



U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE  
CONTROL AND PREVENTION

Division of Population Health/Healthy Tribes

Notice of Funding Opportunity  
Application due June 28, 2024










## A Cultural Approach to Good Health and Wellness in Indian Country



# A Cultural Approach to Good Health and Wellness in Indian Country (GHWIC)

Opportunity number: CDC-RFA-DP-24-0025

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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 June 28, 2024**

Applications are due by 11:59 p.m. Eastern Time on June 28, 2024.



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 (Windows) or Command + Left Arrow (Mac) on your keyboard.



# Step 1: Review the Opportunity

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# Basic information

## Centers for Disease Control and Prevention (CDC)

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Division of Population Health/Healthy Tribes

## Building a culture-first approach to chronic disease prevention, management, and control.

## Summary

The Healthy Tribes Program at the Centers for Disease Control and Prevention (CDC) provides funding to reduce health disparities and increase health equity among American Indians and Alaska Natives (AI/AN).

Collectively, we want to improve the health of AI/AN people by reducing the:

- Rates of death and disability from chronic diseases.
- Prevalence of commercial tobacco use, prediabetes and diabetes, high blood pressure, obesity, oral disease, and other chronic disease risk factors and conditions.

This notice of funding opportunity (NOFO) has three separate, competitive components:

- **Component 1 (C1)** will fund federally recognized Tribes, including Alaska Native Villages (Tribes/Villages), and Urban Indian Organizations (UIOs) to implement chronic disease prevention, management, and control strategies and activities within their community.
- **Component 2 (C2)** will fund tribal organizations.
  - Tribal organizations will apply to serve either of the following:
    - All Tribes/Villages/UIOs and other tribal entities in their Indian Health Service (IHS) Area (Area).
    - All 41 UIOs funded by the Indian Health Service (IHS).
  - Component 2 recipients will carry out the following two activities:
    - Use at least 50% of their annual funding to offer subawards to at least two Tribes/Villages/UIOs, and other tribal entities within their [award area](#), not funded under C1, to implement C1 strategies and activities.



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

## Key facts

**Opportunity name:**  
A Cultural Approach to Good Health and Wellness in Indian Country (GHWIC)

**Opportunity number:**  
CDC-RFA-DP-24-0025

**Federal Assistance Listing:**  
93.479

**Statutory authority number:**  
Sections 301(a) and 317 of the Public Health Service Act, 42 U.S.C. [241\(a\)](#) and [247b](#)

## Key dates

**Application deadline:**  
June 28, 2024, 11:59 p.m. ET

**Informational webinar:**  
May 7, 2024, 3 to 4:30 p.m. ET

**Expected award date:**  
August 30, 2024

**Expected start date:**  
September 30, 2024

- Provide training, technical assistance (TA), and support to all Tribes/Villages/UIOs, and other tribal entities in their award area on:
  - C1 strategies and activities.
  - Policies, systems, and environmental (PSE) changes that promote health and prevent chronic diseases and their risk factors.
- **Component 3 (C3)** will establish a Tribal Coordinating Center to help all Good Health and Wellness in Indian Country (GHWIC) recipients collaborate and share knowledge. It focuses on peer learning, sharing best practices, and coordinating a national evaluation that uses Indigenous and Western methods.

You must state which component you are applying for in your application's [project abstract summary](#).

## Funding details

Type: Cooperative agreement

Expected total program funding over the performance period: \$103,550,330

Expected total program funding per budget period: \$20,710,060

Expected awards: 30

Funding range per applicant per budget period:

- Component 1: \$300,000 to \$400,000
- Component 2: \$500,000 to \$1,450,000
- Component 3: \$600,000

Expected average award amount per budget period:

- Component 1: \$400,000
- Component 2: \$1,130,586
- Component 3: \$600,000

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

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

## Funding strategy

We will award up to 30 recipients for the three NOFO components.

### Component 1

We will fund up to 16 recipients, including:

- Up to 12 [federally recognized Tribes/Villages](#) (up to two in each of the [12 IHS Administrative Areas](#)).
- Up to 4 [Urban Indian Organizations](#) (UIOs) as defined in the [glossary](#).

Component 1 applicants may apply for up to \$400,000. Component 1 applicants may not apply for Component 2 or Component 3.

### Component 2

We will fund up to 13 tribal organizations (see [glossary](#)), including:

- Up to one tribal organization in each IHS Area ([12 IHS Administrative Areas](#)).
- Up to one tribal organization with the ability to support all 41 UIOs funded by IHS.

The amount that tribal organizations can apply for to support all 41 UIOs is \$1,250,000.

The amount that tribal organizations can apply for to support Area Tribes/Villages/UIOs depends on their Area.

- IHS Areas with one to nine federally recognized Tribes/Villages: up to \$500,000
  - This includes the following IHS Area: Navajo
- IHS Areas with 10 to 25 federally recognized Tribes/Villages: up to \$950,000
  - This includes the following IHS Areas: Billings, Great Plains, Tucson/Phoenix
- IHS Areas with 26 to 49 federally recognized Tribes/Villages: up to \$1,250,000
  - This includes the following IHS Areas: Albuquerque, Bemidji, Nashville, Portland, Southern Plains
- IHS Areas with 50 or more federally recognized Tribes/Villages: up to \$1,450,000
  - This includes the following IHS Areas: Alaska, California

## Component 3

We will fund one tribal organization.

Component 3 applicants may apply for up to \$600,000.

**Note:** Tribal organizations can apply for Component 2 and Component 3 and may be awarded under both components. A separate, complete application is required for each component.



# Eligibility

## Who can apply

- Native American tribal governments (federally recognized), as defined by 25 U.S.C. 1603(14)
- Native American tribal organizations, as defined by 25 U.S.C. 1603(26) and Section 4 of the Indian Self Determination and Education Assistance Act (25 U.S.C. 5304(l)), other than federally recognized tribal governments
- Urban Indian Organizations, as defined by 25 U.S.C. 1603(29)

## Other required qualifying factors

GHWIC will support the following:

- **Component 1:**
  - [Native American tribal governments \(federally recognized Tribes/Villages\)](#), as defined by 25 U.S.C. 1603(14)
  - [Urban Indian Organizations \(UIOs\)](#), as defined by 25 U.S.C. 1603(29)
- **Component 2 and Component 3:**
  - Tribal organizations as defined by US Code 25 USC § 1603(26) that support all American Indian Tribes, Alaska Native Villages, and UIOs (Tribes/Villages/UIOs) in their Area (12 IHS Administrative Areas)
  - Tribal organizations as defined by US Code 25 USC § 1603(26) with the ability to support all [41 UIOs](#) funded by IHS

See [glossary](#) for definitions of tribal organizations and UIOs.

The following qualifying information applies to tribal organization applicants only:

- Tribal organizations will be funded to provide services that benefit all Tribes/Villages/UIOs in their award area.
- In your application, you must provide official documents that identify the Tribes, Villages, or UIOs your organization serves. This might include your organization's [charter, resolution, bylaws, or letters](#) on official letterhead. Include the official document in your [attachments](#).
  - If you do not provide this official documentation in your application, it will be considered nonresponsive. This means your application will not move forward in the application review process and your organization will not receive funding under this NOFO.

For this NOFO, “award area” means either one of the 12 IHS Administrative Areas or the urban centers represented by the 41 UIOs funded by IHS. See [glossary](#) for definitions.

**Note:** Based on Congressional intent, CDC/ATSDR’s Tribal Advisory Committee counsels, and previous GHWIC NOFOs, Tribes/Villages/UIOs and tribal organizations are best situated to support the goals of the cooperative agreement to expand reach and implement effective, culturally appropriate activities to significantly impact individual and community health in AI/AN communities. This funding aligns with the intent of the establishment of the Good Health and Wellness in Indian Country appropriations line and the direction given in House Report 114-699 in FY17 and subsequently reaffirmed and funded in the FY18-FY24 Appropriation reports.

## Cost sharing and matching funds

This program has no cost-sharing or matching funds requirements.

If you choose to include cost-sharing funds as a contribution to the award, we won’t consider it during review of your application. If you receive an award, voluntary cost-sharing funds will be a requirement of your award and you will need to report on them.

# Program description

## Background

### Overview

This NOFO is the third funding opportunity for GHWIC. This GHWIC builds on previous and current [GHWIC](#), [Tribal Epidemiology Centers Public Health Infrastructure](#) (TECPHI), and [Tribal Practices for Wellness in Indian Country](#) (TPWIC) programs.

### Lessons learned

From those programs, we learned that:

- A holistic approach that engages the entire family and community in cultural activities provides a foundation for chronic disease prevention.
- Subawards are an effective way to expand the reach and impact of chronic disease prevention efforts.
- Social and cultural connectedness can lead to healthy lifestyle changes that promote health and wellness.

### The facts about health disparities

AI/AN adults have:

- Higher rates of some chronic diseases than other ethnic groups in the United States.
- The highest prevalence of diabetes of any US racial or ethnic group.
- Prevalence of heart disease over 12%. It is the leading cause of death among AI/AN people.<sup>[1]</sup>
- A higher likelihood of smoking commercial cigarettes than any other racial or ethnic group, with 27.1% of AI/AN adults reporting current smoking.
- A 23% higher likelihood of reporting obesity than non-Hispanic whites.<sup>[2]</sup>
- A greater burden of severe periodontal disease, missing teeth, and untreated decay.<sup>[3]</sup>
- Poor oral health and oral pain compared to the general US adult population.<sup>[4]</sup>

## Connection, language, and culture

- Recent studies have found that cultural connectedness is essential to health and wellness within AI/AN communities.<sup>[5]</sup>
- Health inequities are rooted in centuries of colonization efforts that led to a loss of culture and reduced health and wellness in AI/AN communities.<sup>[6]</sup>
- The cumulative evidence suggests that higher levels of social connectedness lead to better community outcomes. The outcomes may include population health, resilience, and community safety.<sup>[7]</sup>
- The evidence suggests that centering culture, language, and traditions in public health initiatives:
  - Brings new partnerships into the community.
  - Provides community engagement activities.
  - Increases community participation in public health events.<sup>[8]</sup>

A Cultural Approach to Good Health and Wellness in Indian Country is designed to continue building evidence for a culturally responsive, community-driven approach to preventing, managing, and controlling chronic disease in AI/AN communities.

## Related work

- [A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes – Recipients | State, Local, and National Partner Diabetes Programs](#)
- [Good Health and Wellness in Indian Country](#)
- [High Obesity Program 2023-2028](#)
- [National and State Tobacco Control Program](#)
- [Racial and Ethnic Approaches to Community Health \(REACH\) 2023-2028](#)
- [State Actions to Improve Oral Health Outcomes — Funded Oral Health Programs](#)
- [State Physical Activity and Nutrition \(SPAN\) Program, 2023 - 2028](#)
- [The National Cardiovascular Health Program](#)
- [Tribal Practices for Wellness in Indian Country](#)
- [Tribal Epidemiology Centers Public Health Infrastructure](#)

## Other CDC resources

- [Disability and Health Promotion](#)
- [Heart Disease and Stroke Best Practices Clearinghouse](#)
- [National Diabetes Prevention Program Customer Service Center](#)
- [The Community Guide](#)
- [The Public Health Professionals Gateway](#)

## Component 1 approach

Our goal in this NOFO is to create community engagement through shared cultural experiences. These experiences will lay the foundation for a more comprehensive, holistic approach to health and wellbeing that will help prevent, manage, and control chronic diseases.

We designed the strategies and activities to meet you where you are. We want you to build on what's already in place or establish new systems and programs over the course of the five-year period of performance.

To prepare your application, consider the following:

- How cultural and traditional activities will provide the foundation for chronic disease prevention, management, and control, and increase community members' sense of cultural connectedness.
- The systems and practices you use now for screening and testing community members for chronic diseases and their risk factors.
- How community members with chronic diseases or their risk factors are referred to clinicians, social service organizations, and community and tribal organizations.
- What policies and programs exist or need to be put in place to promote health and prevent chronic diseases and their risk factors.

Based on your assessment, you will plan to continue existing systems and establish new ones that:

- Are consistent with the strategies and activities of this NOFO.
- Will allow you to achieve the outcomes of this NOFO.

In your application, describe the following:

- The work you propose to do in Year 1. Be specific and provide details.
- How the strategies and activities will build upon the community's existing priorities and infrastructure.
- How your proposed cultural and traditional activities will provide the foundation for chronic disease prevention, management, and control, and increase community members' sense of cultural connectedness.
- How your staff will participate in and support the Community of Practice, routine GHWIC videoconferences, and other collaborative efforts.
- A high-level overview of the work you will do in Years 2 through 5.

## Component 1 logic model

The logic model shows the required program strategies and the expected outcomes. We will require you to report on the asterisked (\*) outcomes.

Outcomes are the results you intend to achieve and usually show the intended direction of change, such as increase or decrease. You will use these outcomes as a guide for finalizing your performance measures.

Strategy	Short-term outcomes	Intermediate outcomes	Long-term outcomes
<p><b>Strategy 1.</b> Provide a foundation for chronic disease prevention by implementing community-chosen, traditional AI/AN practices that build resilience and strengthen connections to family, culture, and community.</p>	<ul style="list-style-type: none"> <li>• Increased community member participation in family-centered cultural activities.</li> <li>• Increased sense of identity.</li> <li>• Increased sense of belonging to Tribe, Village, and community.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased cultural connectedness among community members.*</li> <li>• Increased sense of social connectedness.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased resilience and use of cultural practices to prevent and manage chronic diseases.</li> <li>• Increased sense of mental, emotional, physical, and spiritual wellbeing among community members.</li> <li>• Reduced morbidity/mortality due to chronic diseases and their risk factors.</li> </ul>

Strategy	Short-term outcomes	Intermediate outcomes	Long-term outcomes
<p><b>Strategy 2.</b> Establish and enhance systems that connect community members to community, clinical, and social services and programs to prevent, manage, and control chronic diseases and their risk factors.</p>	<ul style="list-style-type: none"> <li>• Increased partnerships with one or more clinical and social service providers, and community-based programs and resources to prevent, manage, and control chronic diseases.*</li> <li>• Increased screening and testing of community members for chronic diseases and their risk factors.*</li> </ul>	<ul style="list-style-type: none"> <li>• Increased referrals for community members to clinical, social, and community service providers and programs who completed a visit.*</li> <li>• Increased participation in prevention, management, and control programs, including self-management and self-monitoring, for commercial tobacco use, diabetes (including prediabetes), high blood pressure, obesity (physical activity and nutrition), and oral health.*</li> <li>• Increased participation in traditional and contemporary wellness activities that prevent commercial tobacco use, diabetes (including prediabetes), high blood pressure, obesity, and oral diseases.*</li> </ul>	<ul style="list-style-type: none"> <li>• Increased effective chronic disease self-management.</li> <li>• Reduced morbidity/ mortality due to chronic diseases and their risk factors.</li> <li>• Increased sense of mental, emotional, and physical wellbeing among community members.</li> </ul>

Strategy	Short-term outcomes	Intermediate outcomes	Long-term outcomes
<p><b>Strategy 3.</b> Promote the implementation of multi-disciplinary team-based care to prevent, manage, and control chronic diseases and to connect patients to community and social service providers to address health-related social and economic needs.</p>	<ul style="list-style-type: none"> <li>Increased use of multidisciplinary care teams implementing team-based care to prevent, manage, and control chronic diseases.</li> </ul>	<ul style="list-style-type: none"> <li>Increased use of multidisciplinary care teams that provide patient care using evidence-based practices and guidelines to prevent and manage chronic diseases and risk factors.*</li> <li>Increased use of services for patients from multidisciplinary care teams.*</li> </ul>	<ul style="list-style-type: none"> <li>Increased use of clinical and community-based services to prevent, manage, and control chronic diseases.</li> <li>Increased quality of care delivered by multidisciplinary care teams.</li> <li>Reduced morbidity/mortality due to chronic diseases and their risk factors.</li> </ul>

\* Indicates outcomes you are required to report on.

## Component 1 strategies and activities

This section describes the required strategies and activities in the logic model and provides details about our expectations.

If you are funded, we will require you to implement the following strategies and activities over the five-year period of performance. If you already have any of the activities in place, we expect you to continue them over that period.

### Strategy 1

Provide a foundation for chronic disease prevention by implementing community-chosen, traditional AI/AN practices that build resilience and strengthen connections to family, culture, and community.

#### Required activity

- Implement family-centered community activities that respect, support, teach, build upon, celebrate, and strengthen cultural practices and teachings. These might include Native language, seasonal cultural events, and intergenerational programs.



## Strategy 2

Establish and enhance systems that connect community members to community, clinical, and social services and programs to prevent, manage, and control chronic diseases and their risk factors.

### Required activities

- Engage community members of all ages in traditional and contemporary wellness activities focused on chronic disease prevention. These might include community walking programs, healthy eating classes, or virtual wellness classes.
- Develop a new or expanded coordinated system for screening, testing, and making referrals for community members to community, clinical, and social services and programs for chronic disease prevention, management, and control.
- Identify or offer culturally appropriate programs for preventing and managing chronic diseases that you can refer community members to. These might include the National Diabetes Prevention Program (National DPP), blood pressure (BP) monitoring, and family healthy weight programs.
- Recruit clinical and social service providers to participate in your community clinical linkages program.
- Implement systems for screening, testing, and making referrals to clinical, social, and community-based services and resources for chronic disease prevention, management, and control.

### Required diabetes activities

- Diabetes screening
  - Screen tribal members at risk for diabetes using the American Diabetes Association/CDC [Prediabetes Risk Test](#). Refer those at risk to a health care provider for blood glucose testing and a type 2 diabetes prevention program. See options in the next required activity.
- Type 2 diabetes prevention. Pick one of the following based on your community's needs:
  - Establish a new (or maintain an existing) CDC-recognized, culturally relevant version of the National DPP lifestyle change program for adult tribal members with prediabetes using the [PreventT2 curriculum](#).

- Establish a new (or maintain an existing) community-selected, evidence-informed type 2 diabetes prevention program using elements of the [National DPP PreventT2 curriculum](#). This could include “Eat Well to Prevent T2,” “Commit to Change,” “Coping with Challenges,” “Support,” and other modules.
- Build partnerships to help the community address disparities related to chronic disease by:
  - Training health care providers and social service organizations about preventing, managing, and controlling chronic diseases. Providers might include pharmacists, physicians, dentists, and community-based health care workers.
  - Establishing and expanding two-way referral systems between clinical providers, social services, and community resources.

## Strategy 3

Promote the implementation of multidisciplinary team-based care to prevent, manage, and control chronic diseases and to connect patients to community and social service providers to address health-related social and economic needs.

### Required activities

- Promote the implementation of team-based care teams to include community, social, and clinical service providers. Examples of providers include community health workers (CHWs), community health representatives (CHRs), patient navigators, social workers, pharmacists, and dentists.
- Engage multidisciplinary teams to improve team-based care coordination and provide more comprehensive and holistic care.
- Facilitate referrals from health care settings to community and social services for patients reporting health and social economic needs.

For example activities, please refer to the [GHWIC Implementation Guide](#).

## Component 2 approach

Plan to use at least 50% of your total award for at least two subawards to Tribes, Villages, UIOs, and other tribal entities within your award area. Subrecipients will use this funding to implement C1 strategies and activities to expand the reach of GHWIC.

Subawards allow GHWIC resources and programs to reach additional Tribes, Villages, UIOs, and other tribal entities beyond directly funded C1 recipients.

In your application, describe the following:

- The work you propose to do in Year 1. Be specific and provide details.
- How you will make subawards. Include the rationale for your approach. You do not need to identify the subrecipients in your application, but you must describe how you will select them.
- How you will provide training, technical assistance, and resources to all Tribes, Villages, UIOs, and other tribal entities within your award area on Component 1 strategies and activities.
- How you will work with all Tribes, Villages, UIOs, and other tribal entities within your award area, including C1 recipients, to establish policy, systems, and environmental changes.
- How your staff will participate in and support the Community of Practice, routine GHWIC videoconferences, and other collaborative efforts.
- A high-level overview of the work you will do in Years 2 through 5.

## Component 2 logic model

The logic model shows the required program strategies and the expected outcomes. We will require you to report on the asterisked (\*) outcomes.

Outcomes are the results you intend to achieve and usually show the intended direction of change, such as increase or decrease. You will use these outcomes as a guide for finalizing performance measures.

Strategy	Short-term outcomes	Intermediate outcomes	Long-term outcomes
<p><b>Strategy 1.</b> Provide funding, training, technical assistance, and evaluation support to all Tribes, Villages, UIOs, and other tribal entities within your award area to conduct activities across all Component 1 (C1) strategies.</p>	<ul style="list-style-type: none"> <li>• Increased partnerships/ collaborations with Tribes, Villages, UIOs, and other tribal entities within your award area to support activities across all C1 strategies.</li> <li>• Increased reach of TA, training, and resources to all Tribes, Villages, UIOs, and other tribal entities</li> </ul>	<ul style="list-style-type: none"> <li>• Increased reach of GHWIC C1 strategies and activities within your award area.*</li> <li>• Increased capacity among all Tribes, Villages, UIOs, and other tribal entities within your award area to implement GHWIC C1 strategies and activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased resilience and use of cultural practices to prevent, manage, and control chronic diseases.</li> <li>• Increased sense of mental, emotional, and physical wellbeing among community members.</li> </ul>

Strategy	Short-term outcomes	Intermediate outcomes	Long-term outcomes
	<p>within your award area across all C1 strategies and activities.*</p> <ul style="list-style-type: none"> <li>Increased reach of tailored messages to encourage healthier behaviors.</li> </ul>		<ul style="list-style-type: none"> <li>Increased effective chronic disease self-management.</li> <li>Reduced morbidity/mortality due to chronic diseases and their risk factors.</li> </ul>
<p><b>Strategy 2.</b> Provide training, technical assistance, and support to all Tribes, Villages, UIOs, and other tribal entities within your award area to establish policy, systems, and/or environmental (PSE) changes that promote health and prevent chronic diseases and their risk factors.</p>	<ul style="list-style-type: none"> <li>Increased support for PSE changes that promote wellness and prevent chronic diseases and their risk factors.</li> <li>Increased reach of TA, training, and resources to all Tribes, Villages, UIOs, and other tribal entities within your award area on evidence-based PSE changes that promote health and wellness and encourage healthier behaviors.*</li> </ul>	<ul style="list-style-type: none"> <li>Increased adoption of PSE changes to promote health and prevent chronic diseases and their risk factors.*</li> <li>Increased reach of PSE changes that promote wellness and prevent chronic diseases and their risk factors.</li> </ul>	<ul style="list-style-type: none"> <li>Increased implementation of PSE changes that promote health and wellness and prevent chronic diseases.</li> <li>Reduced morbidity/mortality due to chronic diseases and their risk factors.</li> </ul>

\* Indicates outcomes you are required to report on.

## Component 2 strategies and activities

This section describes the required strategies and activities in the logic model and provides details about our expectations.

If you are funded, we will require you to complete the following strategies and activities over the course of the five-year period of performance within your award area.

### Strategy 1

Provide funding, training, technical assistance, and evaluation support to all Tribes, Villages, UIOs, or other tribal entities within your award area to conduct activities across all Component 1 (C1) strategies.

#### Required activities

- Expand the implementation of C1 strategies and activities to reach at least two additional Tribes, Villages, UIOs, and other tribal entities not funded under C1.
- Provide technical assistance, training, and resources to all Tribes, Villages, UIOs, and other tribal entities to support developing, implementing, and evaluating activities across all C1 strategies.
- Help all Tribes, Villages, UIOs, and other tribal entities link clinical sectors to community resources to support C1 strategies and activities.
- Work with all Tribes, Villages, UIOs, and other tribal entities to develop and implement tailored health communication and messaging strategies. Focus on increasing awareness and encouraging healthier behaviors in AI/AN populations at greatest risk for:
  - Commercial tobacco use.
  - Diabetes, including prediabetes.
  - High blood pressure.
  - Obesity, including from physical activity and nutrition.
  - Oral disease.

### Strategy 2

Provide training, technical assistance, and support to all Tribes, Villages, UIOs, and other tribal entities within your award area to establish policy, systems, and environmental (PSE) changes that promote health and prevent chronic diseases and their risk factors.

## Required activities

- Assist all Tribes, Villages, UIOs, and other tribal entities in establishing policies that promote healthier behaviors, such as commercial smokefree air, worksite wellness, and public locations for physical activity.
- Provide technical assistance, training, and resources to all Tribes, Villages, UIOs, and other tribal entities on evidence-based PSE changes.
- Assist all Tribes, Villages, UIOs, and other tribal entities in increasing awareness among community members and leaders about how PSE changes promote health and encourage healthier behaviors.
- For example PSE change activities, refer to the [GHWIC Implementation Guide](#).

## Component 3 approach

The Component 3 (C3) recipient will establish a Tribal Coordinating Center (TCC). The purpose of the TCC is to engage all GHWIC recipients and CDC in learning from each other and working together to achieve the NOFO outcomes. At a minimum, you will be required to establish a Community of Practice (COP) and host routine videoconferences with all GHWIC recipients and CDC.

In your application, describe the following:

- The work you propose to do in Year 1. Be specific and provide details.
- How you will engage all GHWIC recipients in the Community of Practice and routine videoconferences.
- How your staff will participate in and support the Community of Practice, routine GHWIC videoconferences, and other collaborative efforts.
- How you will work with recipients and CDC to improve the quality of evaluation data to make decisions about the program and document the impact of GHWIC.
- How you will work with CDC to develop and implement a national evaluation plan, including a national measurement framework, to inform national and community decision-making.
- A high-level overview of the work you will do in Years 2 through 5.

## Component 3 logic model

The logic model shows the required program strategies and the expected outcomes. We will require you to report on the following asterisked (\*) outcomes.

Outcomes are the results you intend to achieve and usually show the intended direction of change, such as increase or decrease. You will use these outcomes as a guide for finalizing your performance measures.

Strategy	Short-term outcomes	Intermediate outcomes	Long-term outcomes
<p><b>Strategy:</b> Establish a Tribal Coordinating Center (TCC) to collaborate with all GHWIC recipients to foster peer-to-peer learning, share best or promising practices, and coordinate national and recipient evaluation efforts.</p>	<ul style="list-style-type: none"> <li>Enhanced recipient engagement to identify, assess, and share program successes, promising practices, lessons, and outcomes.*</li> <li>Improved availability and quality of evaluation data to inform national and community decision-making.*</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness of GHWIC as an integrated approach to chronic disease prevention in AI/AN communities.</li> <li>Increased use of community assets and strengths to implement recipient strategies and activities.</li> <li>Increased number of recipients using their evaluation data to monitor progress and for program improvement.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthened evidence base for holistic and culturally led chronic disease prevention in AI/AN communities.</li> </ul>

\* Indicates outcomes you are required to report on.

## Component 3 strategies and activities

This section describes the required strategies and activities described in the logic model and provides details on our expectations.

You must complete the following strategy and activities over the course of the five-year period of performance.

## Strategy 1

Establish a Tribal Coordinating Center (TCC) to collaborate with all GHWIC recipients to foster peer-to-peer learning, share best or promising practices, and coordinate national and recipient evaluation efforts.

### Required activities

- Collaborate with CDC evaluators to develop and implement an evaluation plan for the national program. As part of this work, you will work with CDC to develop an evaluation measurement framework that includes performance measures for C1, C2, and C3 recipients.
- Develop and implement a coordinated, collaborative Community of Practice (COP). This COP will focus on chronic disease prevention (including oral health) to facilitate peer-to-peer learning, knowledge sharing, problem solving, and communication across the network using regular videoconferencing sessions.

## Outcomes

Outcomes are the intended effects, or changes in someone or something, that result from the activities of the NOFO.

You must report progress on and achieve certain outcomes within the five-year period of performance. Those outcomes are asterisked (\*) in each component's logic model:

- [Component 1 logic model](#)
- [Component 2 logic model](#)
- [Component 3 logic model](#)

## Focus populations

American Indians and Alaska Natives (AI/AN).

## Equal opportunities

This NOFO, including funding and eligibility, is not limited based on, and does not discriminate on, 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.

This NOFO focuses on reducing health disparities in American Indians and Alaska Natives. AI/AN communities have innate strengths and resilience rooted in tribal culture and traditional ways of life. We emphasize culture and tradition as the foundation for all GHWIC efforts.

## Organizational capacity

You must describe your organization's capacity, including experience, staff, and other resources, to:

- Implement the required strategies and activities successfully.
- Achieve the required outcomes and performance measures of this NOFO.

Provide examples when appropriate.

In your [attachments](#), include an [organizational chart](#) illustrating where this program is within the organization and include the program's organizational structure.

## All components

Explain your organization's ability and experience in handling program management needs. Make sure to describe your organization's:

- Plan for staffing the GHWIC program. Include:
  - Current staff, staff to be hired, or proposed contractors in a project management structure sufficient to achieve program outcomes.
  - Roles and responsibilities of staff and how each will contribute to the outcomes.

- Your organization's hiring processes, with customary timeframes for completing the process.
- Staff experience in program management, performance monitoring, budget management, and administrative support.
- Evaluation expertise of your current staff, staff to be hired, or proposed contractors.
- [Resumes for current staff and job descriptions](#) for unfilled positions in your [attachments](#).
- Financial management system.
  - How your organization will ensure proper funds management, separate funds by program, and meet the requirements in [45 CFR 75.302](#).
  - How your program and financial staff will track program expenditures.
  - How you will ensure timely financial reporting and drawdowns.

## Component 1

In addition to the [requirements for all components](#), also describe your organization's:

- Successful collaborations with partners to achieve program outcomes, or the ability to build collaborations between clinical, social service, and community organizations. Provide specific examples.
- Experience engaging American Indian/Alaska Native community members in cultural practices. Provide specific examples.
- Experience securing data from clinical and community partners, programs, and agencies. Provide specific examples.

## Component 2

In addition to the [requirements for all components](#), provide evidence that your organization serves all Tribes, Villages, UIOs, and other tribal entities in your award area. Also describe your organization's:

- Experience, expertise, and capacity to provide technical assistance, training, and resources to all Tribes, Villages, UIOs, and other tribal entities within your award area. Provide specific examples.
- Capacity and experience for developing, awarding, and overseeing subawards. Provide specific examples.

- Capacity and experience working with communities to develop and adopt policy, systems, or environmental changes. Provide specific examples.
- Experience working with Tribes, Villages, UIOs, and other tribal entities to collect data, including data from others, such as clinical or community partners. Provide specific examples.

## Component 3

In addition to the [requirements for all components](#), also describe your organization's:

- Capacity to staff, establish, and maintain a Community of Practice for all GHWIC recipients and CDC. Provide specific examples.
- Capacity to engage all recipients in developing and implementing a national evaluation plan and measurement framework. Provide specific examples.

## Collaborations

### With CDC

We encourage you to collaborate with other CDC-funded programs, especially programs designed to reduce risk factors associated with commercial tobacco use, diabetes (including prediabetes), high blood pressure, obesity, and oral health. Find possible CDC partners and best practices:

#### CDC divisions

- [Division of Nutrition, Physical Activity, and Obesity](#)
- [Division of Diabetes Translation](#)
- [Division for Heart Disease and Stroke Prevention](#)
- [Division of Cancer Prevention and Control](#)
- [Division of Oral Health](#)
- [Office on Smoking and Health](#)

#### CDC centers

- [National Center for Chronic Disease Prevention and Health Promotion](#)
- [National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce](#)

## With other organizations

We also expect you to collaborate with other organizations to achieve your project's outcomes. You could work with:

- Local and state health departments
- Nonprofit and provider groups
- Indian Health Service — [Health Promotion/Disease Prevention](#)
- Indian Health Service — [Special Diabetes Program for Indians](#)
- [Federally Recognized Tribes Extension Program](#)
- [Land Grant University system](#), including tribal colleges
- [Food Distribution Program on Indian Reservations](#) nutrition education grant program
- [National Park Service](#)
- [Administration for Children & Families Tribal and Native American Affairs](#)
- Department of Treasury — [Community Development Financial Institutions Fund](#), Native Initiatives
- [National Council of Urban Indian Health](#)
- [Healthy Native Communities Partnership](#)
- [Bureau of Indian Affairs](#)
- [National Indian Health Board](#)
- [National Association of Chronic Disease Directors](#)
- [Association of State and Territorial Dental Directors](#)
- [NB3, Notah Begay III Foundation](#)

## Data, monitoring, and evaluation

### CDC strategy

Evaluation and performance measurement help to:

- Demonstrate achievement of program outcomes.
- Build a stronger evidence base for specific program interventions.
- Clarify how the evidence applies to different populations, settings, and contexts.
- Drive continuous program improvement.
- Determine if program strategies are scalable and effective at reaching the priority populations.

CDC recommends that all C1, C2, and C3 applicants allocate 10% of their annual budget to evaluation efforts.

## Evaluation questions

Throughout the five-year period of performance, we will work individually and collectively with you to answer the following evaluation questions based on the program logic model, activities, and performance measures.

To answer these questions, CDC will use a multifaceted evaluation approach. We will require you to:

- Report on performance measures.
- Develop, implement, and report the findings of your specific evaluation plans.

As resources allow, we may also identify and conduct additional evaluation projects. These might include observation and national inquiry studies and case studies. We will lead the design, data collection, analysis, and reporting for these additional studies in collaboration with selected recipients.

### Component 1

- How has cultural connectedness among community members been improved?
- How have partnerships among clinicians, social service providers, and community-based programs and resources to prevent, manage, and control chronic diseases been improved?
- How have screening, testing, and referrals to clinical, social, and community services improved among community members?
- How has participation in prevention, management, and control programs, including self-management and self-monitoring, for commercial tobacco use, diabetes and prediabetes, high blood pressure, obesity (physical activity and nutrition), and oral health been improved?
- How has participation in traditional and contemporary activities that promote health and wellness and prevent commercial tobacco use, diabetes (including prediabetes), high blood pressure, obesity (physical activity and nutrition), and oral diseases been improved?

## Component 2

- How has the reach of GHWIC Component 1 strategies and activities increased?
- How has the adoption of policies, systems, and environmental changes that promote health and prevent chronic diseases and their risk factors increased?

## Component 3

- How have recipients engaged in identifying, assessing, and sharing program successes, promising practices, lessons, and outcomes?
- How has the quality of evaluation data used for decision-making been improved?

## Required performance measures by component

Following are the draft performance measures you will need to report on after award. We will work with you to finalize your measures before you submit any data.

We will work with you to:

- Select performance measures from the following list that align with your chosen activities.
- Operationalize the performance measures.
- Identify available and feasible data sources for the measures.
- Track your achievement of the required outcomes.

We will require you to submit baseline and target performance measures for your proposed activities within the first six months of the award. We will work with you to finalize your measures, if needed.

You will be responsible for gathering and analyzing the data for the performance measures and any specific evaluations you choose to do. In collaboration with CDC evaluators, the C3 recipient will assist C1 and C2 recipients to develop evaluation and data management plans that describe how you will collect, manage, and report data for performance measures and your specific evaluations.

**Table: Component 1 required performance measures**

Strategy	Required performance measure	Outcome
Strategy 1	<ul style="list-style-type: none"> <li>Number of community members that report feeling a greater connection to their family, Tribe, or culture.</li> </ul>	<ul style="list-style-type: none"> <li>Increased cultural connectedness among community members.</li> </ul>
Strategy 2	<ul style="list-style-type: none"> <li>Number and type of partnerships established with one or more clinical, social, or community-based providers that offer programs and services to prevent, manage, and control chronic diseases.</li> <li>Percentage of adult community members referred to clinical, social, and community service providers and programs who completed a visit.</li> <li>Number of adult community members participating in chronic disease prevention, management, and control programs, including self-management and self-monitoring of:               <ul style="list-style-type: none"> <li>Commercial tobacco use (e.g., cessation).</li> <li>Prediabetes (e.g., National Diabetes Prevention Program and other evidence-informed, community-selected diabetes prevention programs).</li> <li>Diabetes (e.g., diabetes self-management education and support).</li> <li>High blood pressure (e.g., self-measured blood pressure monitoring programs with clinical support).</li> <li>Obesity (e.g., fruit and prescription programs, healthy weight programs).</li> <li>Oral health (e.g., dental screenings, referrals, and services).</li> </ul> </li> <li>Number of sessions attended and/or program completion rates, or biometrics (e.g., weight, blood pressure) for those</li> </ul>	<ul style="list-style-type: none"> <li>Increased partnerships with one or more clinical and social service providers, and community-based programs and resources to prevent, manage, and control chronic diseases.</li> <li>Increased screening and testing among community members for chronic diseases and their risk factors.</li> <li>Increased referrals for community members to clinical, social, and community service providers and programs who completed a visit.*</li> <li>Increased participation in prevention, management, and control programs, including self-management and self-monitoring, for commercial tobacco use, diabetes (including prediabetes), high blood pressure, obesity (physical activity and nutrition), and oral health.</li> <li>Increased participation in traditional and contemporary wellness activities that prevent commercial tobacco use, diabetes (including prediabetes), high blood pressure, obesity, and oral diseases.</li> </ul>

Strategy	Required performance measure	Outcome
	<p>participating in chronic disease programs.</p> <ul style="list-style-type: none"> <li>• Number of community members participating in traditional or contemporary health programs/ activities.</li> </ul>	
Strategy 3	<ul style="list-style-type: none"> <li>• Number of multidisciplinary care teams that provide patient care using evidence-based practices and guidelines.</li> <li>• Number of patients referred to community-based and social services to prevent, manage, and control chronic diseases and to community resources that address health related social needs in the following areas:               <ul style="list-style-type: none"> <li>◦ Commercial tobacco use (e.g., cessation).</li> <li>◦ Prediabetes (e.g., National Diabetes Prevention Program and other evidence-informed, community selected diabetes prevention programs).</li> <li>◦ Diabetes (e.g., diabetes self-management education and support).</li> <li>◦ High blood pressure (e.g., self-measured blood pressure monitoring programs with clinical support).</li> <li>◦ Obesity (e.g., fruit and produce prescription programs, healthy weight programs).</li> <li>◦ Oral health (e.g., dental screenings, referrals, and services).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Increased use of multidisciplinary care teams that provide patient care using evidence-based practices and guidelines to prevent and manage chronic diseases and risk factors.*</li> <li>• Increased use of services for patients from multidisciplinary care teams.*</li> </ul>



**Table: Component 2 required performance measures**

Strategy	Required performance measure	Outcome
Strategy 1	<ul style="list-style-type: none"> <li>Number of community members from all Tribes, Villages, UIOs, and other tribal entities within your award area receiving TA, training, and resources across all C1 strategies and activities.</li> <li>Number of community members reached through GHWIC C1 strategies and activities.</li> </ul>	<ul style="list-style-type: none"> <li>Increased reach of TA, training, and resources to all Tribes, Villages, UIOs, and other tribal entities within your award area across all C1 strategies and activities.</li> <li>Increased reach of GHWIC C1 strategies and activities within your award area.</li> </ul>
Strategy 2	<ul style="list-style-type: none"> <li>Number and type of PSE changes adopted by the community that promote health and prevent chronic diseases and their risk factors (e.g., commercial tobacco smokefree air, worksite wellness, public locations for physical activity).</li> </ul>	<ul style="list-style-type: none"> <li>Increased adoption of PSE changes to promote health and prevent chronic diseases and their risk factors.</li> </ul>

**Table: Component 3 required performance measures**

Strategy	Required performance measure	Outcome
Strategy	<ul style="list-style-type: none"> <li>Number of recipients engaged in identifying, assessing, and sharing program successes, promising practices, lessons, and outcomes.</li> <li>Number of recipients providing quality evaluation data to inform national and community decision-making.</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced recipient engagement to identify, assess, and share program successes, promising practices, lessons, and outcomes.</li> <li>Improved availability and quality of evaluation data to inform national and community decision-making.</li> </ul>

## Evaluation and performance measurement plan

You must provide an evaluation and performance measurement plan. Use the required performance measures listed in the previous section by component.

Submit an initial draft of your Evaluation and Performance Measurement Plan, including the data management plan (DMP), with your application. You must submit a more detailed plan within the first six months of the award. See [reporting](#).

Include the following elements.

## Methods

Describe:

- How you will:
  - Collect the performance measures.
  - Respond to the evaluation questions.
  - Use evaluation findings for continuous program quality improvement.
    - If relevant, describe how findings will help reduce or eliminate health disparities.
  - Incorporate evaluation and performance measurement into planning, implementing, and reporting project activities.
- How key program partners will participate in the evaluation and performance measurement process.
- How you will share evaluation findings with communities and populations of interest in a way that meets their needs.

## Data management

For all public health data you plan to collect, describe:

- The data you plan to collect and their available data sources.
- The feasibility of collecting appropriate evaluation and performance data.
- A data management plan (DMP) that includes:
  - The data you will collect or generate.
  - If there are reasons why you cannot share data collected or generated under this award with CDC. These could include legal, regulatory, policy, or technical concerns.
  - Who can access data and how you will protect it.
  - Data standards that ensure released data have documentation that describes collection methods, what the data represent, and data limitations.
  - Archival and long-term data preservation plans.
  - How you will update the DMP as new information is available over the life of the project.
    - You will provide updates to the DMP in annual reports.

- For more information about CDC's policy on the DMP, see [Data Management and Access Requirement](#) at CDC's website.
- Other relevant data information, such as performance measures you propose.

For a definition of “public health data” and other key information, see [AR 25: Data Management and Access](#) on our website.

## Evaluation activities

For your proposed evaluation activities, describe:

- Potential sources of data.
- Key evaluation questions addressed by these evaluations.
- Other information such as measures and data sources.

**All applicants** should describe the following:

- The types of evaluation — such as process, outcome, or both — you will use to demonstrate the effectiveness of your planned activities related to the required outcomes.
- How required performance measures will be collected.

**Component 1 applicants** should describe their plan to secure data from clinical and community partners, programs, and agencies.

**Component 2 applicants** should describe how they will support all Tribes, Villages, UIOs, and other tribal entities within their award area to collect data, including data from others, such as clinical or community partners.

**Component 3 applicants** should describe how evaluation data will be used to inform decision making. They should also include how evaluation findings will be used to demonstrate the impact of this GHWIC NOFO.

We strongly encourage all applicants to budget up to 10% of their total award for evaluation activities.

## Work plan

You must provide a work plan for your project. The work plan:

- Connects your period of performance outcomes, strategies, activities, and measures.
- Provides more detail on how you will measure outcomes and processes.

## Work plan requirements for all applicants

In your work plan, identify:

- The component you're applying for.
- The component-specific strategies and activities you will work on during the first year.
- The intended short-term outcomes (first year) as outlined in the component's logic model.
- The intended intermediate outcomes (five-year) as outlined in the component's logic model.
- Performance measures you propose for each activity (see [required performance measures by component](#)).
- The timeline and due dates for activities in the first year of the period of performance.
- Staff and any contractors, consultants, or partners responsible for overseeing implementation of the activities.

We've provided a [sample work plan template](#) at the end of this section. You may use a different format for your work plan, but you need to include all required elements listed here.

### Work plan requirements for Component 1

- Base your work plan on the activities, programs, and systems you currently have in place and those that you will need to develop.
- While you do not have to do all required activities in Year 1, you must build your efforts to complete all activities by the end of Year 5.
- Describe your rationale for choosing the strategies and activities you will conduct and how your decision is based on data, community assessments, and experience.
- Include your participation in the Community of Practice established by the Component 3 recipient.
- Include attending routine monthly project-wide videoconferences, sharing successes and lessons learned, and collaborating on communication, evaluation, and other NOFO efforts.

### Work plan requirements for Component 2

- Identify activities to provide subawards to reach at least two additional Tribes, Villages, UIOs, and other tribal entities within your award area not funded under Component 1.

- Include all strategies and activities required over the five-year period of performance.
- Include your participation in the Community of Practice established by the Component 3 recipient.
- Include attending routine monthly project-wide videoconferences, sharing successes and lessons learned, and collaborating on communication, evaluation, and other NOFO efforts.

## Work plan requirements for Component 3

- Include all three required activities over the five-year period of performance.

## Sample work plan

Component number (1, 2, or 3): \_\_\_\_\_

Intermediate (five-year) outcome: \_\_\_\_\_

Strategy: \_\_\_\_\_

**Table: Sample work plan format**

Activity	Person responsible	Timeline/ due date	Short-term (one-year) outcome	Performance measure	Partners (if applicable)

## Paperwork Reduction Act

Any activities involving information collections 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.
- CDC recommends you allocate 10% of your annual budget to evaluation efforts.
- You must plan to attend a recipient gathering in Year 1 and allocate funds for up to two staff to attend. You can budget travel to Albuquerque, New Mexico, although the location may change. You must also plan to attend one other gathering in the five years, but you do not need to budget for it in Year 1.
- Under Component 2, you must dedicate at least 50% of your award for subawards to Tribes, Villages, UIOs, and other tribal entities within your award area to expand implementation of GHWIC strategies and activities beyond those provided by C1 recipients.
- Under Component 2, your subrecipients must not include any of the Tribes, Villages, UIOs, and other tribal entities receiving a GHWIC Component 1 award or a subaward from another Component 2 recipient.
- 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. If you have questions about this determination, ask the [grants management specialist](#).
- Generally, you may not use funds to purchase furniture or equipment. Clearly identify and justify any such proposed spending in the budget.
- If needed, you may use funds to meet national standards or seek health department accreditation or reaccreditation through the [Public Health Accreditation Board](#) (PHAB). This only applies to state, Tribal, local, and territorial government agencies within the US and its territories. Include the proposed activities and a description of the connection to national standards or accreditation achievement in the [budget narrative](#).
- You may use funds to support your jurisdiction's vital records office (VRO) to:
  - Build its capacity through partnerships.
  - Provide technical or financial assistance to improve vital records timeliness, quality, or access.
  - Support vital records improvement efforts.

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

## Unallowable costs

You may not use funds for:

- Research.
- Clinical care except as allowed by law.
- Pre-award costs unless CDC gives you prior written approval.
- Giveaway items to promote your program, such as pens, bags, or clothing.
- Guns, hunting knives, or other weapons.
- Buying live animals.
- Any type of automobile.
- Food and beverages, except when linked directly to activities in your work plan that support traditional food and diet.
- Blood glucose testing supplies, medical devices, or direct medical care.
- 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, for any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before any legislative body.
  - See [Anti-Lobbying Restrictions for CDC Grantees \[PDF\]](#).

## 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 \[PDF\]](#).

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 also use the *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

[Community](#), [Diabetes](#), [Heart Disease and Stroke](#), [Health Care](#), [Health Care Access and Quality](#), [Health Communication](#), [Health Policy](#), [Neighborhood and Built Environment](#), [Nutrition and Healthy Eating](#), [Oral Conditions](#), [Overweight and Obesity](#), [Preventive Care](#), [Physical Activity](#), [Social and Community Context](#), [Tobacco Use](#)

## Other strategies

- [Active People Healthy Nation<sup>SM</sup>](#)
- [IHS Special Diabetes Program for Indians](#)
- [IHS Health Promotion/Disease Prevention](#)
- [CDC Native Diabetes Wellness Program](#)
- [CDC National Center for Chronic Disease Prevention and Health Promotion's Social Determinants of Health \(SDOH\) Framework](#)
- [HHS Equity Action Plan \[PDF\]](#)
- [The Surgeon General's Call to Action to Support Breastfeeding](#)



- [Step it Up! The Surgeon General’s Call to Action to Promote Walking and Walkable Communities](#)
- [Oral Health in America: Advances and Challenges](#)
- [Physical Activity Guidelines for Americans, 2nd Edition](#)
- [Dietary Guidelines for Americans 2020-2025](#)
- [National Strategy on Hunger, Nutrition, and Health \[PDF\]](#)
- [National Diabetes Prevention Program](#)
- [National Diabetes Prevention Program Customer Service Center](#)
- [CDC Diabetes Self-Management Education and Support \(DSMES\) Toolkit](#)
- [Smoking Cessation: A Report of the Surgeon General 2020 \[PDF\]](#)
- [Million Hearts® 2027](#)
- [The Innovative Cardiovascular Health Program](#)
- [The Surgeon General’s Call to Action to Control Hypertension](#)
- [The Surgeon General’s Advisory on the Health Effects of Social Connection and Community](#)
- [WISEWOMAN](#)
- [The Community Guide](#)
  - [Heart Disease and Stroke Prevention](#)
  - [Physical Activity](#)
  - [Nutrition](#)
  - [Obesity](#)
  - [Diabetes](#)
  - [Tobacco](#)

## Statutory authority

Sections 301(a) and 317 of the Public Health Service Act, 42 U.S.C. [241\(a\)](#) and [247b](#).



# Step 2: Get Ready to Apply

## In this step

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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](#).
- Select Get Started.

From the same page, you can also select 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](#).

## 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-DP-24-0025.

Once you're on the webpage, you can subscribe to get updates on changes to this NOFO.

If you can't use Grants.gov to download application materials or have other technical difficulties, including issues with application submission, [contact Grants.gov](#) for assistance. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by email at [support@grants.gov](mailto:support@grants.gov).

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

## Help applying

For help on the application process and tips for preparing your application see [How to Apply](#) on our website. Plan to attend the [informational webinar](#). For other questions, see [Contacts and Support](#).

# Attend the informational webinar

CDC will host a webinar for all interested applicants to provide information about the funding opportunity and answer questions. Join us for an informational webinar on May 7, 2024, at 3 p.m. ET.

- [Microsoft Teams link](#)
- Meeting ID: 217 840 358 317
- Passcode: bLApA4

### Or call in (audio only):

- +1 404-498-3000,,865059408# (United States, Atlanta)
- (888) 994-4478,,865059408# (United States, toll-free)
- Phone conference ID: 865 059 408#
- [Find a local number](#) | [Reset PIN](#)



# Step 3: Prepare Your Application

## In this step

Application contents and format

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# Application contents and format

Applications include five main elements. This section includes guidance on each. Make sure you include each of these:

Element	Submission form
<a href="#">Project abstract</a>	Use the Project Abstract Summary form.
<a href="#">Project narrative</a>	Use the Project Narrative Attachment form.
<a href="#">Budget narrative justification</a>	Use the Budget Narrative Attachment form.
<a href="#">Attachments</a>	Insert each in the Other Attachments form.
<a href="#">Other required forms</a>	Upload using each required form.

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

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

Format: PDF

Size: 12-point font

Footnotes and text in graphics may be 10-point.

Spacing: Single-spaced

Margins: 1-inch

Include page numbers.

## Project abstract

**Page limit: 1**

File name: Project abstract summary

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

You must state which component you are applying for in your project abstract.

## Project narrative

Page limit: 20

File name: Project narrative

Your project narrative must use the exact headings, subheadings, and order that we outline in this section. 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 required strategies and activities to achieve performance outcomes. Explain whether they are:

- Existing evidence-based strategies.
- Other strategies, with a reference to where you describe how you will evaluate them in your [evaluation and performance measurement plan](#).

See the [Component 1 strategies and activities](#), [Component 2 strategies and activities](#), or [Component 3 strategies and activities](#).

#### Outcomes

Using the logic model of the component's program description, identify the outcomes you expect to achieve or make progress on by the end of the period of performance. See the [Component 1 logic model](#), [Component 2 logic model](#), or [Component 3 logic model](#).

### Evaluation and performance measurement plan

You must provide an evaluation and performance measurement plan. This plan describes how you will fulfill the requirements in the [program description, data, monitoring, and evaluation](#) section.

## 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. Explain how you will include them and meet their needs in your project. Describe how your work will benefit public health as well as the populations and alleviate health disparities.

See [program description, focus populations](#).

## Organizational capacity

Describe how you will address the organizational capacity requirements in [program description, organizational capacity](#).

You must provide attachments that support this section including:

- [Resumes and job descriptions](#)
- [Organizational chart\(s\)](#)
- [Charter, resolution, or letters \(tribal organizations only\)](#)

## Collaborations

Describe how you will collaborate with programs and organizations, either internal or external to CDC. Explain how you will address the collaboration requirements in [program description, collaborations](#).

## Budget narrative

**Page limit:** None

File name: Budget narrative

Please follow [CDC's Budget Preparation Guidance \[PDF\]](#) when you develop your budget for this NOFO.

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. You can submit attachments in PDF, Word, or Excel formats. Attachments do not have page limits.

### Table of contents

Provide a detailed table of contents for your entire submission including all the documents in the application and headings in the project narrative section.

Name of attachment: 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.

Name of attachment: Indirect cost agreement

## Proof of nonprofit status

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

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

Name of attachment: Nonprofit status

## Resumes and job descriptions

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

Name of attachment: Resumes and job descriptions

## Organizational chart

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

Name of attachment: Organizational chart

## Duplication of efforts

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

### Programmatic

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

## Budgetary

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

## Commitment

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

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

Name of attachment: Report on overlap

## Charter, resolution, or letters (tribal organizations)

Provide a copy of your organization's official documents showing approval of Tribes served. This might be a charter, resolution, or letters from tribes served on official letterhead. Without this documentation, your application will not receive funding under this NOFO.

Name of attachment: Tribal approval

## Other required forms

You will need to complete some [other forms](#). Upload the following at Grants.gov. You can find them in the NOFO [application package](#) or review them and their instructions at [Grants.gov Forms](#).

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



# Step 4: Learn About Review and Award

## In this step

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# 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](#).
- Is submitted after the [deadline](#).
- Proposes research activities. See [45 CFR 75.2](#) for the definition of research.
- Is from a tribal organization that does not submit their [official charter, resolution, or letters](#).

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

## Merit review

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

### Component 1 criteria

**Table: Component 1 criteria and total points**

Criterion	Total number of points = 100
1. <a href="#">Background and approach</a>	35 points
2. <a href="#">Organizational capacity</a>	35 points
3. <a href="#">Evaluation and performance measurement</a>	30 points

## Background and approach (Maximum points: 35)

Ensure that responses are consistent with the [program description](#) requirement sections shown here.

**Table: Component 1 background and approach criteria**

Evaluate the extent to which the applicant:	Consistent with:
Provides a detailed descriptive Year 1 work plan and a high-level plan for Year 2 through Year 5 in the program description section of their application. <b>(7 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Work plan</a></li> <li>• <a href="#">Component 1 strategies and activities</a></li> <li>• <a href="#">Component 1 logic model</a></li> </ul>
Submits a work plan that aligns with the required strategies and activities, and outcomes for Component 1. Work plan includes who's responsible and a timeline to complete activities. <b>(9 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Work plan</a></li> <li>• <a href="#">Component 1 strategies and activities</a></li> <li>• <a href="#">Component 1 logic model</a></li> <li>• <a href="#">Outcomes</a></li> </ul>
Describes how their proposed cultural and traditional activities will provide the foundation for chronic disease prevention, management, and control, and increase community members' sense of cultural connectedness. <b>(8 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Component 1 strategies and activities</a></li> <li>• <a href="#">Component 1 logic model</a></li> </ul>
Describes how the strategies and activities will build upon the community's existing priorities and infrastructure. <b>(8 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Component 1 strategies and activities</a></li> </ul>
Describes how they will participate in and support the Community of Practice, routine GHWIC videoconferences, and other collaborative efforts. <b>(3 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Work plan</a></li> </ul>

## Organizational capacity (Maximum points: 35)

Ensure that responses are consistent with the program description section on [organizational capacity](#), including any subsection or required attachment.

**Table: Component 1 organizational capacity criteria**

Evaluate the extent to which the applicant:	Consistent with:
Describes their plan for staffing the GHWIC program, including roles and responsibilities describing how each will contribute toward outcomes, and a project management structure sufficient to achieve program outcomes. <b>(7 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Organizational capacity</a></li> <li>• <a href="#">Resumes and job descriptions</a></li> <li>• <a href="#">Organizational chart</a></li> </ul>
Provides a description of timely and accurate financial reporting, budget management, and administrative systems and methods. <b>(6 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Organizational capacity</a></li> </ul>
Provides specific examples of successful collaborations — or the ability to build collaborations — between clinical and community partners to implement the NOFO strategies and activities. <b>(8 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Organizational capacity</a></li> </ul>
Provides specific examples of successfully engaging community members in cultural practices. <b>(8 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Organizational capacity</a></li> </ul>
Describes their evaluation expertise, both currently on staff and expertise to be contracted or hired. <b>(6 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Organizational capacity</a></li> <li>• <a href="#">Evaluation and performance measurement plan</a></li> </ul>

## Evaluation and performance measurement (Maximum points: 30)

Ensure that responses are consistent with the program description's [data, monitoring, and evaluation](#) section, including any subsection shown here.

**Table: Component 1 evaluation and performance measurement criteria**

Evaluate the extent to which the applicant describes:	Consistent with:
How key program partners will be engaged in the evaluation and performance measurement planning process. (6 points)	<ul style="list-style-type: none"> <li>• <a href="#">Evaluation and performance measurement plan</a></li> </ul>
The types of evaluation (e.g., process, outcome) that will be used to demonstrate the effectiveness of planned activities related to outcomes. (6 points)	<ul style="list-style-type: none"> <li>• <a href="#">Evaluation and performance measurement plan</a></li> <li>• <a href="#">Outcomes</a></li> </ul>
Potential sources of data (e.g., from clinical and community partners, programs, and agencies). (6 points)	<ul style="list-style-type: none"> <li>• <a href="#">Evaluation and performance measurement plan</a></li> <li>• <a href="#">Outcomes</a></li> </ul>
How their required performance measures will be collected. (6 points)	<ul style="list-style-type: none"> <li>• <a href="#">Evaluation and performance measurement plan</a></li> <li>• <a href="#">Required performance measures</a></li> </ul>
How evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous local program and quality improvement. (6 points)	<ul style="list-style-type: none"> <li>• <a href="#">Evaluation and performance measurement plan</a></li> </ul>



## Component 2 criteria

**Table: Component 2 criteria and total points**

Criterion	Total number of points = 100
1. <a href="#">Background and approach</a>	35 points
2. <a href="#">Organizational capacity</a>	35 points
3. <a href="#">Evaluation and performance measurement</a>	30 points

### Background and approach (Maximum points: 35)

Ensure that responses are consistent with the [program description](#) requirement sections shown here.

**Table: Component 2 background and approach criteria**

Evaluate the extent to which the applicant:	Consistent with:
Provides a detailed descriptive Year 1 work plan, and a high-level plan for Year 2 through Year 5 in the program description section of their application. <b>(5 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Work plan</a></li> <li>• <a href="#">Component 2 strategies and activities</a></li> <li>• <a href="#">Component 2 logic model</a></li> </ul>
Submits a work plan that aligns with the required strategies, activities, and outcomes for Component 2. Work plan includes who's responsible and a timeline to complete activities. <b>(9 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Work plan</a></li> <li>• <a href="#">Component 2 strategies and activities</a></li> <li>• <a href="#">Component 2 logic model</a></li> </ul>
Describes how they will make subawards using at least 50% of their total annual award, including their rationale for their approach, so Component 1 strategies are addressed over the five-year period of performance. <b>(9 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Work plan</a></li> <li>• <a href="#">Component 2 strategies and activities</a></li> <li>• <a href="#">Component 2 logic model</a></li> </ul>
Describes how they will assist Tribes, Villages, UIOs, and other tribal entities within their award area to implement policy, systems, and environment changes. <b>(9 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Work plan</a></li> <li>• <a href="#">Component 2 strategies and activities</a></li> <li>• <a href="#">Component 2 logic model</a></li> </ul>
Describes how they will participate in and support the Community of Practice, routine GHWIC videoconferences, and other collaborative efforts. <b>(3 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Work plan</a></li> </ul>

## Organizational capacity (Maximum points: 35)

Ensure that responses are consistent with the program description [section on organizational capacity](#), including any subsection or required attachment shown here.

**Table: Component 2 organizational capacity criteria**

Evaluate the extent to which the applicant:	Consistent with:
Describes their plan for staffing the GHWIC program, including roles and responsibilities describing how each will contribute toward outcomes, and a project management structure sufficient to achieve program outcomes. <b>(6 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Organizational capacity</a></li> <li>• <a href="#">Resumes and job descriptions</a></li> <li>• <a href="#">Organizational chart</a></li> </ul>
Provides a description of timely and accurate financial reporting, budget management, subaward process and management, and administrative systems and methods. <b>(6 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Organizational capacity</a></li> </ul>
Provides specific examples of providing technical assistance, training, and resources to all Tribes, Villages, UIOs, and other tribal entities within their award area. <b>(8 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Organizational capacity</a></li> </ul>
Documents capacity and experience and provides specific examples of working with communities to adopt policy, systems, or environmental changes. <b>(8 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Organizational capacity</a></li> </ul>
Describes their evaluation expertise, both currently on staff and expertise to be contracted or hired. <b>(7 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Organizational capacity</a></li> <li>• <a href="#">Evaluation and performance measurement plan</a></li> </ul>

## Evaluation and performance measurement (Maximum points: 30)

Ensure that responses are consistent with the program description's [data, monitoring, and evaluation](#) section, including any subsection shown here.

**Table: Component 2 evaluation and performance measurement criteria**

Evaluate the extent to which the applicant describes:	Consistent with:
How key program partners will be engaged in the evaluation and performance measurement planning process. (6 points)	<ul style="list-style-type: none"> <li>• <a href="#">Evaluation and performance measurement plan</a></li> </ul>
The types of evaluation (e.g., process, outcome) that will be used to demonstrate the effectiveness of planned activities related to outcomes. (6 points)	<ul style="list-style-type: none"> <li>• <a href="#">Evaluation and performance measurement plan</a></li> <li>• <a href="#">Outcomes</a></li> </ul>
Potential sources of data (e.g., from clinical and community partners, programs, and agencies). (6 points)	<ul style="list-style-type: none"> <li>• <a href="#">Evaluation and performance measurement plan</a></li> <li>• <a href="#">Outcomes</a></li> </ul>
How they will support Tribes, Villages, UIOs, and other tribal entities within their award area to collect data, including data from others, such as clinical or community partners. (6 points)	<ul style="list-style-type: none"> <li>• <a href="#">Evaluation and performance measurement plan</a></li> <li>• <a href="#">Required performance measures</a></li> </ul>
How evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous local program and quality improvement. (6 points)	<ul style="list-style-type: none"> <li>• <a href="#">Evaluation and performance measurement plan</a></li> </ul>

## Component 3 criteria

**Table: Component 3 criteria and total points**

Criterion	Total number of points = 100
1. <a href="#">Background and approach</a>	30 points
2. <a href="#">Organizational capacity</a>	35 points
3. <a href="#">Evaluation and performance measurement</a>	35 points

### Background and approach (Maximum points: 30)

Ensure that responses are consistent with the [program description](#) requirement sections shown here.

**Table: Component 3 background and approach criteria**

Evaluate the extent to which the applicant:	Consistent with:
Provides a detailed descriptive Year 1 work plan and a high-level plan for Year 2 through Year 5 in the program description section of their application. <b>(6 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Work plan</a></li> <li>• <a href="#">Component 3 strategies and activities</a></li> <li>• <a href="#">Component 3 logic model</a></li> </ul>
Submits a work plan that aligns with the required strategies, activities, and outcomes for Component 3. Work plan includes who's responsible and a timeline to complete activities. <b>(8 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Work plan</a></li> <li>• <a href="#">Component 3 strategies and activities</a></li> <li>• <a href="#">Component 3 logic model</a></li> <li>• <a href="#">Outcomes</a></li> </ul>
Describes their plan for establishing, convening, and facilitating an ongoing Community of Practice and routine videoconferences among all recipients and CDC that engages recipients to share program successes, promising practices, lessons, and outcomes. <b>(8 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Component 3 strategies and activities</a></li> <li>• <a href="#">Component 3 logic model</a></li> <li>• <a href="#">Outcomes</a></li> </ul>
Describes their plan to work with CDC to develop and implement a national evaluation plan, including a national measurement framework, to inform national and community decision-making. <b>(8 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Component 3 strategies and activities</a></li> <li>• <a href="#">Component 3 logic model</a></li> <li>• <a href="#">Outcomes</a></li> </ul>

## Organizational capacity (Maximum points: 35)

Ensure that responses are consistent with the program description section on [organizational capacity](#), including any subsection or required attachment shown here.

**Table: Component 3 organizational capacity criteria**

Evaluate the extent to which the applicant:	Consistent with:
Describes their plan for staffing the GHWIC program, including roles and responsibilities describing how each will contribute toward outcomes, and a project management structure sufficient to achieve program outcomes. <b>(7 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Organizational capacity</a></li> <li>• <a href="#">Resumes and job descriptions</a></li> <li>• <a href="#">Organizational chart</a></li> </ul>
Provides a description of timely and accurate financial reporting, budget management, and administrative systems and methods. <b>(7 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Organizational capacity</a></li> </ul>
Provides specific examples of their capacity to establish and maintain a Community of Practice for all recipients and CDC. <b>(7 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Organizational capacity</a></li> </ul>
Provides specific examples of their capacity to engage all recipients in the development and implementation of the national evaluation plan and measurement framework. <b>(9 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Organizational capacity</a></li> </ul>
Describes their evaluation expertise, both currently on staff and expertise to be contracted or hired. <b>(5 points)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Organizational capacity</a></li> <li>• <a href="#">Evaluation and performance measurement plan</a></li> </ul>

## Evaluation and performance measurement (Maximum points: 35)

Ensure that responses are consistent with the program description's [data, monitoring, and evaluation section](#), including any subsection shown here.

**Table: Component 3 evaluation and performance measurement criteria**

Evaluate the extent to which the applicant describes:	Consistent with:
How they will work with CDC to develop an evaluation measurement framework that includes performance measures for all recipients. (8 points)	<ul style="list-style-type: none"> <li>• <a href="#">Evaluation and performance measurement plan</a></li> </ul>
The types of evaluation (e.g., process, outcome) that will be used to demonstrate the effectiveness of planned activities related to outcomes. (6 points)	<ul style="list-style-type: none"> <li>• <a href="#">Evaluation and performance measurement plan</a></li> <li>• <a href="#">Outcomes</a></li> </ul>
How the availability and quality of evaluation data will be used to inform decision making. (8 points)	<ul style="list-style-type: none"> <li>• <a href="#">Evaluation and performance measurement plan</a></li> <li>• <a href="#">Outcomes</a></li> </ul>
Potential sources of data (e.g., from clinical and community partners, programs, and agencies). (6 points)	<ul style="list-style-type: none"> <li>• <a href="#">Evaluation and performance measurement plan</a></li> <li>• <a href="#">Outcomes</a></li> </ul>
How evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous local program and quality improvement. (7 points)	<ul style="list-style-type: none"> <li>• <a href="#">Evaluation and performance measurement plan</a></li> </ul>

## Budget

Reviewers will not score your budget. It will be reviewed for its completeness on the following criteria:

- The extent to which the proposed budget aligns with the proposed work plan and is consistent with the NOFO.
- The extent to which the applicant budgeted 10% of their award for evaluation activities.
- The extent to which the applicant included travel funds for up to two staff to attend a recipient gathering in Year 1.
- If indirect costs are proposed, a current indirect cost rate agreement is included.

- Component 2 only: The extent to which the Component 2 applicant uses 50% of their total award for subawards to Tribes, Villages, UIOs, and other tribal entities within their award area.

## Risk review

Before making an award, we review the risk that you will not prudently manage federal funds. 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 making a decision 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

After merit review, we will develop three separate rank order lists and the top-ranking applicant in each component will be funded.

Component	Recipients
Component 1	<ul style="list-style-type: none"> <li>• Up to two awards to federally recognized American Indian Tribes or Alaska Native Villages in each of the <a href="#">12 IHS Administrative Areas</a>.</li> <li>• Up to four awards to <a href="#">Urban Indian Organizations</a>.</li> </ul>
Component 2	<ul style="list-style-type: none"> <li>• Up to one award in each of the <a href="#">12 IHS Administrative Areas</a> and one award that serves the urban centers represented by the 41 UIOs.</li> </ul>
Component 3	<ul style="list-style-type: none"> <li>• Only the top-ranking applicant.</li> </ul>

We reserve the right to fund applications out of rank order depending on geographic distribution of the highest scoring applications. We may fund out of rank order to achieve geographic diversity, including distribution across all IHS Areas.

CDC will provide justification for any decision to fund out of ranked order of scores. When making funding decisions, we consider:

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

We may:

- Fund 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 send 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. See [get registered](#).

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

## Deadlines

### Application

Due on June 28, 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

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

### Mandatory disclosure

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

Send written disclosures to CDC at [PLR3@cdc.gov](mailto:PLR3@cdc.gov) and to the Office of Inspector General at [grantdisclosures@oig.hhs.gov](mailto: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"/> <a href="#">Project abstract</a>	Use the Project Abstract Summary form.	1 page
<input type="checkbox"/> <a href="#">Project narrative</a>	Use the Project Narrative Attachment form.	20 pages
<input type="checkbox"/> <a href="#">Budget narrative</a>	Use the Budget Narrative Attachment form.	None
<b><a href="#">Attachments</a> (7 total)</b>	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		None
<input type="checkbox"/> Resumes and job descriptions		None
<input type="checkbox"/> Organizational chart		None
<input type="checkbox"/> Duplication of efforts (if applicable)		None
<input type="checkbox"/> Charter, resolution, or letters (tribal organizations)		None
<b><a href="#">Other required forms</a> (3 total)</b>	Upload using each required form.	
<input type="checkbox"/> Application for Federal Assistance (SF-424)		None
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)		None
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)		None



# Step 6: Learn What Happens After Award

## In this step

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# 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 (NOA). 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 \[PDF\]](#) (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 highlighted in the [HHS Administrative and National Policy Requirements \[PDF\]](#).
- The following [CDC's Additional Requirements](#) (AR) apply to this NOFO's awards: 8, 9, 10, 11, 12, 13, 14, 15, 16, 21, 23, 24, 25, 26, 29, 30, 31, 32, and 37.
- [Circulars A-87](#) (Attachment A, subsection C.3), "Cost Principles for State, Local, and Indian Tribal Governments."

## Reporting

If you are successful, you will have to submit financial and performance reports. These include:

Report	Description	When
Recipient Evaluation and Performance Measurement Plan	<ul style="list-style-type: none"> <li>Builds on the plan in the application.</li> <li>Includes measures and targets.</li> <li>Shows how data are collected and used (data management plan).</li> </ul>	Six months after award
Annual Performance Report	<ul style="list-style-type: none"> <li>Serves as yearly continuation application.</li> <li>Includes performance measures, successes, challenges.</li> <li>Updates work plan.</li> <li>How CDC could help overcome challenges.</li> <li>Includes budget for the next 12-month budget period.</li> <li>Program may request an Interim Federal Financial Report, SF425, with Annual Performance Reports to monitor expenditures.</li> </ul>	No later than 120 days before the end of each budget period
Federal Financial Report	<ul style="list-style-type: none"> <li>Includes funds authorized and disbursed during the budget period.</li> <li>Indicates exact balance of unobligated funds and other financial information.</li> </ul>	90 days after the end of each budget period
Data on Performance Measures	<ul style="list-style-type: none"> <li>Includes information on each of your performance measures.</li> </ul>	Yearly
Final Performance Report	<ul style="list-style-type: none"> <li>Includes information similar to the Annual Performance Report.</li> </ul>	120 days after the end of the period of performance
Final Financial Report	<ul style="list-style-type: none"> <li>Includes information in Federal Financial Report.</li> </ul>	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:

- Excessive delays in hiring staff.
- Excessive delays in awarding contracts.
- Excessive delays in implementing required strategies and activities.
- Inability to spend annual budgets, infrequent drawdown of funds, or reporting of funds (CDC may offset your next year's award with unobligated funds).
- Not attending at least monthly conference calls/webinars with your project officer.
- Not participating in the Community of Practice or other GHWIC meetings, webinars, or events.



## CDC's role

CDC will monitor cooperative agreements in partnership with the recipients.

We will work with you to assess key capacity areas aligned with strategies to establish a baseline for monitoring program improvement over time.

The CDC project officer or evaluation staff will review your proposed work plan. We will work with you to make sure it accurately reflects required program activities.

Post-award cooperative agreement monitoring, technical assistance, and training will include:

- Ensuring that recipients' work plans are fiscally responsible and have acceptable milestones and timelines.
- Communicating as needed, or at minimum monthly, with the project coordinator and the project officer on conference calls or webinars.
- Participating in webinars and recipient meetings.
- Providing tools and resources aligned with program activities and NOFO outcomes.
- Providing assessment and implementation support.
- Ensuring timely and appropriate recipient spending and reporting of funds.

## Nondiscrimination and assurance

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690 \[PDF\]](#)). 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

## Questions related to this NOFO

To submit a question related to this NOFO, please email your question to [GHWIC0025@cdc.gov](mailto:GHWIC0025@cdc.gov).

We will respond to your question and post the question and answer on the [Frequently Asked Questions \(FAQs\)](#) webpage.

You can find information related to this NOFO on the [GHWIC NOFO](#) webpage.

## Program

Shannon Saltclah

[GHWIC0025@cdc.gov](mailto:GHWIC0025@cdc.gov)

678-296-2788

## Grants management

Pamela Render

[PLR3@cdc.gov](mailto:PLR3@cdc.gov)

770-488-2712

## Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email [support@grants.gov](mailto: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

- [U.S. Department of Health and Human Services \(HHS\)](#)
- [Grants Dictionary of Terms](#)
- [CDC Grants: How to Apply](#)
- [CDC Budget Preparation Guidance \[PDF\]](#)
- [CDC Grants: Already Have a CDC Grant?](#)

- [Grants.gov Accessibility Information](#)
- [Code of Federal Regulations \(CFR\)](#)
- [United States Code \(U.S.C.\)](#)

# Appendix

## Glossary

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

**Area:** The term “Area” in this NOFO refers to the [12 IHS Administrative Areas](#).

**Award area:** For the purposes of this NOFO, award area refers to all the Tribes, Villages, UIOs, and other tribal entities in the single IHS Area or the urban centers represented by the 41 UIOs you received GHWIC funds to serve during the five-year period of performance.

**Bidirectional:** For the purposes of this NOFO, bidirectional includes referrals to clinicians from community and social service organizations, and for clinicians to make referrals to community programs and social service organizations.

**Federally recognized Tribe:** As defined by 25 U.S.C. 1603(14), any Indian Tribe, band, nation, or other organized group or community, including any Alaska Native Village or group, or regional or Village corporation, as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

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

**Indian Tribe:** Any Indian tribe, band, nation, or other organized group or community, including any Alaska Native Village or regional or Village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. Eligible applicants are listed on the [Federal Register](#).

**Indigenous Knowledge:** A body of observations, oral and written knowledge, innovations, practices, and beliefs that promote sustainability and the responsible stewardship of cultural and natural resources through relationships between humans and their landscapes and cannot be separated from the people inextricably connected to that knowledge. Indigenous Knowledge has been developed over thousands of years and continues to do so based on evidence acquired through direct contact with the environment, long-term experiences, extensive observations, lessons, and skills.

**Tribal Organization:** As defined by 25 U.S.C. 1603(26) and Section 4 of the Indian Self Determination and Education Assistance Act (25 U.S.C. 5304(l)), the recognized governing body of any Indian Tribe; any legally established organization of Indians that is controlled, sanctioned, or chartered by such governing body or that is democratically elected by the adult members of the Indian community to be served by such organization and that includes the maximum participation of Indians in all phases of its activities: provided that, in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian Tribe, the approval of each such Indian Tribe shall be a prerequisite to the letting or making of such contract or grant.

**Urban Indian Organization:** As defined by 25 U.S.C. 1603(29), is a nonprofit, corporate body located in an urban center and governed by a board of directors (board). At least 51% of board members must be AI/ANs. The UIO must have a current Title V Indian Health Care Improvement contract with the Indian Health Service (IHS). There are currently 41 UIOs funded by the IHS.

# Endnotes

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

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[7] Office of the Surgeon General (OSG). (2023). Our epidemic of loneliness and isolation: The U.S. surgeon general's advisory on the healing effects of social connection and community. US Department of Health and Human Services. <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>.

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