategies can also help to support all students.

Health disparities

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

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

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

You will work to address disparities using each strategy of Component 1 and Component 2. Activities include:

- Delivering culturally sensitive health education
- Increasing student access to youth-friendly and inclusive sexual, behavioral, and mental health services
- Offering activities that support youth who have been marginalized and fostering safe and supportive school environments for all youth
- Engaging parents, caregivers, guardians, and community members in the planning and implementation of school-based strategies

Organizational capacity

Describe your capacity to meet the requirements of this funding. Use examples of your past experience or new capabilities.

Capacity to conduct activities for components 1 and 2

Component 1: Describe your district's capacity to complete Strategies 1A to 1D.

Component 2: Describe your consortium's capacity to complete Strategies 2A and 2B.

You should be able to describe:

- That your total district or consortium enrollment is at least 40,000 students.
- Your capability to conduct work in an area where youth are at increased risk for adverse health outcomes.
- Support from your leadership and districts. Include how you can leverage current adolescent sexual, behavioral, and mental health policies, programs, and practices.
- Your resources to implement adolescent sexual, behavioral, and mental health policies, programs, and practices for health education, health services, safe and supportive environments, and engagement strategies. Include a detailed staffing plan and resources that will support implementation.
- How you will align this work with other adolescent health plans within your school district.
- Your ability to analyze key adolescent health issues and disparities and implement What Works in Schools to address them.
- Your ability to supervise program implementation to guarantee quality, consistency, and program improvement.
- Your ability to create or improve external partnerships to provide additional experience in adolescent sexual, behavioral, and mental health. For example, these partners can provide training, technical assistance, school-based health centers, community-based youth-friendly clinics.
- Your existing partnerships with local or state health departments to address adolescent sexual, behavioral, and mental health needs.

- Your ability to build staff capacity, increase student access to programs and services, and engage parents and community partners to address required activities.
- Your ability to manage the required procurement efforts, including ability to write and award contracts in agreement with grants regulations.

Capacity to conduct YRBS and Profiles

Component 1: Describe your district's capacity to complete Strategy 1E.

Component 2: Describe the lead organization's capacity to complete Strategy 2C.

Component 3: Describe your organization's capacity to complete required activities.

You should be able to describe:

- How your organization is structured and who will have management authority over school-based surveillance. Provide an organizational chart that shows lines of authority.
- Your experience conducting YRBS and Profiles, or similar school-based surveys.
- Your experience recruiting schools to participate in school-based surveys.
- Your experience disseminating and using YRBS and Profiles or similar school-based survey results to inform policy and practice decisions.
- Potential barriers to successfully completing required activities and how you will overcome the barriers to conduct YRBS and Profiles.
- A job description for the person who will lead the YRBS and Profiles. Include the percentage of time they will spend on this work.

Collaborations

Collaboration and partnerships are essential for program success. They:

- Improve resource efficiency
- Foster information exchange among experts in education, public health, and other fields
- Enhance outcomes

You must collaborate as necessary across program components for a comprehensive approach.

With CDC and our partners

All components

- Collaborate with other recipients to coordinate data collection for national, state, territorial, tribal, and local Youth Risk Behavior Surveys and School Health Profiles in the same jurisdiction.
- Collaborate with CDC and its partners to coordinate Youth Risk Behavior Survey and School Health Profiles activities.

Components 1 and 2

- Collaborate with CDC and its partners to support the What Works in Schools program's implementation and evaluation activities.

Potential partners

- Other Division of Adolescent and School Health recipients including those funded through DP22-2203 and DP23-0002
- Other CDC divisions
- State and local health departments
- U.S. Department of Education
- Organizations funded by other federal agencies including Department of Health and Human Services' Office of Adolescent Health or Administration for Children and Families' Family and Youth Services Bureau
- Other organizations involved in HIV, STD, pregnancy, violence, suicide, substance use prevention, and adolescent mental health promotion

With others

You should maximize program outcomes by leveraging funding and in-kind resources. We expect you to also collaborate with other organizations interested in adolescent health and well-being.

These collaborations should align with local needs and help establish effective policies, programs, and practices at district and school levels.

Prioritize collaboration with organizations addressing disparities in students' sexual risk behavior, substance use, experience of violence, mental health, and suicidality. See Focus Populations.

Component 2 only

The lead organization must submit a Memorandum of Understanding (MOU) that includes commitment of involvement from each school district in the consortium. See [Memorandum of Understanding](#).

Data, monitoring, and evaluation

CDC strategy

Throughout the 5-year period of performance, we will work with you to monitor activities to demonstrate program impact through process and outcome evaluation.

We will assess the extent to which CDC-funded activities at each site lead to intended outcomes, including the public health impact of systemic change in schools.

We will use the evaluation data to:

- Help monitor your program activities
- Suggest possible program improvements
- Tailor professional development and technical assistance to recipient needs
- Inform future program and policy directions for increasing adolescent protective factors and reducing risks
- Determine how activities impact systemic school changes and student health and, ultimately, refine school-centered approaches to improve student health

To support quality improvement and measure progress on program activities and outcomes, we will provide multiple reports from the data you provide to us:

- Annual evaluation reports: Annual evaluation reports summarize quantitative data, select qualitative data, and program activities for you and all other recipients. These findings help us ensure that you are implementing program activities and offer technical assistance and professional development to improve the implementation and quality of program activities. We will seek to send you this report two months after you submit your data.
- Final Evaluation Report: A cumulative 5-year final evaluation report will highlight whether you and all other recipients accomplished intended

outcomes. A combination of data sources will inform this report, including program evaluation, YRBS, and Profiles data to help measure:

- ◦ School and student outcomes
- ◦ Information from program plans and reports
- ◦ Information about technical assistance and professional development
- ◦ Factors that influence school implementation of activities and student outcomes

Required performance measures

We will require you to report on evaluation questions and performance measures for each strategy. The performance measures correspond to the activities and asterisked outcomes in the logic model.

We will likely refine the required performance measures. If so, we will work with you and finalize them before we require you to submit any data.

Component 1 evaluation questions and sample performance measures

Health education

Evaluation questions include:

- To what extent do recipients support schools to implement quality health education?
- To what extent do students receive health education in recipient school districts?

Sample performance measures include:

- Activity: Percentage of recipients that deliver professional development that prioritizes instructional competencies for secondary school teachers and staff to deliver culturally responsive and inclusive sexual and mental health education
- Short-term outcome: Number of trainings and resources that recipients offered or provided to teachers or school staff delivering health education
- Intermediate outcome: Percentage of students across districts who received a health education instructional program

Health services

Evaluation questions include:

- To what extent do recipients implement or support activities to increase access to sexual health services for students?
- To what extent do recipients implement or support activities to increase access to behavioral and mental health services for students?
- To what extent do students receive sexual health services? To what extent do students receive behavioral and mental health services?

Sample performance measures include:

- Activity: Percentage of recipients that implement school-based activities to increase student access to youth-friendly and inclusive school and community sexual health and behavioral and mental health services
- Short-term outcome: Percentage of schools across districts that implement activities to increase student awareness of health services
- Intermediate outcome: Percentage of students across districts who received a preventive health visit in the past 12 months

Safe and supportive environments

Evaluation questions include:

- To what extent do recipients provide support for safe and supportive school environments for students and school staff?
- To what extent do students participate in activities that foster safe and supportive environments?

Sample performance measures include:

- Activity: Percentage of recipients that provide student harassment policy enumerated for sexual orientation and gender identity
- Short-term outcome: Percentage of schools across districts implementing school-wide positive behavioral supports and interventions
- Intermediate outcome: Percentage of students across districts who feel close to others at school

Family, school, and community engagement

Evaluation questions include:

- To what extent do recipients engage district, school, family, and community partners in school health policies, programs, or strategies?

Sample performance measures include:

- Activity: Percentage of recipients that establish and maintain district-level school health advisory councils or teams
- Short-term outcome: Percentage of districts in which a Youth Advisory Council annually presents capstone projects or initiatives to superintendent-level administration or school board members with project recommendations for action-based steps to address systemic gaps

Component 2 evaluation measures and sample performance measures

Partnership

Evaluation questions include:

- To what extent do recipients support consortia member school districts in implementing health education, health services, safe and supportive environments, and family, school, and community engagement strategies?

Sample performance measures include:

- Activity: Percentage of recipients that identify, develop, or adapt resources to increase awareness of key decision-makers and partners at the state, territorial, and local level about the What Works in Schools program
- Short-term outcomes: Percentage of recipients with formalized partnerships with their schools, and local, state, and national organizations to support implementation
- Intermediate outcomes: Percentage of teachers across consortia member school districts receiving professional development on classroom management

Common evaluation questions and sample performance measures for all components

School-based surveillance

Evaluation questions include:

- To what extent are YRBS and Profiles institutionalized within the jurisdiction?

Sample performance measures include:

- Activity: Percentage of recipients that obtain representative data
- Intermediate outcome: Percentage of recipients using YRBS results to set program goals, develop programs and policies, support health-related policy implementation, or seek additional programmatic funding

Evaluation and performance measurement plan

You must provide an evaluation and performance measurement plan. Use the evaluation questions and sample performance measures provided under the CDC Strategy and Required Performance Measures above. You should also propose a strategy to collect evaluation information corresponding to the activities and asterisked outcomes in the logic model.

Include the following elements.

Methods

Describe the following:

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

Data management

CDC considers YRBS and Profiles to be public health data. However, you are not required to submit a Data Management Plan in your application. CDC will develop a data management plan describing the standards for collecting data, access to data release of data, and data preservation.

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

Evaluation activities

Application requirements

You must take on specific evaluation activities. Describe how you will do so, including:

- The type of evaluations you will conduct, such as process, outcome, or both.
- Key evaluation questions addressed by these evaluations, including any evaluation questions you develop in addition to those listed for the program strategies above.
- Other information you will collect, such as measures and data sources. Include data sources you may use to assess district, school, and student health needs, and information you will collect to evaluate professional development and technical assistance activities.
- How you will review survey implementation activities each cycle to identify what can be improved in the future to increase the quality of data and institutionalization of YRBS and Profiles in your jurisdiction.

Submit an initial draft of your Evaluation and Performance Measurement Plan with your application.

Post-award requirements

Component 1 and 2 recipients must submit a detailed Evaluation and Performance Management Plan within the first 6 months of the award. See Reporting.

Before approving all evaluation plans, we will collaborate with you to ensure that your evaluation plan is feasible and aligns with required activities and approach.

We will also work with you and all other recipients to set targets for some process and outcome measures.

The detailed evaluation plan must include an overall jurisdiction or community-specific evaluation and performance management plan based on the logic model, and consistent with evaluation and performance management requirements.

Component 1 and 2 recipients must conduct both program evaluation and surveillance activities. To do so:

- Allocate at least 10% of your program funds to support program evaluation activities, apart from surveillance.
- We encourage you to work with professional evaluators to support evaluation activities.
- We encourage you to do additional evaluation that reflects your local activities and needs.

We track performance measures through the following three systems.

Program Evaluation Reporting System (PERS)

PERS is a system that measures progress in activities and outputs for Component 1 strategies 1A to 1D and Component 2 strategies 2A and 2B. It uses standard questionnaires focusing on district and consortium program activities and estimated school program activities.

We will develop PERS questionnaire items at the beginning of the performance period and collaborate with you to finalize them before you are required to submit data.

Component 1 recipients must also estimate the implementation of program activities in all secondary schools within your district.

Profiles

Profiles is a surveillance system that measures short- and intermediate-term outcomes related to school policies and practices through standard questionnaires for school principals and lead health educators.

YRBS

YRBS is a surveillance system that measures short- and intermediate-term outcomes related to adolescent behaviors and experiences.

We will use up to 26 questions from the standard YRBS questionnaire to evaluate key outcomes. These items are listed in the following table.

We encourage you to include each of these questions on each biennial YRBS questionnaire.

You must also include 4 questions that are not currently on the standard YRBS questionnaire to assess outcomes related to health education, health services, and safe and supportive environments. We will provide the specific questions to Component 1 and 2 recipients by the start of the cooperative agreement.

Describe your intent to include these 30 questions on your 2025, 2027, and 2029 YRBS questionnaires in your application.

Area of Focus	YRBS Item Name
Sexual and gender identity	Sexual identity; sex of sex contacts; gender identity
Sexual risk behavior	Ever had sex; four or more lifetime sexual partners; currently sexually active; used a condom during last sexual intercourse; effective hormonal birth control use; ever tested for HIV; tested for STDs
Substance use	Current alcohol use; current marijuana use; ever misused prescription opioids
Experiencing violence	Did not go to school because of safety concerns; threatened or injured with a weapon at school; ever forced to have sex; sexual violence by anyone; bullied at school; electronically bullied
Mental health and suicidality	Persistent feelings of sadness or hopelessness; poor mental health; seriously considered attempting suicide; made a suicide plan; attempted suicide; injured in a suicide attempt
Social determinants of health	Unstable housing

By applying for this funding, you are agreeing to provide data you collect through YRBS and Profiles to CDC. In turn, CDC agrees to responsibly steward your data. We archive and preserve all data in accordance with applicable laws, regulations, and policies. We compile YRBS and Profiles data in web applications that are released after the survey cycle. Your datasets will not contain identifiers.

In addition to required evaluation, we encourage Component 1 and Component 2 recipients to participate in qualitative data collections facilitated by CDC, including key informant interviews and focus groups to provide CDC with context about implementing and outcomes of funded activities. Key informant interviews could involve staff from school districts and consortia.

We may ask for your help recruiting teachers, staff, and administrators to participate in annual focus groups that will give us contextual information about implementing program activities at the school level.

We will use this information to better understand the barriers and facilitators in implementing program activities. We will conduct, analyze, and report on key informant interviews and focus groups of teachers, staff, and administrators. We will share a summary report with you and include it in other evaluation reports.

The following table shows the data collection source, frequency, time periods, and purpose for program evaluation, and monitoring and summative evaluation data activities.

Data source	Frequency	Time period	Respondents	Purpose
PERS questionaries (required)	Every year	Fall 2025 to Summer 2029	Component 1 and 2 recipients	Monitor and suggest program improvements; tailor professional development and technical assistance
Profiles (required)	Every two years	2026; 2028	School principals, lead health education teachers	Monitor and suggest program improvements; tailor professional development and technical assistance; assess program outcomes
YRBS (required)	Every two years	2025; 2027; 2029	High school students	Assess program outcomes
In-depth interviews (encouraged)	Every year	Late winter/ early spring, 2025 to 2029	Component 1 and 2 recipients	Understand the context of programs
Focus groups (encouraged)	Every year	Spring, 2025 to 2029	School staff	Understand the context of programs

Work plan

You must provide a year-one work plan for your project. The work plan connects your period of performance outcomes, strategies and activities, and measures. It provides more detail on how you will measure outcomes and processes. You are not required to use a specific work plan format. A sample format is provided below.

Components 1 and 2

Submit one work plan that outlines activities for both What Works in Schools program implementation and school-based surveillance.

Component 3

Submit one work plan that outlines school-based surveillance activities.

All components

If applying for the additional funds to add ACEs questions to your YRBS questionnaire, include an activity for adding these questions. Specify whether you are applying for Tier 1 or Tier 2. To find out more about this option, see YRBS Optional Activity.

Table: Sample format

Activities to be Implemented	Progress or Process Measure(s) From Data, Monitoring, and Evaluation section	Relevant Period of Performance Outcome(s) From Outcomes section	Responsible Position or Party	Completion Date
Strategy 1:				
1.				
2.				
3.				
Strategy 2:				
1.				
2.				
3.				

Paperwork Reduction Act

If you collect information such as surveys and questionnaires from 10 or more individuals or organizations, you may be required to follow the Paperwork Reduction Act (PRA). This involves review and approval by the White House Office of Management and Budget. For details, see CDC Paperwork Reduction Act Compliance.

Funding policies and limitations

General guidance

- Your budget is arranged in eight categories: salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual.

- You may use funds only for reasonable program purposes consistent with the award, its terms and conditions, and federal laws and regulations that apply to the award. Questions about this determination should be posed to the grants management specialist.

- Generally, you may not use funds to purchase furniture or equipment. Clearly identify and justify any such proposed spending in the budget.

- You may use funds to ensure state, tribal, local, and territorial employees funded by CDC grant or cooperative agreement awards are adequately trained and prepared to effectively participate in jurisdictional emergency response activities.

Unallowable costs

You may not use funds for:

- Research
- Clinical care, except as allowed by law
- Pre-award costs unless CDC gives you prior written approval
- Other than normal and recognized executive-legislative relationships:
  - Publicity or propaganda purposes, including preparing, distributing, or using any material designed to support or defeat the enactment of legislation before any legislative body
  - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before any legislative body

- ◦ See Anti-Lobbying Restrictions for CDC Grantees
- Out-of-state travel (with surveillance funds)

Indirect costs

Indirect costs are for a common or joint purpose across more than one project and cannot be easily separated by project. Learn more at 45 CFR 75.414 and CDC Budget Preparation Guidelines.

To charge indirect costs, select one of two methods:

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

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

Method 2 – De minimis rate. Per 45 CFR 75.414(f), if you have never received a negotiated indirect cost rate, you may elect to charge a de minimis rate. If you are awaiting approval of an indirect cost proposal, you may also use the de minimis rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 10% of modified total direct costs (MTDC). See 45 CFR 75.2 for the definition of MTDC. You can use this rate indefinitely.

Other indirect cost policies

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

Statutory authority

Sections 301(a) and 317(k)(2) of the Public Health Service Act, 42 USC Sections 241(a) and 247b(k)(2), as amended.

Step 2:
Get Ready to Apply

In this step

Register   [45](#)

Register

You must register in both SAM.gov and Grants.gov to apply. But you can review the requirements and get started developing your application before your registrations are complete.

SAM.gov

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

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

Grants.gov

You must also have an active account with Grants.gov.

Need Help? See Contacts and support.

Find the application package

The application package has all the forms you need to apply. To find it, go to Grants Search at Grants.gov and search for opportunity number CDC-RFA-DP-24-0139.

If you can't use Grants.gov to download application materials or have other technical difficulties, including issues with application submission, contact grants.gov for assistance. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 800-518-4726 or by email at support@grants.gov.

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

Help applying

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

Attend the informational webinar

CDC will host Zoom calls for all interested applicants to provide technical assistance and answer questions.

Date: Tuesday, February 13, 2024

Component 1 applicants — 1 pm ET
[Zoom link](#)
Meeting ID: 160 942 2163
Passcode: 7BP+^i6R

Component 2 applicants — 2:30 pm ET
[Zoom link](#)
Meeting ID: 161 637 2165
Passcode: 9UVGBv@?

Component 3 applicants — 4 pm ET
[Zoom link](#)
Meeting ID: 160 272 7644
Passcode: K#y!8b9W

Step 3:
Prepare Your Application

In this step

Application contents and format   [48](#)

Application contents and format

Applications include five main elements. Make sure you include each of these:

Element	Submission Form
Project Abstract	Use the Project Abstract Summary form.
Project Narrative	Use the Project Narrative Attachment form.
Budget Narrative Justification	Use the Budget Narrative Attachment form.
Attachments	Insert each in the Other Attachments form.
Standard Forms	Upload using each required form.

If you don't provide required documents, your application is incomplete. See Initial Review to understand how this affects your application.

> Required format for project abstract, project narrative, and budget narrative
>
> Format: PDF
>
> Size: 12-point font
>
> Footnotes and text in graphics may be 10-point.
>
> Spacing: Single-spaced
>
> Margins: 1-inch
>
> Include page numbers

Project Abstract

Page Limit: 1
File name: Project Abstract Summary

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

Project Narrative

Page Limit: 30
File name: Project Narrative

Your project narrative must use the following headings, subheadings, and order. See Merit Review Criteria to understand how reviewers will evaluate your project narrative.

Background

Describe the problem you plan to address. Be specific to your population and geographic area.

See Program Description, Background.

Approach

Strategies and activities

Describe how you will implement the proposed strategies and activities to achieve the asterisked outcomes in the logic model. Explain whether they are:

- Existing evidence-based strategies
- Other strategies, with reference to where you describe how you will evaluate them in your Evaluation and Performance Measurement Plan.

See Program Description, Strategies and Activities.

Outcomes

Using the logic model in Program Description, Approach, identify the outcomes you expect to achieve or make progress on by the end of the performance period.

Evaluation and performance measurement plan

You must provide an evaluation and performance measurement plan. This plan describes how you will fulfill the requirements in Program Description, Data, Evaluation, and Performance Measurement.

Work plan

Include a work plan using the requirements in Program Description, Work Plan.

Focus populations and health disparities

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

See Program Description, Focus Populations.

Organizational capacity

Describe how you will address the organizational capacity requirements in Program Description, Organizational Capacity.

You must provide attachments that support this section including:

- Resumes and Job Descriptions
- Organization Chart

Collaborations

Describe how you will collaborate with programs and organizations, either internal or external to CDC. Explain how you will address the collaboration requirements in Program Description, Collaborations.

Budget narrative

Page limit: None
File name: Budget Narrative

The budget narrative supports the information you provide in Standard Form 424-A. See Standard Forms.

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

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

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories

- Contractual costs
- Total direct costs (total of all items above)
- Total indirect costs

See [Funding Policies and Limitations](#) for policies you must follow.

Components 1 and 2

- You must submit two budgets – one for implementing the What Works in Schools program and one for school-based surveillance.
- The What Works in Schools program budget must include:
  - At least 10% of What Works in Schools program funding to support your evaluation plan.
  - At least 1 full-time employee (FTE). This 1.0 FTE can be split up among up to three staff.
  - Funds for CDC-required and other approved professional development events that require in-person attendance. All Component 1 and 2 recipients are required to attend a recipient orientation October 8 to 10, 2024, at CDC main campus in Atlanta. This travel should be reflected in the itemized budget and corresponding budget narrative for applicants of each component.
  - If you are choosing to add ACEs questions to your YRBS questionnaires, the school-based surveillance budget should include this funding in your budget and specify whether you are applying for Tier 1 or Tier 2.

Component 3

If you choose to add ACEs questions to your YRBS questionnaires, include this funding in your budget and specify whether you are applying for Tier 1 or Tier 2.

Attachments

Upload attachments in Grants.gov using the Other Attachments Form. When adding the attachments to the form, you can upload PDF, Word, or Excel formats. Attachments do not have page limits.

Table of contents

Provide a detailed table of contents for your entire submission that includes all the documents in the application and headings in the Project Narrative section.

File name: Table of Contents

Indirect cost agreement

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

File name: Indirect Cost Agreement

Proof of nonprofit status

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

- A copy of a current tax exemption certificate from the IRS
- A letter from your state's tax department, attorney general, or another state official saying that your group is a nonprofit and that none of your net earnings go to private shareholders or others
- A certified copy of your certificate of incorporation. This document must show that your group is a nonprofit.
- Any of the above for a parent organization. Also include a statement signed by an official of the parent group that your organization is a nonprofit affiliate.

File name: Nonprofit status

Resumes and job descriptions

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

File name: Resumes and job descriptions

Organization chart

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

File name: Organization Chart

Duplication of efforts

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

Programmatic

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

Budgetary

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

Commitment

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

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

File name: Report on Overlap

Memorandum of Understanding

For Component 2 Only

The lead organization must submit a Memorandum of Understanding (MOU) that includes commitment of involvement from each school district in the consortium. See Organizational Capacity, [Collaboration](#).

The MOU should delineate roles and responsibilities and be signed by the superintendent or designee of each participating school district.

Applications without the signed MOU will be considered nonresponsive and not be reviewed.

File name: Memorandum of Understanding

Demonstration of legal authority

For Component 1

You must submit an attachment demonstrating that you have legal authority and oversight for the policies and practices of a school district. If you do not submit a document showing legal authority and oversight, your application will be considered nonresponsive and will not move forward for review.

File name: Legal Authority

For Component 2

The lead agency must submit an attachment demonstrating that each consortium member school district has legal authority and oversight for the policies and practices of the school districts within their jurisdictions. If you do not submit a document showing member school districts' legal authority and oversight, your application will be considered nonresponsive and will not move forward for review.

File name: Legal Authority

Documentation of total student enrollment

For Component 1

You must submit an attachment documenting that your district has a student enrollment of at least 40,000 students. If you do not submit a document showing that your district has at least 40,000 students, your application will be considered nonresponsive and will not move forward for review.

File name: District Student Enrollment

For Component 2

The lead agency must submit an attachment documenting that the consortium member school districts have a combined student enrollment of at least 40,000 students. If you do not submit a document showing that your district has at least 40,000 students, your application will be considered nonresponsive and will not move forward for review.

File name: Consortium Student Enrollment

Standard forms

Upload the following standard forms listed at Grants.gov. You can find them in the NOFO [application package](#) or at [Grants.gov Forms](#).

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application
Budget Information for Non-Construction Programs (SF-424A)	With application
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award

Step 4:
Learn About Review and Award

In this step

Application review

Initial review

We review each application to make sure it meets responsiveness requirements. We won't consider an application that:

- Is from an organization that doesn't meet eligibility criteria. Component 1 and Component 2 applicants must demonstrate legal authority for the policies and practices of school districts in their jurisdictions. Component 1 and 2 applicants must also demonstrate that you have a total student enrollment of 40,000 students. See details of requirements in Eligibility.
- Is submitted after the deadline.
- Proposes research activities. See 45 CFR 75.2 for the definition of research.

Also, if you don't follow page limit or formatting requirements, we may remove pages from your application to solve for any unfairness.

Merit review

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

Component 1: Local implementation of What Works in Schools and school-based surveillance health education

Criteria

Criterion	Total number of points = 100
1. Background and Approach	25 points
2. Organizational Capacity	50 points
3. Evaluation and Performance Management	25 points

Background and approach (Maximum points: 25)

Ensure that responses are consistent with the following Program Description requirement sections.

Evaluate the extent to which the applicant describes:	Consistent with:
How they will use the funds to effectively carry out the **health education** strategies and activities and meet the period of performance outcomes. (5 points)	Background, Approach, Logic Model, Strategies & Activities, Focus Populations, Health Disparities, Work Plan
How they will use the funds to effectively carry out the **health services** strategies and activities and meet the period of performance outcomes. (5 points)	Background, Approach, Logic Model, Strategies & Activities, Focus Populations, Health Disparities, Work Plan
How they will use the funds to effectively carry out the **safe and supportive environments** strategies and activities and meet the period of performance outcomes. (5 points)	Background, Approach, Logic Model, Strategies & Activities, Focus Populations, Health Disparities, Work Plan
How they will use the funds to effectively carry out the **family, school, and community engagement** strategies and activities and meet the period of performance outcomes. (5 points)	Background, Approach, Logic Model, Strategies & Activities, Focus Populations, Health Disparities, Work Plan
How they will use the funds to effectively carry out the **school-based surveillance** strategies and activities and meet the period of performance outcomes. (5 points)	Background, Approach, Logic Model, Cross-Component Activities, Focus Populations, Health Disparities, Work Plan

Organizational capacity (Maximum points: 50)

Ensure that responses are consistent with the following Program Description section Organizational Capacity generally, including any subsection or required attachment.

Evaluate the extent to which the applicant describes:	Consistent with:
How the applicant has the legal authority and oversight for the policies and practices of the school district. (20 points)	Eligibility
Total school district K-12 enrollment of at least 40,000 students. (10 points)	Organizational Capacity
Experience conducting and disseminating YRBS and Profiles (or similar school-based surveys). (5 points)	Organizational Capacity

Evaluate the extent to which the applicant describes:	Consistent with:
Relevant experience and capacity to carry out the activities and achieve the project outcomes. Experience includes management, administrative, and technical. (3 points)	Organizational Capacity
A staffing plan able to achieve the project outcomes and that clearly defines staff roles. Provides an organizational chart that supports the structure. (3 points)	Organizational Capacity, Resumes and Job Descriptions, Organization Chart
Collaborations that support their capacity or add value to the project. (3 points)	Collaborations
Leadership and local school district support including leveraging current adolescent sexual, behavioral, and mental health policies, programs, and practices. (3 points)	Organizational Capacity
Alignment of this work with other adolescent health plans within the school district. (3 points)	Organizational Capacity

Evaluation and performance measurement (Maximum points: 25)

Ensure that responses are consistent with the Program Description's Data, Evaluation, and Performance Measurement section generally, including any of the following subsections.

Evaluate the extent to which the applicant describes:	Consistent with:
A plan for including specific items on their YRBS questionnaires. This includes: • 26 questions from the standard YRBS questionnaire • 4 additional questions related to health education, health services, and safe and supportive environments (4 points)	Evaluation and Performance Measurement Plan
Ability to collect the data needed for evaluation and performance measurement. (3 points)	Data, Monitoring, & Evaluation
Clear monitoring and evaluation procedures and how they will incorporate evaluation and performance measurement into planning, implementation, and reporting of project activities. (3 points)	Data, Monitoring, & Evaluation
How they will report and use performance measurement and evaluation findings to demonstrate outcomes and for continuous program quality improvement. (3 points)	Data, Monitoring, & Evaluation

Evaluate the extent to which the applicant describes:	Consistent with:
Appropriate participation in the evaluation and performance measurement planning process by key partners. (3 points)	Data, Monitoring, & Evaluation
How they will share evaluation findings with communities and populations of interest in a way that meets their needs. (3 points)	Data, Monitoring, & Evaluation
The type of evaluations, such as process, outcome, or both and the key evaluation questions, data sources, and measures. Includes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base. (3 points)	Data, Monitoring, & Evaluation
At least 10% of program funding to support an evaluation plan that aligns with CDC's evaluation approach. (3 points)	Evaluation and Performance Measurement Plan, Budget Narrative

Component 2: Consortia support of What Works in Schools and school-based surveillance

Criterion	Total number of points = 100
1. Background and Approach	25 points
2. Organizational Capacity	50 points
3. Evaluation and Performance Management	25 points

Background and approach (Maximum points: 25)

Ensure that responses are consistent with the following Program Description requirement sections.

Evaluate the extent to which the applicant describes:	Consistent with:
How they will use the funds to effectively carry out the **build partnerships and facilitate peer-sharing and community of practice (CoP)** opportunities strategies and activities and meet the period of performance outcomes. (7 points)	Background, Approach, Logic Model, Strategies & Activities, Focus Populations, Health Disparities, Work Plan
How they will use the funds to effectively carry out the **identify barriers and facilitators to implementing What Works in Schools needs assessment** strategies and activities and meet the period of performance outcomes. (7 points)	Background, Approach, Logic Model, Strategies & Activities, Focus Populations, Health Disparities, Work Plan

Evaluate the extent to which the applicant describes:	Consistent with:
How they will use the funds to effectively **provide technical assistance to districts and schools** so they can carry out the strategies and activities and meet the period of performance outcomes. (7 points)	Background, Approach, Logic Model, Strategies & Activities, Focus Populations, Health Disparities, Work Plan
How they will use the funds to effectively carry out the **school-based surveillance** strategies and activities and meet the period of performance outcomes. (4 points)	Background, Approach, Logic Model, Cross-Component Activities, Focus Populations, Health Disparities, Work Plan

Organizational capacity (Maximum points: 50)

Ensure that responses are consistent with the Program Description section Organizational Capacity generally, including any of the following subsections or required attachments.

Evaluate the extent to which the applicant describes:	Consistent with:
How all consortium member school districts have the legal authority and oversight for the policies and practices of the school districts within their jurisdictions. (20 points)	Eligibility
Total consortium school district K-12 enrollment of at least 40,000 students. (10 points)	Organizational Capacity
Experience conducting and disseminating YRBS and Profiles (or similar school-based surveys). (5 points)	Organizational Capacity
Relevant experience and capacity to implement the activities and achieve the project outcomes. Experience includes management, administrative, and technical. (3 points)	Organizational Capacity
A staffing plan sufficient to achieve the project outcomes and that clearly defines staff roles. Provides an organizational chart that supports the structure. (3 points)	Organizational Capacity, Resumes and Job Descriptions, Organization Chart
Collaborations that support their capacity or add value to the project. (3 points)	Collaborations
Leadership and local school district support including leveraging current adolescent sexual, behavioral, and mental health policies, programs, and practices. (3 points)	Organizational Capacity

Evaluate the extent to which the applicant describes:	Consistent with:
Alignment of this work with other adolescent health plans within the school district. (3 points)	Organizational Capacity

Evaluation and performance measurement (Maximum points: 25)

Ensure that responses are consistent with the Program Description's Data, Evaluation, and Performance Measurement section generally, including any of the following subsections.

Evaluate the extent to which the applicant describes:	Consistent with:
A plan for including specific items on their YRBS questionnaires. This includes: • 26 questions from the standard YRBS questionnaire • 4 additional questions related to health education, health services, and safe and supportive environments (4 points)	Evaluation and Performance Measurement Plan
Their ability to collect the data needed for evaluation and performance measurement. (3 points)	Data, Monitoring, & Evaluation
Clear monitoring and evaluation procedures and how they will incorporate evaluation and performance measurement into planning, implementation, and reporting of project activities. (3 points)	Data, Monitoring, & Evaluation
How they will report and use performance measurement and evaluation findings to demonstrate outcomes and for continuous program quality improvement. (3 points)	Data, Monitoring, & Evaluation
Appropriate participation in the evaluation and performance measurement planning process by key partners. (3 points)	Data, Monitoring, & Evaluation
How they will share evaluation findings with communities and populations of interest in a way that meets their needs. (3 points)	Data, Monitoring, & Evaluation
The type of evaluations, such as process, outcome, or both and the key evaluation questions, data sources, and measures. Includes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base. (3 points)	Data, Monitoring, & Evaluation
At least 10% of program funding to support an evaluation plan that aligns with CDC's evaluation approach. (3 points)	Evaluation and Performance Measurement Plan, Budget Narrative

Component 3: State, territorial, and tribal school-based surveillance

Criterion	Total number of points = 100
1. Background and Approach	35 points
2. Organizational Capacity	40 points
3. Evaluation and Performance Management	25 points

Background and approach (Maximum points: 35)

Ensure that responses are consistent with the following Program Description requirement sections.

Evaluate the extent to which the applicant provides:	Consistent with:
A detailed work plan that describes all required activities for YRBS and Profiles to achieve period of performance outcomes. (15 points)	Background, Approach, Logic Model, Strategies & Activities, Focus Populations, Health Disparities, Work Plan
A description of how the applicant will collaborate with other recipients and partners to coordinate YRBS and Profiles data collection in the same jurisdiction. (7 points)	Collaboration, Required Strategies & Activities
A plan to disseminate YRBS and Profiles to internal and external partners. (7 points)	Required Strategies & Activities
A plan to establish and maintain a YRBS coalition. (6 points)	Required Strategies & Activities

Organizational capacity (Maximum points: 40)

Ensure that responses are consistent with the Program Description section Organizational Capacity generally, including any of the following subsections or required attachments.

Evaluate the extent to which the applicant describes:	Consistent with:
Experience conducting YRBS and Profiles (or similar surveys). (15 points)	Organizational Capacity
Experience recruiting schools to participate in school-based surveys. (5 points)	Organizational Capacity
Experience disseminating and using YRBS and Profiles (or similar school-based surveys) results to inform policy and practice decisions. (5 points)	Organizational Capacity
Organizational structure and who will have management authority over the school-based surveillance (YRBS and Profiles). Provide an organizational chart that identifies lines of authority. (5 points)	Organizational Capacity, Organization Chart
A job description for the person who will lead the YRBS and Profiles. (5 points)	Organizational Capacity, Resumes and Job Descriptions
The percentage of time the person leading YRBS and Profiles will spend on this work. (5 points)	Organizational Capacity, Resumes and Job Descriptions

Evaluation and performance measurement (Maximum points: 25)

Ensure that responses are consistent with the Program Description's Data, Evaluation, and Performance Measurement section generally, including any of the following subsections.

Evaluate the extent to which the applicant describes:	Consistent with:
How the applicant will conduct a review of each cycle's YRBS and Profiles activities to identify what can be changed to increase the quality of data and help institutionalize YRBS and Profiles in their jurisdiction. (15 points)	Evaluation and Performance Measurement Plan
Barriers that exist and how the applicant will overcome these barriers to conduct a successful YRBS and Profiles each cycle. (10 points)	Organizational Capacity

Risk review

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

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

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

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

For details, see 45 CFR 75.205.

Selection process

We will fund applications in order by score and rank determined by the review panel.

Our ability to make awards depends on available appropriations.

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- The results of the risk review.

We may:

- Fund application out of the rank order developed in merit review to ensure we have geographic diversity and representation across the U.S.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Under Component 3, we will fund only one application per state.

Award notices

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

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

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

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

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

Step 5:
Submit Your Application

In this step

Application submission and deadlines   68

Application submission and deadlines

Go to [Find the Application Package](#) to make sure you have everything you need.

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

Make sure you are current with SAM.gov and UEI requirements before applying for the award. See [Get Registered](#).

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

Deadlines

Optional letter of intent

Due on Friday, March 1, 2024

Application

Due on Monday, April 1, 2024, at 11:59 p.m. ET

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

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

Submission methods

Grants.gov

You must submit your application through Grants.gov. See [get registered](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks or we may not get it. Do not encrypt, zip, or password protect any files.

Go to [Contacts and Support](#) if you need help.

Other submissions

Intergovernmental review

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

Optional letter of intent

We ask that you let us know if you plan to apply for this opportunity. We do this to plan for the number of reviewers we will need to evaluate applications. You do not have to submit a letter of intent to apply.

Please email the notice to qzc6@cdc.gov.

In your email, include:

- The funding opportunity number and title
- Your organization's name and address
- A contact name, phone number, and email address

See the deadline for notices of intent.

Mandatory disclosure

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

Send written disclosures to CDC at plr3@cdc.gov and to the Office of Inspector General at grantdisclosures@oig.hhs.gov.

Application checklist

Make sure that you have everything you need to apply:

Component	How to Upload	Page limit
☐ Project Abstract	Use the Project Abstract Summary form.	1 page
☐ Project Narrative	Use the Project Narrative Attachment form.	30 pages
☐ Budget Narrative	Use the Budget Narrative Attachment form.	None
Attachments (9 total)	Insert each in a single Other Attachments form.	
☐ 1. Table of Contents		None
☐ 2. Indirect Costs Agreement		None
☐ 3. Proof of Nonprofit Status		None
☐ 4. Resumes and Job Descriptions		None
☐ 5. Organization Chart		None
☐ 6. Duplication of Efforts		None
☐ 7. Memorandum of Understanding (Component 2 only)		None
☐ 8. Legal Authority (Components 1 and 2 only)		None
☐ 9. Total Student Enrollment (Components 1 and 2 only)		None
Standard Forms (3 total)	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		No
☐ Budget Information for Non-Construction Programs (SF-424A)		No
☐ Disclosure of Lobbying Activities (SF-LLL)		No

Step 6:
Learn What Happens After Award

In this step

Post-award requirements and administration

Post-award requirements and administration

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

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award. The NoA includes the requirements of this NOFO.

- The rules listed 45 CFR part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.

- The HHS Grants Policy Statement (GPS). This document has policies relevant to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.

- All federal statutes and regulations relevant to federal financial assistance, including the cited authority in this award, the funding authority used for this award, and those provisions in the HHS Administrative and National Policy Requirements.

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

The following CDC Additional Requirements (AR) apply to this NOFO's awards: 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 24, 25, 26, 29, 30, 31, and 37.

Reporting

If you are successful, you must submit financial and performance reports.
These include:

Report	Description	When
Recipient Evaluation and Performance Measurement Plan	• Builds on the plan in the application • Includes measures and targets	6 months into award
Annual Performance Report	• Serves as yearly continuation application • Includes performance measures, work plan status reports*, successes, challenges* • Updates work plan* • How CDC could help overcome challenges • Includes budget for the next 12-month budget period	No later than 120 days before the end of each budget period
Federal Financial Report	• Includes funds authorized and disbursed during the budget period • Indicates exact balance of unobligated funds and other financial information	90 days after the end of each budget period
Data on Performance Measures	• Program Evaluation Reporting System • Work Plan Status Report #2*	CDC will only require this report if it needs more frequent reporting than in the Annual Performance Report.
Final Performance Report	• Includes information similar to the Annual Performance Report	90 days after the end of the period of performance
Final Financial Report	• Includes information in Federal Financial Report	90 days after the end of the period of performance

*You must complete OMB approved data collection forms in the DASH Recipients Portal.

To learn more about these reporting requirements, visit [Reporting](#) on the CDC website.

CDC award monitoring

Monitoring activities include:

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

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

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

We may also include the following activities:

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

We can take corrective action if your performance is poor. This means:

- Regularly missing reporting or other required deadlines
- Vacancy of key staff lasting more than six months
- Not spending 50% or more of your annual budget
- Not making significant progress in completing a required activity
- Not getting representative data for YRBS or Profiles

CDC's role

Throughout the project, we will not be just monitoring performance and making site visits. We will have substantial involvement. This means that we will work in partnership with you to implement the project. We will do this by:

- Collaborating with you to develop and implement evaluation and measurement plans that align with CDC evaluation activities and providing technical assistance
- Assigning public health advisors and health scientists to help you with programmatic needs and provide resources
- Providing regular feedback opportunities with public health advisors, public health analysts, and leadership staff to identify successes and challenges
- Using various methods to communicate and share information, resources, and guidance
- Providing technical assistance to ensure that questionnaire modifications, sample selection, survey administration, and data analysis and reporting are consistent with the expectations outlined in the Handbook for Conducting Youth Risk Behavior Surveys and the Handbook for Conducting School Health Profiles
- Overseeing a federal contract to provide technical assistance on specific content
- Facilitating communication and program links with other CDC programs and federal agencies
- Providing technical expertise to other CDC programs and federal agencies on how schools work and how to work with schools to implement adolescent health activities
- Translating and disseminating lessons learned on best practices identified
- Collecting state, territorial, and local organization capacity data to assist in training and technical assistance plans

Nondiscrimination and assurance

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

Contacts and Support

In this step

Agency contacts

Program

John Canfield, qzc6@cdc.gov, 404-718-8333

Grants management

Pamela Render, plr3@cdc.gov, 770-488-2712

Grants.gov

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

SAM.gov

If you need help, call 866-606-8220 or live chat with the [Federal Service Desk](#).

Reference websites

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