



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Agency for Toxic Substances and Disease Registry (ATSDR)








Notice of Funding Opportunity
Application due April 19, 2024

Advancing Health Equity in Asthma Control through EXHALE Strategies

Opportunity number: CDC-RFA-EH-24-0016



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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 19, 2024

Applications are due by 11:59 p.m. Eastern Time on April 19, 2024.



Step 1:

Review the Opportunity

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Basic information

Centers for Disease Control and Prevention (CDC)

National Center for Environmental Health (NCEH)

Agency for Toxic Substances and Disease Registry (ATSDR)

Improve health outcomes for people with asthma through increased community partnerships and multi-component approaches to care.

Summary

Our purpose is to improve the health and quality of life for people living with asthma. Given evidence that a multi-component approach to controlling asthma is more effective than individual strategies applied in isolation^[1], this funding opportunity is based on a [technical package known as EXHALE](#).

EXHALE represents six evidence-based strategies selected for their potential of having the greatest collective impact on controlling asthma:

- Education on asthma self-management
- “X-tinguishing,” smoking and exposure to secondhand smoke
- Home visits for trigger reduction and asthma self-management education
- Achievement of guidelines-based medical management
- Linkages and coordination of care
- Environmental policies or best practices to reduce indoor and outdoor asthma triggers

We aim to address systems-level, environmental, and social drivers of disparities through strengthening strategic partnerships to help implement EXHALE strategies.



Have questions?
See [Contacts and support](#).

Key facts

Opportunity name:

Advancing Health Equity in Asthma Control through EXHALE Strategies

Opportunity number:

CDC-RFA-EH-24-0016

Federal Assistance Listing:

93.070: Environmental Public Health and Emergency Response

Key dates

Application deadline:

April 19, 2024, at 11:59 p.m. ET

Optional [letter of intent](#) deadline:

March 19, 2024

Informational call:

March 8, 2024, 2:00 p.m. ET

Expected award date:

August 1, 2024

Expected start date:

September 1, 2024

If you receive funding, we will expect you to:

- Strengthen existing organizational infrastructure in areas such as leadership, program management, strategic partnerships, surveillance, communication, and evaluation.
- Collaborate with diverse partners like coalitions, community and faith-based organizations, racial, ethnic, and minority organizations, tribal communities, schools, transportation systems, housing, healthcare systems, and nongovernmental organizations.
- Implement EXHALE strategies, working with community members to expand the reach and sustainability of asthma control services.

Funding details

Type: Cooperative agreement

We plan to award projects for four 12-month budget periods for a 4-year period of performance.

Expected total program funding over the 4-year performance period:
\$64,000,000

Expected total program funding per budget period: \$16,000,000

Expected awards: 28

Funding range per applicant per budget period: \$400,000 to \$725,000

Expected average award amount per budget period: \$500,000

CDC will approve no more than one award within each state, territory, or Tribal nation.

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

Funding strategy

Population	Funding level
100,000 to 299,999	\$400,000
300,000 to 599,999	\$450,000
600,000 to 999,999	\$475,000
1,000,000 to 2,999,999	\$500,000
3,000,000 to 4,999,999	\$550,000
5,000,000 to 6,999,999	\$600,000
7,000,000 to 8,999,999	\$625,000
9,000,000 to 11,999,999	\$650,000
12,000,000 to 14,999,999	\$675,000
15,000,000 to 19,999,999	\$700,000
20,000,000 and over	\$725,000



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

Open competition.

Eligible applicants

Only these types of organizations may apply:

- State governments
- County governments
- City or township governments
- Special district governments
- Independent school districts
- Public and state-controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Public housing authorities and Indian housing authorities
- Native American tribal organizations, other than federally recognized tribal governments
- Nonprofits having a 501(c)(3) status, other than institutions of higher education
- Nonprofits without 501(c)(3) status, other than institutions of higher education
- Private institutions of higher education

Other required qualifying factors

To be eligible, you should:

- Serve a population of at least 100,000 people.
- Regularly analyze asthma data sets for your jurisdiction, including the following data sets: Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, state-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits.

- Work with partners for asthma control, as specified in your letters of collaboration.

You must provide documentation to support this eligibility criteria. See [Attachments](#).

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

Asthma is a complex, highly prevalent chronic disease. It is consistently one of the top five most costly health conditions. According to [2021 asthma prevalence estimates](#), almost 25 million Americans have asthma, including about 4.7 million children and 20.3 million adults.

The facts

- 986,453 emergency department visits in 2020
- 94,560 hospitalizations in 2020
- 13.8 million missed school days in 2013
- 14.2 million missed workdays in 2018^[2]
- In 2013, the estimated cost to the U.S. economy was \$81.9 billion in medical expenses, missed school and workdays, and deaths.
- Despite available drugs and approaches to treat and control asthma, in the United States on average 10 people die of asthma each day.^[3]

Health disparities

There are significant disparities in asthma outcomes by race, ethnicity, and income level. In the U.S., the burden of asthma falls disproportionately on non-Hispanic African American, Hispanic, and American Indian and Alaska Native populations. Disparities persist in asthma prevalence and outcomes in the United States.^[4]

- Non-Hispanic African American people are nearly three times as likely to die from asthma than white individuals.
- People from Puerto Rico have higher asthma prevalence compared to other people in the United States.^[5]

The strategies in [EXHALE](#):

- Are based on the best available evidence.
- Can improve asthma control and reduce healthcare costs.
- Help to inform decision-making in communities, organizations, and states.

Related work

- This opportunity builds upon work of state, local, and territorial public health departments and non-governmental partners supported with previous CDC funding from CDC-RFA-EH19-1902 and CDC-RFA-EH20-2002.
- [CDC National Asthma Control Program](#) (NACP) has funded state, local and territorial public health departments to encourage a comprehensive public health approach to asthma control. The program also funds non-governmental organizations, including efforts to encourage adherence to [National Asthma Education and Prevention Program \(NAEPP\), Expert Panel Report-3 \(EPR-3\) guidelines](#).
- CDC's Office on Smoking and Health (OSH) funds the [National and State Tobacco Control Program](#) to encourage coordinated, national efforts to reduce tobacco-related diseases and deaths.
- This work is framed around the [four CDC CORE pillars](#): cultivating health equity science, optimizing interventions, reinforcing and expanding robust partnerships, and enhancing capacity and workforce engagement. [Health equity](#) is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Purpose

This funding supports progress toward:

- reducing asthma-related emergency department visits, hospitalizations, mortality, and disparities
- implementing [EXHALE](#) strategies for populations with high asthma prevalence
- improving organizational infrastructure to advance health equity and sustainability

You are expected to implement a subset of EXHALE strategies in home, schools, healthcare, or community settings and in a coordinated manner to reach focus populations.

This funding opportunity advances [health equity](#) by prioritizing environmental justice and social determinants of health in the planning, implementation, evaluation, and expansion of the EXHALE technical package among communities with high prevalence of asthma.

You will collaborate with diverse partners, such as coalitions, government agencies and departments, schools, healthcare systems, housing organizations, transportation organizations, community and faith-based organizations, racial, ethnic, and minority organizations, and tribal communities to coordinate the implementation of selected interventions under EXHALE. The approach will address health equity by prioritizing the identified drivers of inequity within the setting or settings you have chosen (homes, schools, healthcare, or community).

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

Approach

Overview

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

Outcomes are the results that you intend to achieve and usually show the intended direction of change, such as increase or decrease. Not all outcomes apply to all strategies. The table shows how they apply. You will use these outcomes as a guide for developing performance measures (PMs) as described later in this document.

Program logic model

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

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<p>Strategy 1. Implement EXHALE strategies for populations with high asthma burden.</p> <ul style="list-style-type: none"> Implement four EXHALE strategies in collaboration with multisectoral partners. Focus your EXHALE implementation in at least one of four settings—schools, healthcare, homes, or communities. <p>Strategy 2. Improve organizational infrastructure to advance health equity and sustainability.</p> <ul style="list-style-type: none"> Update strategic plan for asthma control to include approaches to address health equity and sustainability. Advance health equity partnerships with community organizations, community health workers, and multi-sector agencies. Leverage evaluation findings to support health equity and sustainability. Maintain and enhance asthma surveillance system to enable monitoring and use of data to guide strategic action. 	<ul style="list-style-type: none"> Increased implementation of selected EXHALE strategies in identified settings.* (Strategy 1) Increased linkages to community resources to address drivers of health inequity.* (Strategies 1 and 2) Increased use of surveillance and evaluation data to drive program improvement.* (Strategy 2) Enhanced partnerships, including demonstrated expansion of at least one new strategic partnership representing a focus population.* (Strategy 2) 	<ul style="list-style-type: none"> Increased access to EXHALE interventions for people with uncontrolled asthma.* (Strategy 1 and 2) Reduced impact on the identified driver of health inequity for asthma control among populations with highest risk.* (Strategy 1 and 2) 	<ul style="list-style-type: none"> Increased coordination of care across settings. (Strategy 1) Reduced exposure to environmental asthma triggers. (Strategy 1) Improved sustainability of results-based health equity partnerships. (Strategy 2) Increased policies and plans enacted and evaluated to address drivers of asthma control. Reduced asthma-related emergency department visits and hospitalizations. Reduced asthma-related mortality and disparities.

*Indicates outcomes you are required to report on.

Strategies and activities

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

During the period of performance, you will conduct activities under two main strategies for asthma control:

- **Strategy 1:** Implement EXHALE strategies for populations with high asthma burden.
- **Strategy 2:** Improve organizational infrastructure to advance greater health equity and sustainability.

Under each strategy, tailor the proposed interventions to the populations at highest risk, as defined by your jurisdiction's surveillance data. When possible, these approaches should:

- Meet people where they are: where they live, learn, work, play, worship, and receive services
- Have materials that are clear, easy to understand, and culturally appropriate, including language and messaging that can reach and resonate with the focus population

When possible, include partners that have experience with the [focus populations](#) and have an established record of trust and collaboration. These partners should be included as you develop and finalize messaging and interventions. Consider health equity in all areas of your proposal.

Strategy 1: Implement EXHALE strategies for populations with high asthma burden.

Activity 1.1: Work on at least four EXHALE strategies

We **require** the following two:

- Linkages and coordination of care across settings
- Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, and occupational sources

Then, choose two or more from:

- Education on asthma self-management
- X-tinguishing smoking and secondhand smoke
- Home visits for trigger reduction and asthma self-management education
- Achievement of guidelines-based medical management

[See the technical guidance related to these EXHALE strategies.](#)

You may implement activities in one or more of four settings: schools, healthcare, homes, and communities. See a short description of each in [focus populations](#).

Use required and additional data sets to identify and describe your population of focus for the setting. See [Activity 2.4](#) for more information.

We expect you to propose and define a set of activities under your required and selected EXHALE strategies in one or more settings.

In your project narrative [strategies and activities](#) section, explain:

- Which EXHALE strategies you plan to use.
- The setting or settings in which you will implement the EXHALE strategies.
- Your approach to implementing them.

Activity 1.2: Describe partner engagement and audiences

You will put these strategies into action with the help of partners. These partners must represent communities with disproportionate asthma burdens.

In your project narrative [strategies and activities](#) section, address the following:

- List your partners and describe each of their roles and responsibilities in supporting the proposed activities.
- Briefly describe audience and communications approaches. Describe who else might benefit from these activities.

You can include more information about communications in your project narrative's [organizational capacity](#) section. See program description, [organizational capacity](#) for guidance.

Strategy 2: Improve organizational infrastructure to advance health equity and sustainability.

Activity 2.1: Develop or update your strategic plan

Within the first six months after your award, you must update your strategic plan for asthma control to include components for health equity and sustainability.

If you do not currently have a strategic plan for asthma control, you will develop a draft plan within the first six months of the performance period.

You will complete your full plan, including elements for health equity and sustainability, within 12 months. Your plan should include:

- A description of problem across the entire geographic area
- A list of groups experiencing the highest asthma burden, a description of their unique needs, and methods for addressing these needs
- An assessment of the current availability of asthma control services
- A list of goals, objectives, or strategies to be accomplished and expected outcomes
- A list of activities to be implemented collaboratively between you and your partners
- A description of the roles of the recipient and lead partners
- A timeline for completion

In years two through four, you will provide progress updates related to your health equity and sustainability efforts for asthma control.

In your project narrative [strategies and activities](#) section, address the following:

- **Health equity:** Briefly describe your [focus population](#), and address how your program's EXHALE activities will increase the focus population's inclusion in the process of refining and implementing the interventions. You will provide more detail about your focus population in that section of your project narrative.
- **Sustainability:** Describe how you plan to increase the asthma program's sustainability. You might consider topics such as:
 - Organizational capacity
 - Planning
 - Communications
 - Evaluation
 - Partnerships
 - Funding

These areas appear across several common tools that provide guidance on how to approach sustainability efforts, including the [CDC Sustainability Planning Guide for Healthy Communities](#), the [HHS Office of Population Affairs \(OPA\) Framework for Program Sustainability](#), the [HUD Healthy Homes Program Guidance Manual \(HHPGM\)](#), and the [Program Sustainability Assessment Tool \(PSAT\)](#).

You can reference these tools to learn more information about sustainability and determine which approaches may work within your jurisdiction.

Activity 2.2. Advance health equity partnerships with community organizations, community health workers, and multi-sector agencies.

We expect you to establish at least one strategic partnership for your focus population by the end of the performance period. This partner should have demonstrated success working with the focus population for at least two years.

In your project narrative [strategies and activities](#) section, describe the processes you and the partner will use to plan, implement, evaluate, and sustain strategies to expand the reach of asthma control services, particularly among the focus population.

Review health equity resources at:

- [Health Equity Guiding Principles for Inclusive Communication | Gateway to Health Communication | CDC](#)
- [Health Equity: Resources | CDC Foundation](#)
- [Advancing Health Equity and Preventing Chronic Disease | DNPAO | CDC](#)

Activity 2.3. Leverage evaluation findings to support health equity and sustainability.

Use data from evaluation results to drive improvements in program implementation, with a particular focus on health equity and sustainability. As examples, you might:

- Collaborate with stakeholders to conduct systematic, high-quality evaluations for effectiveness and efficiency of your EXHALE services and expansion of strategies. Include both process and outcome evaluations.
- Build evaluation capacity to plan, conduct, and use evidence to improve asthma programs, using strategies such as those noted in [Learning and Growing through Evaluation: State Asthma Program Evaluation Guide](#).

Where possible, we encourage you to develop business cases based on information from economic evaluations of expanding EXHALE and supporting coverage of asthma services and medications.

In your project narrative, [strategies and activities](#) section, describe your general approach to this activity.

Where you take on specific evaluation studies, in your project narrative, [evaluation and performance management plan](#), you should:

- Describe the type of evaluations—process, outcome, or both
- Describe key evaluation questions you will address in these evaluations
- Describe other information, such as measures and data sources
- Describe the intended use for and users of the information generated

You can find more information in the [Evaluation and Performance Measurement](#) section.

Activity 2.4. Maintain and enhance your asthma surveillance system to enable monitoring and use of data to guide strategic action

In your project narrative, [strategies and activities](#) section, describe your approach to meeting the following expectations.

We expect you to:

Maintain and enhance your asthma surveillance data:

- Obtain, analyze, interpret, and report required core data sets and related measures annually for both children (under age 18 years) and adults (18 years and older).
 - **Core data sets:** BRFSS Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, State-specific children's health survey/ National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits.
 - **Core measures:** Adult Lifetime Prevalence, Child Lifetime Prevalence, Adult Current Prevalence, Child Current Prevalence, Mortality Rates (underlying cause), Hospital Discharge Rates (1st-listed diagnosis) and Emergency Department Visits Rates (first-listed diagnosis)
- Describe asthma prevalence (lifetime and current), hospitalizations, Emergency Department visits, mortality, and trends in the entire population over time.
 - Monitor and report these measures annually to CDC.
 - Obtain, analyze, and interpret additional datasets and measures needed to support effective planning, implementation, and evaluation of asthma control programs conducted by you and your partners.

- **Additional data sets:** These data sets may include but are not limited to: Youth Tobacco Survey, Youth Risk Behavior Survey, Medicaid or Other Payer data, Workers' Compensation Data, School Health (nurse reports / absenteeism), and Prescription Data.
 - The source of these datasets and measures may be public health departments, community clinics, federally qualified health centers, state Medicaid offices, hospitals, schools, pharmacies, housing authorities, health plans, and related sources.
- Describe the burden of asthma in your entire state, territory, or tribe using population-based surveillance data.
 - Identify specific sub-populations that are disproportionately affected by asthma compared with the general population. When determining these sub-populations, consider factors such as age, race, ethnicity, gender, economic status, education, disability status, and geographic area.

Monitor and use data to guide strategic action:

- Use surveillance data to identify sub-populations with a high asthma burden and guide program activities.
- Create maps, tables, or other tools that demonstrate the alignment of program activities and the asthma burden as indicated by surveillance data.
- Publish (using electronic or paper formats) and disseminate asthma-specific reports, fact sheets, maps, web tables, briefs, newsletters, or other materials that promote and support program activities. Report each required core measure in one of these published materials.

Outcomes

The program logic model includes asterisked outcomes that we expect you to report progress on and achieve within the period of performance. Combined, we expect these outcomes to contribute to overarching intentions to help prevent asthma-related emergency department visits and hospitalizations among focus populations (such as children) over time.

Focus populations

Focus populations experience a disproportionate burden for asthma. These populations include but are not limited to:

- People who are African American, Hispanic/Latino (particularly Puerto Ricans), American Indian/Alaska Native, and those who identify as two or more races
- People experiencing low-income as defined by [Federal Poverty Guidelines](#)
- Children aged birth to 17

Describe your focus population, including the settings for your activities, in your project narrative's focus populations section. See the following settings.

Settings

In your project narrative, [strategies and activities](#) section, you must define the settings for your activities. In your [focus population](#) section, describe how the following settings serve your focus populations. For more information when considering settings, please visit the [NACP website](#).

School settings

Activities in school settings must reach school-aged populations in geographic areas disproportionately burdened by asthma. Prioritize activities for school-aged children with uncontrolled asthma.

School settings can include activities both within the school settings and during out-of-school time. You should consider social determinants of health (SDOH) when determining how to implement activities. Asthma control services in schools might include helping schools:

- Provide (or make available) asthma self-management education (AS-ME).
- Assist students in using asthma medications and devices correctly
- Refer students to medical care or emergency care when needed
- Reduce exposures in the school environment that can trigger asthma symptoms.

Health equity-related activities and approaches in schools might include all of these examples here, provided that the efforts are focused on populations at higher risk:

- Expanding the adoption of AS-ME programs for populations at higher risk, including sustaining and scaling up programs.
- Increasing access to stock quick-relief asthma medicine, including identifying and training of appropriate staff to administer medicines.
- Reviewing inhaler technique at every care touchpoint for school-aged children.

Home settings

Evidence shows that the home environment is connected to many factors leading to the development and exacerbation of asthma, particularly in children^[6]. Attempts to decrease asthma-related emergency department visits and hospitalizations ideally would include an assessment of the home environment, and a multi-component intervention to decrease possible exacerbations.

Home visits are one activity that can help persons with asthma reduce asthma triggers and expand their knowledge about asthma self-management education. These visits can help improve medication adherence and reduce asthma-related emergency department visits and hospitalizations.

Home visits should be flexible regarding potential barriers due to age range, language, home ownership status, and education level of the participants. Multi-unit housing approaches should consider how to work collaboratively with tenants and landlords or management companies, particularly for when repairs may be needed.

Health equity-related activities and approaches in home settings might include:

- Scaling up home visit programs for populations of focus within the jurisdiction
- Referring persons enrolled in home visit programs to resources like cleaning services, mold removal, pest management, and legal or housing assistance
- Expanding collaborations between the private sector and landlords for home repairs to address asthma-related triggers in the home
- Increasing the adoption of smoke-free policies for multi-unit housing

Healthcare settings

Healthcare professionals can guide people with asthma and their communities to follow best practices and help improve asthma control by using relevant EXHALE strategies. Interventions and partnerships should have a direct connection to a population of focus that is experiencing a disproportionate burden of asthma. Consider how SDOH may impact how the population of focus interacts with the local or regional healthcare system for asthma care as you tailor your interventions.

You should partner with organizations that can advance quality of care for populations of focus. Example partners include federally qualified health centers (FQHCs), community health centers, Medicaid and managed care organizations (MCOs). For more information, please see the Collaborations section.

Health equity-related activities and approaches in healthcare settings might include activities for focus populations such as:

- Promote shared decision-making (SDM) among patients and their providers
- Promote opportunities related to smoking cessation
- Address reasons for why patients might not adhere to care recommendations
- Increase services and treatments that are consistent with [National Asthma Education and Prevention Program \(NAEPP\), Expert Panel Report-3 \(EPR-3\) guidelines](#) for diagnosis and management, including recognizing poorly controlled asthma.
- Promote linkages and coordination of care across settings

Community settings

This setting is defined as multi-sectoral interventions focused on a particular community. Compounding factors may affect asthma control. For example, a community may have aging housing stock, older schools and community facilities, or proximity to multiple environmental exposures. The community may also be underserved by healthcare organizations, public transportation, and other services.

Focus on communities that face the highest burden of asthma, as indicated by data from the required and additional data sets mentioned in this funding opportunity announcement, or other data sources available to you.

Health equity-related activities and approaches in community settings might involve:

- Including community voices, support, and participation throughout the intervention
- Developing provider-community relationships to support people with asthma and their families and care providers
- Include linkages to tobacco quit lines and policies for smokefree workplaces and community spaces
- Supporting and expanding programs for community health workers, nurses, social workers, and certified asthma educators, community

paramedics, and others to conduct AS-ME training programs, home-based assessments, and other interventions

- Linking people with uncontrolled asthma to services and resources
- Increasing linkages between schools, healthcare organizations, private and public partnerships, and other community organizations and services

Equal opportunities

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

Health disparities

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

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

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

Each setting under [Strategy 1](#) has considerations for health equity when proposing activities.

Organizational capacity

You must demonstrate capacity to meet the purpose of this opportunity by your organizational capacity in the following four categories (1.1, 1.2, 1.3, and 1.4) further described in the summary table.

Address all of the following in your project narrative, [organizational capacity](#) section.

1.1a: Leadership and management

Describe the commitment of senior managers to ensure support for proper staffing (including supervision), guidance, contracting mechanisms and other resources specifically for the asthma program.

Document that you currently have a staff of highly qualified public health professionals with appropriate experience in asthma and expertise in leadership, supervision, program management, epidemiology, surveillance, evaluation, training, cultural competencies, and communications that is sufficient for implementing and expanding the proposed strategies and activities in this NOFO.

Clearly define the duties of each staff member.

In your [attachments](#), include position descriptions and resumes indicating that each person has the qualifications, knowledge, training, and experience to perform assigned duties. Include organizational charts showing the location of the asthma program within the agency organizational structure.

You will submit resumes for filled positions or position descriptions for unfilled positions. See [Attachments](#).

1.1b: Budget management and administration

Describe the existing financial management system in place that allows proper funds management and segregation of funds by program and meets the requirements stated in the [Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#).

The financial system should permit the preparation of reports required by the general and program-specific terms and conditions and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award.

Describe the current capacity to write, award, and manage contracts in accordance with applicable grants regulations.

1.1c: Communications

Describe your organizational capacity for communications, including describing the audiences for your interventions, their needs for information, and communication channels. If funded, you are expected to develop a more

detailed communication plan within the first 6 months of the award, in collaboration with CDC. The plan will include elements such as:

- Identify and describe the audiences, with an emphasis on health equity.
- Describe their needs for information.
- Identify communications channels for them.

1.1d: Surveillance

- Maintain a robust, comprehensive asthma surveillance system with capacity for future expansion.
- Obtain, analyze, interpret, and report population-based emergency department and hospital discharge data for the entire state, territory, or tribe as well as local levels.
- Obtain datasets and analyze, interpret, and report hospital discharge rates, emergency department visits rates, mortality rates, adult lifetime and current prevalence, child lifetime and current prevalence.
- Obtain, analyze, interpret, and report data from the Behavioral Risk Factor Surveillance System (BRFSS) Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, State-specific children's health survey/ National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits, Vital Statistics, and other data such as medical or pharmacy claims, school district reports, use of healthcare services, or costs of care.
- Use data to develop, produce, and disseminate communication and education materials in multiple media formats and languages.
- Provide certification that you have the responsibility to collect, analyze, and report on asthma control data for their jurisdiction.

1.1e: Epidemiology

- Obtain, analyze, interpret, and report aggregate data on participants in EXHALE-related asthma interventions and their asthma-related outcomes.
- Develop, produce, and disseminate summary materials.

1.1f: Program evaluation

- Describe your commitment to promoting a culture of evaluation within your organization.

- Describe current capacity to collaborate and coordinate with partners to plan, develop, and implement evaluation plans, including economic evaluations.
- Describe current capacity to collect performance measures and use evaluation to improve effectiveness and efficiency of strategies and enhance overall programming.
- Describe current capacity and ability to build evaluation capacity among partners.
- Describe current capacity and willingness to collaborate with other recipients of this NOFO in planning and sharing lessons learned from evaluations.

1.2: Relevant experience

- Describe prior experience in implementing asthma control activities for the jurisdiction.
- Describe program capacity to implement evidence-based strategies.

1.3: Health equity and partnerships

- Describe the current capacity to address health equity and health disparities related to asthma control.
- Describe existing partners that currently have a significant role in implementing strategies.
- Specify how partners have been engaged and supported the applicant's efforts.

1.4: Letters of collaboration

- In your [attachments](#), provide at least three collaboration letters from partners who plan to participate in proposed activities. Specific examples of successful collaborations should be mentioned in two letters.
- A third letter can be from a new partner organization that explains how they intend to collaborate with you.

See [Attachments](#).

Collaborations

We expect you to identify and leverage opportunities with other public health programs with common interests and objectives related to asthma.

In your project narrative, [collaborations](#) section, explain the programs and organizations you plan to collaborate with, including their roles.

With other CDC programs and CDC-funded organizations

We encourage you, where applicable and appropriate, to collaborate with CDC programs that are implementing evidence-based and practice-based prevention strategies that align within the [Strategies and Activities](#) section and note this in your application.

- Recipients of funding from the CDC National Asthma Control Program (NACP) are encouraged to collaborate with the non-governmental organizations funded by NACP to encourage provider adherence to national guidelines and encourage entities to provide home-based, multi-trigger, multi-component interventions for people whose asthma is poorly controlled. These organizations currently include the [American Lung Association](#), the [Allergy and Asthma Network](#), the [Asthma and Allergy Foundation of America](#), and the [National Environmental Education Foundation](#). If you are funded through CDC-RFA-EH-24-0016 you are also encouraged to collaborate with recipients of any future cooperative agreements awarded by the NACP.
- Recipients of funding from CDC's National Center for Environmental Health, such as Environmental Public Health Tracking, Climate and Health, and the Childhood Lead Poisoning Prevention Program for the purposes of sharing data such as syndromic surveillance data, emergency department and hospital visits, or other data. Additional purposes may include establishing consistent definitions and measures, creating maps, tables, or other tools, and developing policies related to environmental exposures and health effects on people with asthma.
- Recipients of funding from CDC's National Center for Chronic Disease Prevention and Health Promotion, including but not limited to, the Division of Adolescent and School Health; Office on Smoking and Health; Division of Nutrition, Physical Activity and Obesity; Division of Heart Disease and Stroke Prevention; and the Division of Diabetes Translation, for the purposes of conducting and analyzing the Behavioral Risk Factor Surveillance Survey and asthma-related modules; school health programs using the [Whole School, Whole Community, Whole Child \(WSCC\)](#) framework and health services; smoking cessation activities, including elimination of secondhand smoke exposure; coordinated school health programs and health services; community needs assessments; self-management education; chronic disease quality improvement projects; community health worker training;

communication campaigns; or any other activities related to asthma control.

- Recipients of funding from CDC's National Center for Immunization and Respiratory Diseases (NCIRD), including but not limited to the Influenza Division, the Immunization Services Division (ISD), the Division of Bacterial Diseases (DBD), and the Division of Viral Diseases (DVD) for the purposes of coordinating messaging around vaccinations, influenza, respiratory diseases, and asthma control.

With organizations not funded by CDC

You are strongly encouraged to collaborate with organizations that are not funded by CDC that are essential to the effective implementation of strategies described in this NOFO, such as:

- State administrators managing applicable programs such as Medicaid, Children's Health Insurance Program (CHIP), and other offices, senior public health officials, state environmental health directors, public health chronic disease directors, state medical societies, and others.
- Subject matter experts with expertise in public health tools, strategies, and resources, including advanced knowledge of the public health systems at the national, state, tribal and local levels.
- Regional offices of the U.S. Environmental Protection Agency, U.S. Department of Housing and Urban Development, and U.S. Department of Health and Human Services.
- Primary care practice representatives, healthcare organization representatives, and health systems representatives.
- State and local housing authorities.
- State department of education and local school districts.
- Local community-based organization representatives.
- Local public health departments.
- Representatives of programs addressing social determinants of health (SDOH). Further topics can be found at: [CDC SDOH](#).
- Organizations representing focus populations.

Partners to support interventions within selected setting

You must engage partnerships, such as public health, health care, education, social services, non-governmental, coalitions, community and faith-based organizations, racial, ethnic, and minority serving organizations, and tribal communities to coordinate the implementation of selected interventions under EXHALE. The approach will address health equity by prioritizing the

identified drivers of inequity within the setting you select. Partner examples for the following settings could include:

- **Schools:** Public and private schools, which can include K-12, Pre-K, or early childhood education centers.
- **Healthcare:** Children's hospitals, FQHCs, MCOs, primary care clinics, healthcare systems.
- **Homes:** Professionals and organizations who can assist in delivery of AS-ME or Home Visit interventions, such as community health workers, emergency medical technicians, community paramedics, certified asthma education specialists, or other professionals; landlord associations; tenants associations; property management companies.
- **Community settings:** Community-based organizations, faith-based organizations, childcare organizations, neighborhood or civic associations, transportation agencies or services, establishments who provide services such as grocery stores, pharmacies, clinics, and other services and community establishments frequented by focus populations.

Data, monitoring, and evaluation

CDC strategy

Evaluation and performance measurement help demonstrate achievement of project outcomes, build a stronger evidence base for specific interventions, clarify applicability of the evidence base to different populations, settings, and contexts, and drive continuous improvement. Evaluation and performance measurement can also determine if strategies and activities are sustainable, scalable, and effective at increasing health equity. The evaluation strategy is grounded in the [CDC Evaluation Framework for Public Health](#), MMWR, September 18, 1999, Vol. 48 / No. RR-11, as well as in the utilization-focused and participatory approach described in [Learning and Growing Through Evaluation: State Asthma Program Evaluation Guide](#).

Throughout the period of performance, you will:

- Use established evaluation frameworks to evaluate services and expansion strategies for efficiency and effectiveness
- Build sufficient evaluation capacity within the asthma program and among partners to support high-quality evaluation
- Apply evidence of program efficiency and effectiveness to support the development of business cases

- Use a strategic evaluation plan and individual evaluation plans to guide evaluations
- Use evaluation findings to improve and enhance programming throughout period of performance and create action plans to document use
- Share evidence of effectiveness with others in the field

The specific number of evaluations to be planned and conducted will vary based on the scope of evaluations proposed, but it is expected that major program components will be evaluated during the period of performance.

CDC will work individually and collectively with you to:

- increase the efficiency and effectiveness of the asthma program
- build and share the practice base regarding strategies that reduce the burden of asthma
- contribute toward overarching intentions to help reduce health inequities

Required performance measures

Following are the draft performance measures (PMs) you will need to report on after the award. We will likely refine the required measures for this program. If so, we will work with you and finalize them before we require you to submit any data.

- PM A: Analysis and Use of Core Data Sets and Measures
 - Required asthma datasets include: BRFSS Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, State-specific children's health survey/ National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits.
 - Required measures include Adult Lifetime Prevalence, Child Lifetime Prevalence, Adult Current Prevalence, Child Current Prevalence, Mortality Rates (underlying cause), Hospital Discharge Rates (first-listed diagnosis) and Emergency Department Visits Rates (first-listed diagnosis).
- PM B: Expansion of Partnerships to Advance Health Equity and Sustainability
 - Partner name, status of partnership, primary and secondary settings supported, primary and secondary EXHALE strategies supported, how the work is supporting health equity and sustainability, and additional information.
- PM C: Comprehensive Services Expansion in High Burden Areas

- Collecting detailed information about each intervention, including but not limited to type of intervention, supported setting and EXHALE strategies, supported focus populations, persons reached by the intervention, geographic scope, any support from partners, and additional information.
- PM D: Improvement in Linkages to Better Serve Focus Populations and Reduce Impact on Drivers of Health Inequity
 - Information about how interventions were tailored to serve focus populations.
- PM E: Use of Evaluation Findings
 - Type of action taken, examples include accountability, program improvement and expansion, surveillance or evaluation improvements, infrastructure improvements, resource allocation or sustainability, or other action.
 - Evaluation topic, evaluation status, submission of an individual evaluation plan, evaluation findings, and other information.

We will work with you to refine and provide further specifications for these measures as needed. You may also choose to develop additional process and outcome indicators to guide and monitor progress toward the outcomes in the logic model. We'll also work with you to operationalize the performance measures and identify feasible data sources for the measures.

CDC will develop specific reporting processes and templates and provide guidance on their function to facilitate and standardize data collection. CDC will periodically review the use of performance measures and discontinue those that are not informative.

Measures for all EXHALE strategies will be reported as part of the Performance Measures or the Annual Performance Report.

Evaluation and performance measurement plan

You must provide an [evaluation and performance measurement plan](#) in your project narrative.

In this plan, demonstrate how you will fulfill the requirements described in this [data, monitoring, and evaluation](#) section and [Activity 2.3](#) of the program description.

Submit an initial draft of your Evaluation and Performance Measurement Plan, including the [data management plan](#), if applicable, with your

application. You must submit a more detailed plan within the first six months of the award. See [Reporting](#).

At a minimum, the plan must describe:

- How you will:
 - Collect the performance measures
 - Respond to the evaluation questions
 - Use evaluation findings for continuous program quality improvement
 - Incorporate evaluation and performance measurement into planning, implementation, and reporting of project activities
- Information about the availability of knowledge management systems, evaluation capacity building activities, and evaluation policies or procedures in place at your organization.
- 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.
- Evidence of evaluation readiness, including information about past evaluations and how findings have been used for program improvement.

Strong applicants will describe how evaluation information has been leveraged to support sustainability and how information has been shared with the field.

Data management plan

As identified in the Evaluation and Performance Measurement section, if required, include a Data Management Plan (DMP) as part of your evaluation and performance measurement plan. The DMP is your assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner.

For more information, see [Additional Requirement – 25: Data Management and Access](#)

Evaluation activities

You must take on evaluation activities. Describe:

- The type of evaluations, such as process, outcome, or both
- Key evaluation questions addressed by these evaluations

- Other information such as measures and data sources
- Intended use and users for the information generated

An initial draft of your Evaluation and Performance Measurement Plan should be submitted with your application. You must submit a more detailed plan within the first six months of the award. See [Reporting](#).

Work plan

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

This work plan should cover the four-year performance period at a high level but include specific activities for Year 1. We don't require a specific work plan format, as long as it is clear to the reviewers how the components in the work plan are related to the strategies and activities, outcomes, evaluation and performance measures presented in the logic model and the narrative sections of the NOFO.

We provide the following example table to show how you may want to present your work plan.

Table: Sample format

Overarching Strategy and EXHALE Strategies	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
	1.				
	2.				
	3.				
	4.				

Paperwork Reduction Act

Any activities involving information collection from 10 or more individuals or organizations, may require you to follow the Paperwork Reduction Act (PRA). This requires review and approval by the White House Office of Management

and Budget. For further information about CDC's requirements under PRA see [CDC Paperwork Reduction Act Compliance](#). Collections include items like surveys and questionnaires.

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.
- At your option, you may propose providing up to 10 percent of your budget to a community-based organization. If you do so:
 - clearly describe which interventions the organization will support in your project narrative, [strategies and activities](#) section
 - delineate roles and responsibilities between you and the organization in each activity in your project narrative, [collaborations](#) section
- 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.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- You may not use funds to supplant state or local funds.

Unallowable costs

You may not use funds for:

- Research. Public health surveillance and program evaluation activities for the purpose of monitoring program performance are not considered research. However, identifiable information collected must be kept confidential.
- Clinical care except as allowed by law.
- Pre-award costs unless CDC gives you prior written approval.
- Other than for normal and recognized executive-legislative relationships:

- publicity or propaganda purposes, including preparing, distributing, or using any material designed to support or defeat the enactment of legislation before any legislative body.
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
 - See Additional Requirement (AR) 12 for detailed guidance on lobbying for CDC recipients. See also [Anti-Lobbying Restrictions for CDC Recipients](#).
- Medical equipment that is planned to be distributed to individuals for individual care.
 - Personal health services, medications, medical devices (such as spacers, spirometers, or peak flow meters), or other costs associated with the medical management of asthma.
 - Scholarships for children to attend asthma camps.
 - Asthma screenings.
 - Population-based asthma registry activities (such as a state-wide registry), unless associated with centralized use of electronic health records by the state health department or other authorized entity.
 - Furniture or equipment.
 - Construction.
 - Items such as pillowcases, mattress covers, or cleaning supplies, except to encourage completion of self-management training or home-based programs or participation in evaluations. Funds allocated to these supplies should not exceed \$2,000 per year.
 - Remodeling or remediation projects.
 - Fees for the Asthma Educator Certification exam.
 - Promotional items.
 - Payments to people to participate in programs, respond to requests for information or complete evaluation forms.
 - Support activities related to state tobacco control quit lines of more than \$2,500 each year.
 - Air monitors, moisture meters, sensors or other similar supplies without prior approval and consultation with CDC. If we approve funding, we will limit the amount available to very small projects.

Indirect costs

Indirect costs are those for a common or joint purpose across more than one project and that cannot be easily separated by project. Learn more at [45 CFR 75.414](#), Indirect Costs and [CDC Budget Preparation Guidelines](#).

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

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

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

Method 2 – De minimis rate. Per [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.

National public health priorities and strategies

Healthy People 2030

CDC-RFA-EH-24-0016 supports the [Healthy People 2030](#) focus areas of respiratory disease and environmental health. The related social determinant of health domain is neighborhood and built environment. The related objectives for Healthy People 2030 are:

- **Respiratory disease – general:** Reduce hospitalizations for asthma in people aged 5 to 64 years
- **Hospital and emergency services:** Reduce emergency department visits for people aged 5 years and over with asthma

- **Neighborhood and built environment:** Reduce asthma deaths and reduce asthma attacks

Other national public health priorities and strategies

CDC-RFA-EH-24-0016 supports the following national public health priorities and strategies:

- [Guidelines for the Diagnosis and Management of Asthma 2007: Expert Panel Report 3](#)
- [2020 Focused Updates to the Asthma Management Guidelines: A Report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group](#)
- [Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities](#)
- [Health Impact in Five Years](#)
- [HHS Action Plan to Reduce Racial and Ethnic Health Disparities](#)
- [Equitable Long-Term Recovery and Resilience | health.gov](#)
- [Justice40 Initiative | Environmental Justice | The White House](#)
- [Federal Register: Revitalizing Our Nation's Commitment to Environmental Justice for All](#)

Statutory authority

Section 317 (k)(2) and 317I of the Public Health Service Act, 42 U.S.C Sections 247b and 247b-10, as amended, and 42 U.S.C. Section 280g(d).



Step 2:

Get Ready to Apply

In this step

Get registered

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Get registered

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

SAM.gov

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

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

Grants.gov

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

Need help? See [Contacts and support](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number CDC-RFA-EH-24-0016.

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 on the application process and tips for preparing your application see [How to Apply](#) on our website. For other questions, see [Contacts and support](#).

Look at the [NACP website](#) for more information that can help you as you develop your application.

Join the informational call

March 8, 2024, at 2:00 p.m. Eastern Time

Zoom webinar:

- [Register for the webinar.](#)
- After you register, you'll receive a confirmation email with information about joining.

Join by H.323 room system:

- 161.199.138.10 (U.S. West) or 161.199.136.10 (U.S. East)
- Meeting ID: 160 989 5311
- Passcode: 503183

Join by SIP room system:

- 1609895311@sip.zoomgov.com
- Passcode: 503183

At this call, we will answer your questions. We plan to post answers to frequently asked questions on the [NACP website](#).



Step 3:

Prepare Your Application

In this step

Application contents and format

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Application contents and format

Applications include 5 main elements. This section includes guidance on each. 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
Required Forms	Upload using each required form

If you don't provide the required documents, your application is incomplete. See [Initial Review](#) to understand how this affects your application.

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

Font: Calibri

Format: PDF

Size: 11-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: 25

File name: Project Narrative

Your project narrative must use the exact headings, subheadings, and order that follow. 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 period of performance outcomes. 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 period of performance.

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 population or populations you plan to address under this award. These are expected to be populations experiencing a disproportionate burden of asthma or have a high level of uncontrolled asthma. Explain how you will empower them in all phases of the project to help meet their needs in your project. Describe how your work will benefit public health as well as the focus populations and help 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](#).

You must provide attachments that support this section including.

See [Collaboration Letters](#).

Budget narrative

Page limit: None

File name: Budget narrative

The budget narrative supports the information you provide in Standard Form 424-A. See [Other required forms](#).

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)
- Total indirect costs

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

Attachments

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

Table of contents

Provide a detailed table of contents for your entire submission that includes all the documents in the application and headings in the [Project Narrative](#) section. There is no page limit.

File name: Table of Contents

Indirect cost agreement

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

File name: Indirect Cost Agreement

Proof of nonprofit status (if applicable)

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

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

File name: Nonprofit status

If you qualify for preference based on the [School-Based Allergies and Asthma Management Program Act](#) and wish to have this preference considered as part of your application, please provide a letter signed by your authorizing business official attesting that your jurisdiction meets the four requirements to be considered for this preference. The four requirements must be listed in the letter.

In your letter, your jurisdiction should attest that the following is in place within the jurisdiction:

Preference based on H.R. 2468 (optional)

If you qualify for preference based on the School-Based Allergies and Asthma Management Program Act and wish to have this preference considered as part of your application, please provide a letter signed by your authorizing business official attesting that your jurisdiction meets the four requirements to be considered for this preference. The four requirements must be listed in the letter.

In your letter, your jurisdiction should attest that the following is in place within the jurisdiction:

- “The State must require that each public [elementary school](#) and [secondary school](#) in that State will grant to any student in the school an authorization for the [self-administration of medication](#) to treat that student’s asthma or anaphylaxis, if—
 1. a [health care practitioner](#) prescribed the medication for use by the student during school hours and instructed the student in the correct and responsible use of the medication
 2. the student has demonstrated to the health care practitioner (or such practitioner’s designee) and the school nurse (if available) the skill level necessary to use the medication and any device that is necessary to administer such medication as prescribed
 3. the health care practitioner formulates a written treatment plan for managing asthma or anaphylaxis episodes of the student and for medication use by the student during school hours
 4. the student’s parent or guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan formulated under clause (iii) and other documents related to liability.”

Please upload the signed letter from an official representative of your organization as an optional attachment with your application. CDC will review and consider these preferences in the selection process.

File name: Preferences

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. Combine all job descriptions and resumes into a single file.

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

Documentation of eligibility

You must provide documentation to prove that you qualify under [other required qualifying factors](#).

- Attach your own signed letter documenting that you currently provide services to a population of at least 100,000 people (based on U.S. Census data, 2020 estimates).
- Affirm in a letter from your organization's director that you have responsibility to manage asthma datasets for your jurisdiction, including: BRFSS Core, State-specific children's health survey, or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits.
- Attach reports, fact sheets, data briefs, or other asthma surveillance documents that describe the burden of asthma in your entire area (state, territory, or tribe). These must include analysis from the following data sets:
 - Hospital discharge (or hospital in-patient file)
 - Asthma questions on the Behavioral Risk Factor Surveillance Survey (BRFSS) core.

File name: Eligibility Documentation

Collaboration letters

- Provide at least three collaboration letters from local, regional, or area-wide asthma partners who plan to participate in proposed activities. For applicants who have been funded previously, two letters should be from existing partners and one letter can be from a new partner. For applicants who have not been funded previously, three letters can be from prospective partners.
- Specific examples of successful collaborations should be mentioned in the two letters from existing partners. These should describe how you work collaboratively to implement specific strategies and activities.
- A third letter can be from a new partner organization that explains how they intend to collaborate with you. This partner should have demonstrated success working with the focus population for at least 2 years.

File name: Collaboration Letters

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 percent, which is not allowed.

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

File name: Report on Overlap

Other required forms

You will need to complete some other standard forms. Upload the following standard forms at Grants.gov. You can find them in the NOFO [application package](#).

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	<u>51</u>
Award notices	<u>57</u>

Application review

Initial review

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

- Is from an organization that doesn't meet eligibility criteria. See requirements in [Eligibility](#), including [Other Required Qualifying Factors](#).
- 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

CDC will conduct an objective review process to review all applications that pass the initial review. The members use the following criteria.

Criteria

Criterion	Total number of points = 100
Organizational capacity	30 points
Surveillance	15 Points
Strategies and activities	30 points
Measuring performance	25 points
Budget	Not scored

Organizational capacity (30 points)

Criteria	Points
<p>1.1 Organizational Capacity (Including staffing)</p> <p><input type="checkbox"/> Describe the organization's capabilities to carry out planned activities, including the areas of Leadership and Management, Budget Management and Administration, Communications, Surveillance, Epidemiology, and Evaluation.</p> <p><input type="checkbox"/> Describe roles and qualifications of one or more senior team members and provide resumes of key staff.</p>	<p><input type="checkbox"/> No score = 0 points</p> <p><input type="checkbox"/> Poor = 1 to 3 points</p> <p><input type="checkbox"/> Fair = 4 to 7 points</p> <p><input type="checkbox"/> Good = 8 to 10 points</p> <p><input type="checkbox"/> Very good = 11 to 13 points</p> <p><input type="checkbox"/> Outstanding = 14 to 15 points</p>
<p>1.2 Relevant Experience</p> <p><input type="checkbox"/> Describe prior experience in implementing asthma control activities for the jurisdiction.</p>	<p><input type="checkbox"/> No score = 0 points</p> <p><input type="checkbox"/> Poor = 1 point</p> <p><input type="checkbox"/> Fair = 2 points</p> <p><input type="checkbox"/> Good = 3 points</p> <p><input type="checkbox"/> Very good = 4 points</p> <p><input type="checkbox"/> Outstanding = 5 points</p>
<p>1.3 Health Equity Partnerships</p> <p><input type="checkbox"/> Specify how partners have been engaged and supported the applicant's efforts.</p>	<p><input type="checkbox"/> No score = 0 points</p> <p><input type="checkbox"/> Poor = 1 point</p> <p><input type="checkbox"/> Fair = 2 points</p> <p><input type="checkbox"/> Good = 3 points</p> <p><input type="checkbox"/> Very good = 4 points</p> <p><input type="checkbox"/> Outstanding = 5 points</p>
<p>1.4 Letters of collaboration from partners that describe past successful collaborations.</p> <p><input type="checkbox"/> Provide at least three letters of collaboration from partners. Specific examples of successful collaborations should be described in two letters.</p> <p><input type="checkbox"/> A third letter can be from a new partner organization that explains how they intend to collaborate with the applicant.</p>	<p><input type="checkbox"/> No score = 0 points</p> <p><input type="checkbox"/> Poor = 1 point</p> <p><input type="checkbox"/> Fair = 2 points</p> <p><input type="checkbox"/> Good = 3 points</p> <p><input type="checkbox"/> Very good = 4 points</p> <p><input type="checkbox"/> Outstanding = 5 points</p>

Surveillance (15 points)

Criteria	Points
<p>2.1 Asthma surveillance responsibilities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clearly describes applicant's surveillance responsibilities. <input type="checkbox"/> Provides certification that the applicant has the responsibility to collect, analyze, and report on asthma control data for their jurisdiction; or <input type="checkbox"/> Obtains a letter of support from the state or territorial health department that the state/territory can provide asthma data to the applicant for the applicant's jurisdiction. 	<ul style="list-style-type: none"> <input type="checkbox"/> No score = 0 points <input type="checkbox"/> Poor = 1 point <input type="checkbox"/> Fair = 2 points <input type="checkbox"/> Good = 3 points <input type="checkbox"/> Very good = 4 points <input type="checkbox"/> Outstanding = 5 points
<p>2.2 Ability to Analyze and Report Asthma Datasets</p> <ul style="list-style-type: none"> <input type="checkbox"/> Describe the applicant's abilities to analyze relevant asthma datasets, including BRFSS Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, State-specific children's health survey/ National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits. 	<ul style="list-style-type: none"> <input type="checkbox"/> No score = 0 points <input type="checkbox"/> Poor = 1 point <input type="checkbox"/> Fair = 2 points <input type="checkbox"/> Good = 3 points <input type="checkbox"/> Very good = 4 points <input type="checkbox"/> Outstanding = 5 points
<p>2.3 Provides two examples of how applicant has used surveillance data to guide programmatic decisions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide at least two examples of how asthma data has informed programmatic decisions of how to apply interventions. 	<ul style="list-style-type: none"> <input type="checkbox"/> No score = 0 points <input type="checkbox"/> Poor = 1 point <input type="checkbox"/> Fair = 2 points <input type="checkbox"/> Good = 3 points <input type="checkbox"/> Very good = 4 points <input type="checkbox"/> Outstanding = 5 points

Strategies and activities (30 points)

Criteria	Points
<p>3.1 Work Plan describes the strategies and activities that are likely to achieve the proposed outcomes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Describe activities that will be used to carry out the strategies and the population(s) of focus for the activities. <input type="checkbox"/> Describe collaborations with other programs and organizations to carry out their strategies and activities. <input type="checkbox"/> Describe plans to develop or update a strategic plan for asthma control. <input type="checkbox"/> Describe how they would work towards the outcomes outlined in the logic model. <input type="checkbox"/> Describes selected settings and health equity focus. 	<ul style="list-style-type: none"> <input type="checkbox"/> No score = 0 points <input type="checkbox"/> Poor = 1 to 5 points <input type="checkbox"/> Fair = 6 to 9 points <input type="checkbox"/> Good = 10 to 13 points <input type="checkbox"/> Very good = 14 to 17 points <input type="checkbox"/> Outstanding = 18 to 20 points
<p>3.2. Activities are supported by clearly articulated communications approaches</p> <ul style="list-style-type: none"> <input type="checkbox"/> Activities describe audiences for communications materials and assess their needs for information. <input type="checkbox"/> Activities describe channels for communications materials that will be disseminated. 	<ul style="list-style-type: none"> <input type="checkbox"/> No score = 0 points <input type="checkbox"/> Poor = 1 to 3 points <input type="checkbox"/> Fair = 4 to 5 points <input type="checkbox"/> Good = 6 to 7 points <input type="checkbox"/> Very good = 8 to 9 points <input type="checkbox"/> Outstanding = 10 points

Measuring Performance (25 points)

Criteria	Points
<p>4.1 Clearly identifies outcomes expected</p> <p><input type="checkbox"/> Describe the outcomes expected to be achieved by the end of the period of performance.</p> <p><input type="checkbox"/> Describe specific objectives and tie them to the activities that support meeting the objective.</p>	<p><input type="checkbox"/> No points = 0 points</p> <p><input type="checkbox"/> Poor = 1 to 3 points</p> <p><input type="checkbox"/> Fair = 4 to 7 points</p> <p><input type="checkbox"/> Good = 8 to 10 points</p> <p><input type="checkbox"/> Very good = 11 to 13 points</p> <p><input type="checkbox"/> Outstanding = 14 to 15 points</p>
<p>4.2 Identifies measurable objectives</p> <p><input type="checkbox"/> Describe the data used to measure their objectives and how they will collect it. What information and data sources will be used?</p> <p><input type="checkbox"/> Describe how objectives will be measured.</p>	<p><input type="checkbox"/> No score = 0 points</p> <p><input type="checkbox"/> Poor = 1 to 3 points</p> <p><input type="checkbox"/> Fair = 4 to 5 points</p> <p><input type="checkbox"/> Good = 6 to 7 points</p> <p><input type="checkbox"/> Very good = 8 to 9 points</p> <p><input type="checkbox"/> Outstanding = 10 points</p>

Budget (not scored)

Criteria	Points
<p>The budget will be reviewed but not scored. Reviewers may reference it to assess if the funds requested seem reasonable for the activities proposed.</p> <p><input type="checkbox"/> Describe how the budget is consistent with the strategies and activities in the Work Plan.</p> <p><input type="checkbox"/> Included these categories: salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other.</p> <p><input type="checkbox"/> Explain why budget items are needed.</p>	<p>Not scored.</p>

Not more than 30 days after the Phase II review is completed, we will notify you electronically if your application does not meet eligibility or published submission requirements.

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 \$250,000. 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 more details, see [45 CFR 75.205](#).

Selection process

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.
- In order to ensure maximum U.S. coverage, no more than one application per state will be funded. If multiple applicants from the same state apply under this NOFO, only the highest scoring applicant from that state will be selected for funding.
- Assessment of applicant's ability to manage asthma surveillance data for their jurisdiction. After the objective review panel, the program will conduct a further review to assess the organization's current access to and use of asthma surveillance data, including the organization's legal ability/authority to report data through existing systems, and the organization's legal authority to submit this data. Asthma datasets that are required as part of this NOFO include the ability to analyze and report on: BRFSS Core, BRFSS Random Child Selection and Childhood Asthma Prevalence modules, State-specific children's health survey or National Survey of Children's Health, Vital Statistics, Hospitalization and Emergency Department Visits. Organizations that do not demonstrate these factors will not be selected for funding.
- Balance in funding across geographical areas of the nation.

- Preference letter attachments submitted in relation to H.R.2468: School-Based Allergies and Asthma Management Program Act.
- Representative projects across the six EXHALE strategies.
- Representative projects across all four settings.
- Representative projects for population of focus.

We may:

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

Our ability to make awards depends on available appropriations.

Award notices

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

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

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

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

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



Step 5:

Submit Your Application

In this step

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Application submission and deadlines

See [Find the application package](#) to make sure you have everything you need.

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

Make sure you are current with SAM.gov and UEI requirements 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 March 19, 2024 at 11:59 p.m. ET.

Application

Due on April 19, 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 your application passes the Grants.gov validation checks. Do not encrypt, zip, or password-protect any files.

See [Contacts and support](#) if you need help.

Other Submissions

Intergovernmental review

You will need to submit application information for intergovernmental review under Executive Order 12372. Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others don't.

To find out your state's approach, see the [list of state single points of contact](#). If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you don't need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

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 asthma@cdc.gov by March 19, 2024.

In your email, include:

- The funding opportunity number and title (CDC-RFA-EH-24-0016, Advancing Health Equity in Asthma Control through EXHALE Strategies)
- Your organization's name and address
- A contact name, phone number, and email address

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 mqw6@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
<input type="checkbox"/> Project Abstract	Use the Project Abstract Summary Form.	1 page
<input type="checkbox"/> Project Narrative	Use the Project Narrative Attachment form.	25 pages
<input type="checkbox"/> Budget Narrative	Use the Budget Narrative Attachment form.	None
Attachments (9 total)	Insert each in a single Other Attachments form.	
<input type="checkbox"/> Table of contents		None
<input type="checkbox"/> Indirect cost agreement		None
<input type="checkbox"/> Proof of nonprofit status (if applicable)		None
<input type="checkbox"/> Collaboration letters		None
<input type="checkbox"/> Resumes and job descriptions		None
<input type="checkbox"/> Preferences (optional)		None
<input type="checkbox"/> Organization chart		None
<input type="checkbox"/> Documentation of eligibility		None
<input type="checkbox"/> Duplication of efforts		None
Other required forms (3 total)	Upload using each required form.	
<input type="checkbox"/> Application for Federal Assistance (SF-424)		No
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)		No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL), if applicable		No



Step 6:

Learn What Happens After Award

In this step

Post-award requirements and administration [63](#)

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, see the [HHS Office for Civil Rights website](#).
- The following [CDC's Additional Requirements](#) (AR) apply to this NOFO's awards: 7, 9, 11, 12, 37.

Reporting

If you are successful, you will have to submit financial and performance reports that include the following.

Report	Description	When
Recipient Evaluation and Performance Measurement Plan	<ul style="list-style-type: none"> Builds on the plan in the application. Includes measures and targets. Shows how data are collected and used. 	6 months into award
Communications Plan	<ul style="list-style-type: none"> Identify and describe the audiences, with an emphasis on health equity. Describe audience needs for information. Identify communications channels for audience. 	6 months into award
Updated Strategic Plan for Asthma Control or new Strategic Plan for Asthma Control	<ul style="list-style-type: none"> Serves as a guiding document for the applicant's work. Includes updates for health equity and sustainability. 	<ul style="list-style-type: none"> Updated Plan: 6 months into award. For a New Plan: <ul style="list-style-type: none"> Draft Plan: 6 months into award. Final Plan: 12 months into award.
Annual Performance Report	<ul style="list-style-type: none"> Serves as yearly continuation application. Includes performance measures (including reporting for required data sets), 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.

Report	Description	When
Federal Financial Report	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Includes information similar to the Annual Performance Report. 	60 days after the end of each budget period.
Final Performance Report	<ul style="list-style-type: none"> Includes information similar to the Annual Performance Report 	120 days after the end of the period of performance
Final Financial Report	<ul style="list-style-type: none"> Includes information in Federal Financial Report. 	120 days after the end of the period of performance

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

CDC award monitoring

Monitoring activities include:

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

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

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

We may also include the following activities:

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

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

- Consultation with recipient if requirements of the Notice of Award are not being met.
- Establishment of a performance improvement plan for the recipient.
- Further steps to correct poor performance, in consultation with CDC Office of Grants Services and CDC Office of General Counsel.

CDC's role

This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews conducted during the normal course of the period of performance.

CDC program staff will assist, coordinate, or participate in carrying out efforts under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO. CDC staff involved with this cooperative agreement will provide substantial involvement beyond site visits and regular performance and financial monitoring during the period of performance.

The CDC program will work in partnership with recipients to ensure the success of the cooperative agreement by:

- Supporting recipients to implement cooperative agreement requirements and advance program activities to meet outcomes.
- Providing technical assistance to revise annual work plans and budgets.
- Providing expertise and resources related to scientific subject matter and health care systems.
- Providing consultation and guidance on enhancing and expanding existing asthma surveillance activities, including the analysis and interpretation of data sets.
- Providing advice on the development, publication, and dissemination of surveillance reports, fact sheets, or other data products.
- Encouraging CDC project officers and technical advisors working on this cooperative agreement to:
 - Engage early with the recipients' technical advisors on journal manuscripts and MMWR to determine the appropriate clearance process.
 - Get required CDC/NCEH clearance when CDC/NCEH staff are listed as coauthors or coinvestigators, or when CDC/NCEH is perceived as endorsing the product, such as with inclusion of CDC/NCEH's branding or logo.
 - Consult early with the CDC project officer and recipient for non-CDC/NCEH authored products with no perceived endorsement. These products will be reviewed and considered on a case-by-case basis.
 - Provide a disclaimer statement to authors for non-CDC/NCEH authored products determined not to have perceived CDC/NCEH endorsement (for example, no inclusion of CDC/NCEH branding or logo).
- Collaborating with recipients to develop and implement strategic and individual evaluation plans and use evaluation findings.
- Providing technical assistance to operationalize and report performance measures.

- Analyzing recipient performance measurement data and evaluation findings to provide suggestions for program improvement.
- Engaging recipients in cross-state evaluations of program activities and outcomes.
- Establishing and facilitating learning opportunities to increase information sharing among recipients.
- Providing professional development and training opportunities, either in person or through virtual web-based training formats for the purpose of sharing best practices and the latest science on asthma.
- Convening meetings that provide recipients with opportunities to exchange resources, share lessons learned and address common issues.
- Participating in meetings, committees, conference calls, and working groups relevant to achieving the goals of the NOFO.
- Coordinating with other agencies and national organizations working to reduce the burden of asthma encouraging collaboration between public health and health care entities.
- Disseminating lessons learned by recipients to build a stronger practice base for asthma-specific policies and strategies.

Non-discrimination and assurance

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



Contacts and Support

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Agency contacts

Program

Dr. Hailay Teklehaimanot
Branch Chief, Asthma and Air Quality Branch (AAQB)
urr6@cdc.gov
770.488.3885

Pam Collins
Deputy Branch Chief, Asthma and Air Quality Branch (AAQB)
ing4@cdc.gov
770.488.0792

Eric Morrissey
Team Lead, AAQB Program Services Team
evm9@cdc.gov
404.723.6364

AAQB shared email
asthma@cdc.gov

Grants management

LaQuanda Lewis
Grants Management Specialist
Hrf6@cdc.gov 770.488.2969

Grants.gov

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

SAM.gov

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

Reference websites

- [CDC Asthma](#)
- [CDC EXHALE Technical Package](#)
- [CDC Asthma Resources for Health Professionals and Schools](#)
- [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 \(U.S.C.\)](#)

Endnotes

Select the endnote number to jump to the related section in the document.

[1] Hsu J, Sircar K, Herman E, Garbe P. (2018). [EXHALE: A Technical Package to Control Asthma](#). Atlanta, GA: National Center for Environmental Health, Centers for Disease Control and Prevention.

[2] American Lung Association. [Asthma Trends and Burden](#).

[3] Asthma and Allergy Foundation of America, "[Asthma Facts](#)." Accessed December 20, 2023.

[4] CDC, [Most Recent National Asthma Data](#), accessed December 20, 2023.

[5] El Burai Félix S, Bailey CM, Zahran HS. [Asthma prevalence among Hispanic adults in Puerto Rico and Hispanic adults of Puerto Rican descent in the United States - results from two national surveys](#).

J Asthma. 2015 Feb;52(1):3-9. Epub 2014 Aug 19. PMID 25137343; PMCID PMC4554327.

[6] Institute of Medicine. 2011. [Climate Change, the Indoor Environment, and Health](#). Washington, DC: The National Academies Press.