Multiple Approaches to Increase Awareness and Support among Young Women Diagnosed with Breast Cancer
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Part I. Overview Information

A. Federal Agency Name:
Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:
Multiple Approaches to Increase Awareness and Support among Young Women Diagnosed with Breast Cancer

C. Announcement Type: New Non-Research Domestic
This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered. Research for this purpose is defined at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

D. Agency Funding Opportunity Number:
CDC-RFA-DP14-1408

E. Catalog of Federal Domestic Assistance (CFDA) Number:
93.283

F. Dates:
1. Letter of Intent (LOI) Deadline: A LOI is requested but not required of potential applicants.
3. Informational conference call for potential applicants: June 3, 2014, 10:00 a.m. and 3:00 p.m. Conference Call number: 800-857-4765 Pass code: 5998126

G. Executive Summary:

1. Summary Paragraph:
Young women diagnosed with breast cancer under the age of 45 have higher rates of recurrence and death as well as a lower 5-year survival rate, compared to older women. Being diagnosed with breast cancer at a young age is sometimes indicative of a genetic mutation or a family history of disease making these women more susceptible to a secondary breast and ovarian cancer diagnoses. Young breast cancer survivors are also at increased risks for new malignancies. They are in a unique position in the life cycle and face challenges related not only to their disease and treatment, but also lifestyle changes that impact their careers, families, personal relationships, and finances. Despite these factors, there are few programs or policies that focus on mitigating the short- and long-term effects of breast cancer in this younger population. Additionally, few national efforts have been made to educate YBCS about the effects of breast cancer on their overall health and quality of life. This funding opportunity announcement will fund efforts to address these gaps in support and health communication/education for YBCS.

This program has two essential components: 1) development of a strategic and integrated health communication, marketing and media approach to disseminating health messages to YBCS; and 2) Provision of structured support services to YBCS from diagnosis through post treatment. This program addresses the “Healthy People 2020” focus area(s) of: increasing the proportion of cancer survivors who report physical health-related quality of life similar to the general population; reducing the overall cancer death rate; and reducing the female breast cancer death rate.

Funded entities addressing Component 1 of the FOA will be required to complete several component-specific grantee strategies. These include but are not limited to: developing and maintaining a diverse partnership network to facilitate development and delivery of health messages to the target audience; developing a comprehensive communication plan, testing evidence based age and culturally appropriate health messages and social media tools; implementation and dissemination of health messages to YBCS. Funded entities addressing Component 2 of the FOA will be required to complete several component-specific grantee strategies. These include: convening partnerships to discuss collaboration, program enhancements, and possible scale-up of YBCS support services; evaluating existing support services offered to YBCS; developing a comprehensive implementation program to promote and deliver support services to the target community; developing sustainability plans for improved support services; promotion and delivery of support services to YBCS.

Relevant performance measures will be used to assess recipient compliance with the requirements of this funding opportunity announcement. CDC will work collaboratively
with and provide necessary technical assistance to funded entities towards the completion of recipient activities. CDC will fund up to 7 eligible entities to complete this project, if funds are available.

a. **Eligible Applicants:** open competition
b. **FOA Type:** cooperative agreement
c. **Approximate Number of Awards:** up to 7
d. **Total Project Period Funding:** up to 1.8 million
e. **Average One Year Award Amount:** $360,000
f. **Number of Years of Award:** 5
g. **Approximate Date When Awards will be Announced:** September 30, 2014
h. **Cost Sharing and/or Matching Requirements:** N/A

**Part II. Full Text**

*Full Text is the CDC Description of the project and must thoroughly describe the project including specific requirements for applicants.*

<table>
<thead>
<tr>
<th>A. Funding Opportunity Description</th>
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<tr>
<td>1. Background</td>
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<td>a. <strong>Statutory Authorities:</strong></td>
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</table>

Patient Protection and Affordable Care Act (PPACA), SEC. 399NN. YOUNG WOMEN’S BREAST HEALTH AWARENESS AND SUPPORT OF YOUNG WOMEN DIAGNOSED WITH BREAST CANCER

Section 399NN of the Public Health Service Act, 42 U.S.C. 280m, and Section 301 of the Public Health Service Act, 42 U.S.C. 241
b. **Healthy People 2020:**


   C HP2020–17: Increase the proportion of cancer survivors who report physical health-related quality of life similar to the general population

   C HP2020–1: Reduce the overall cancer death rate.

   C HP2020–3: Reduce the female breast cancer death rate.

c. **Other National Public Health Priorities and Strategies:**

   The activities proposed in this FOA align with strategies in the National Action Plan for Cancer Survivorship: Advancing Public Health Strategies ([www.cdc.gov/cancer/survivorship/pdf/plan.pdf](http://www.cdc.gov/cancer/survivorship/pdf/plan.pdf)). Related strategies include achieving the cancer survivorship-related objectives in Healthy People 2010 that include benchmarks for success in measuring improvements for addressing ongoing survivor needs, and increasing awareness among policymakers, the general public, survivors, providers, and others of cancer survivorship and its impact.

d. **Relevant Work:**

   This program builds upon past and current programs and activities including:

   - FOA DP11-1111: Developing Support and Educational Awareness for Young (<45) Breast Cancer Survivors in the United States
2. CDC Project Description

a. Approach:

<table>
<thead>
<tr>
<th>Strategies and Activities</th>
<th>Short-Term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long-Term Outcomes</th>
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<tbody>
<tr>
<td><strong>Component 1</strong></td>
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<tr>
<td><em>Early Activities:</em></td>
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<tr>
<td>Develop and maintain a diverse partnership network</td>
<td>Increased number of organizations who serve the YBCS community.</td>
<td>Enhanced partnerships that can facilitate and broaden program reach.</td>
<td>Increased awareness among YBCS regarding genetic testing and counseling.</td>
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<tr>
<td>Develop a comprehensive communication plan</td>
<td>Increased organizational capacity to evaluate, enhance, and sustain support services.</td>
<td>Increased utilization of support services among YBCS and their caregivers.</td>
<td>Increased availability of health information and other resources.</td>
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<tr>
<td>Test appropriate health messages.</td>
<td>Increased use of YBCS-tailored, evidence-based public health messages and strategies.</td>
<td>Increased availability of support services for YBCS and their caregivers.</td>
<td>Enhanced communication between YBCS and providers.</td>
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<td>Test social media tools used by the target population.</td>
<td>Increased sustainability of efforts that assure continuity of services.</td>
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<td>Improved psychosocial functioning among YBCS and their caregivers.</td>
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<td><strong>Component 2</strong></td>
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<td><em>Early Activities:</em></td>
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<tr>
<td>Create and implement innovative social media strategies</td>
<td>Increased awareness of preventive lifestyle behaviors.</td>
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<td>Improved health seeking behaviors among YBCS.</td>
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<tr>
<td>Disseminate health messages to YBCS.</td>
<td>Increased awareness among YBCS of existing support services.</td>
<td></td>
<td>Improved lifestyle behaviors among YBCS.</td>
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</table>
- Convene partnership to discuss collaboration, enhancements, and scale-up
- Conduct evaluation of pre-existing support services
- Utilize evaluation findings to develop a 5-year implementation/program plan
- Develop a sustainability plan

**Later Activities:**
- Provide structured support services to YBCS.
- Promote and facilitate utilization of support services.
i. **Problem Statement:**

Young women living with a breast cancer diagnosis have been reported to experience more aggressive disease and have a poorer prognosis than older women. They also face treatment-related side effects that affect their quality of life (e.g., infertility, cognitive dysfunction, muscular and skeletal symptoms, and cardiac and vascular disease). They are at increased risk of developing new malignancies, gaining weight, binge drinking, and using tobacco. From the perspective of cancer control, young breast cancer survivors (YBCS) are an important target population for interventions that focus on their overall health and well-being, cancer prevention, risk reduction, and other quality of life-related issues (e.g., careers, families, personal relationships, reproduction and family planning, and finances). A review of the scientific literature related to this topic revealed gaps in support for YBCS, specifically regarding 1) assistance in coping with the effects of treatment (e.g., psychosocial health, reproductive health, financial concerns); and 2) provision of information about follow-up care, risk of recurrence and new malignancies, fertility, psychosocial support, risk of family members developing breast cancer, genetic testing, and general health promotion (including quality of life). Limited work has been done nationally to increase awareness or educate YBCS about the challenges they may face post-treatment or possible strategies for addressing them. For these women, increased knowledge about physical and psychological symptom relief, cancer prevention, and risk reduction could improve their quality of life. Thus, opportunities exist to address gaps in program support and health communication with this vulnerable population.

The proposed FOA is related to the recently enacted *Patient Protection and Affordable Care Act (PPACA)*, SEC. 399NN. YOUNG WOMEN’S BREAST HEALTH AWARENESS AND SUPPORT OF YOUNG WOMEN DIAGNOSED WITH BREAST CANCER, which directs the CDC to provide grants for organizations and institutions to provide support to young breast cancer survivors and conduct national strategic and integrated health communication, education and awareness campaigns related to risk and risk reduction of early onset breast cancer. The FOA addresses these areas of focus by supporting selected organizations and entities with the capacity to reach YBCS in their efforts to provide education, support and tools to this population.

The proposed program has two components:

1. Support the development and implementation of strategic and integrated multi-media health education and awareness campaigns aimed at addressing the health information needs of YBCS, including but
not limited to family history and genetic risks, psychosocial health and support, reproductive health and fertility, family support, and other evidence based preventive life style behaviors such as tobacco cessation, maintaining a healthy weight, reducing excessive alcohol consumption, etc.; and

2. Enhance existing support services that address issues faced by YBCS at initial diagnosis, treatment, and post treatment.

ii. **Purpose:**

The purpose of the proposed program is to increase the availability of health information and support services for YBCS and their families by supporting organizations and entities that serve the target population. Activities funded under this FOA are intended to: 1) support the development and implementation of strategic and integrated multi-media health education and awareness campaigns aimed at addressing the health information needs of YBCS, including but not limited to family history and genetic risks, psychosocial health and support, reproductive health and fertility, family support, and other evidence based preventive life style behaviors (e.g., maintaining a healthy weight, reducing tobacco use, reducing excessive alcohol use); and 2) enhance existing structured support services that address issues faced by YBCS at initial diagnosis, treatment, and post treatment (e.g., case management/patient navigation, psychosocial support services).

iii. **Outcomes:**

This FOA aims to provide support organizations that serve YBCS. Short-term, intermediate, and long-term outcomes that awardees are expected to achieve include the following:

**Short-term Outcomes:**

- Increased number of organizations who serve the YBCS community.
- Increased organizational capacity to evaluate, enhance, and sustain support services.
- Increased use of YBCS-tailored, evidence-based public health messages and strategies.
● Increased sustainability of efforts that assure continuity of services.

● Increased awareness of preventive lifestyle behaviors.

● Increased awareness among YBCS of existing support services.

● Increased awareness among YBCS caregivers of existing support services.

**Intermediate Outcomes:**

● Enhanced partnerships that can facilitate and broaden program reach.

● Increased utilization of support services among YBCS and their caregivers.

● Increased availability of support services for YBCS and their caregivers.

**Long-term Outcomes:**

● Increased awareness among YBCS regarding genetic testing and counseling.

● Increased availability of health information and other resources.

● Enhanced communication between YBCS and providers.

● Improved psychosocial functioning among YBCS and their caregivers.

● Improved health seeking behaviors among YBCS.

● Improved lifestyle behaviors among YBCS.

**iv. Funding Strategy:**

Up to seven awards are available for this program. Eligible applicants should request funding for only one component; decisions should be made based on organizational capacity, pre-existing partnerships, and prior experiences related to serving the YBCS community. Up to three eligible applicants will be awarded under Component 1 and up to four applicants will be awarded under Component 2. For Component 1, funding awards may range from $200,000 to $450,000; the funding range for Component 1 reflects proper resource allocation for development and
implementation of multi-media health education and awareness campaigns. Component 2 funding may range from $150,000 to $350,000; the funding estimates for Component 2 allocate resources to enhance existing structured support services for YBCS.

v. Strategies and Activities:

The program strategies designed for this FOA are to direct organizations to deliver services or implement an integrated health communication campaign for YBCS. As indicated in the program logic model, there are two approaches that are essential to achieving long-term outcomes that will improve the quality of life for YBCS (e.g., enhanced communication between YBCS and providers; improved psychosocial functioning among YBCS and their caregivers; improved health seeking behaviors among YBCS; improved lifestyle behaviors among YBCS). These two distinct approaches will be framed as program components:

Component 1: Strategic and Integrated Health Communication, Marketing and Media Approaches to Disseminating Health Messages to YBCS

Organizations will develop and implement a strategic and integrated multi-media health education and awareness campaign aimed at addressing the health information needs of YBCS, including but not limited to family history and genetic risks, psychosocial health and support, reproductive health and fertility, family support, and other evidence based preventive lifestyle behaviors (e.g., maintaining a healthy weight, reducing tobacco use, reducing excessive alcohol use, etc.). Organizations uniquely positioned to implement a campaign must have a documented history of working with and delivering health messages to YBCS, demonstrated ability to reach the target population using multimedia tools and resources, and have the expertise necessary to develop and implement a campaign that utilizes novel media tools (including social networking media) to disseminate health messages. These entities must also have access to a diverse partnership network that can facilitate identification, testing, and promotion of these health messages to the target population. Implementing a program of this design will improve knowledge, awareness, and health behaviors among YBCS, as well as, increase their utilization of appropriate health and medical services, such as breast health monitoring, genetic testing and counseling, psychosocial and reproductive health support, and healthy lifestyle support services.
For the purposes of tailoring and disseminating an integrated health communication campaign for YBCS, successful applicants will:

1) Develop and maintain a diverse partnership network comprised of organizations that have the expertise and capacity to facilitate identification, testing, and promotion of health messages to the target population;

2) Develop a comprehensive communication plan that describes strategies and objectives to be implemented;

3) Test evidence based age and culturally appropriate health messages;

4) Test social media tools used by the target population;

5) Create and implement innovative multi-media strategies to target, engage and influence YBCS;

6) Disseminate health messages and related resources to YBCS

Component 2: Provision of Structured Support Services to YBCS from Diagnosis through Post Treatment

Organizations will enhance and implement existing services that strive to support YBCS. Structured support services can address issues encountered by YBCS during initial diagnosis, treatment, or post treatment. Examples of support services include but are not limited to: tools to enhance communication between YBCS and providers during the initial diagnosis, patient navigation services, genetic testing and counseling services, services that improve psychosocial functioning during and after treatment, and services that facilitate communication regarding reproductive health issues and/or the receipt of fertility related services. Organizations must already have an established service whose stage of development makes it possible for evaluation, enhancement, and possible scale-up. Support services that have undergone at least a formal process evaluation are preferable. Successful applicants are highly encouraged to establish partnerships with state-based cancer control programs, other national organizations, and public health researchers. It is recommended that awardees use these collaborations to further disseminate and promote delivery of these services. Outcomes associated with this component may include: increased awareness of existing support services among YBCS and caregivers, increased availability of improved support services, and increased organizational capacity required to enhance, evaluate, and sustain support services.
Specifically, successful applicants will:

1) Convene partnerships to discuss collaboration, program enhancements, and possible scale-up of YBCS support services.

2) Conduct evaluation of pre-existing support services offered to YBCS.

3) Utilize evaluation findings to develop a five year comprehensive implementation/program plan to promote and deliver support services.

4) Develop a sustainability plan that identifies resources needed to sustain support services.

5) Provide structured support services to YBCS.

6) Promote and facilitate utilization of support services.

1. Collaborations –

   a. With CDC funded programs:

   Applicants must describe intentions to collaborate with CDC to improve technical assistance, program guidance, and implementation efforts. CDC entities that applicants may work with include but are not limited to: Office on Smoking and Health, Division of Reproductive Health, Division of Nutrition, Physical Activity, and Obesity, and the Division of Cancer Prevention and Control’s Program Services Branch, Comprehensive Cancer Control Branch, Cancer Surveillance Branch, and Epidemiology and Applied Research Branch. Applicants must also describe capacity to participate in stakeholder meetings and other collaborative efforts with public health partners as requested. In collaboration with the aforementioned CDC entities, meaningful relationships with entities funded through cooperative agreements may be identified. Successful applicants are also expected to establish collaborations that include but are not limited to entities funded by CDC such as: the National Comprehensive Cancer Control Program, the National Breast and Cervical Cancer Early Detection Program, National Survivorship Resource Center, National Support to Enhance Implementation of Comprehensive Cancer Control Activities, and the Consortium of National Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities. Collaborations with CDC and its funded partners should be driven by each organization’s capacity to serve the target population.
identified by the applicant, provide subject matter expertise related to risk factors and health behaviors associated with YBCS, and to advance program activities that are of high quality and non-duplicative.

b. **With organizations external to CDC:**

Applicants must describe intentions to build and maintain collaborative working partnerships with organizations external to CDC that supports the development and implementation of multi-media campaigns and structural support services for YBCS. For applicants under Component 1, these partnerships will be formalized through the development of a partnership network. The network should be comprised of organizations that have the capacity to engage multiple partners at a national, regional, state, tribal, territorial, and jurisdictional level. Applicants will facilitate partnerships and encourage network participation with organizations that represent or serve YBCS. Applicants under Component 2 must establish and/or enhance partnerships with researchers, providers, YBCS, and media to expand existing structural support services. Specific partnerships with national and other federal organizations are also highly encouraged to further disseminate and promote delivery of these services.

**2. Target Populations:**

The target populations that need to be reached in this cooperative agreement are young breast cancer survivors (women diagnosed with breast cancer between the ages of 15 and 44) and, when appropriate, their caregivers.

**Inclusion:**

Applicants need to demonstrate the capacity to reach the target population(s). Efforts should be made to be inclusive of the diversity of the YBCS population within the applicant’s jurisdiction (e.g., all racial, ethnic, and cultural backgrounds, including the particular risks faced by certain racial, ethnic, and cultural groups), where appropriate.

b. **Evaluation and Performance Measurement:**

i. **CDC Evaluation and Performance Measurement Strategy:**

CDC will conduct a utilization focused evaluation of the overall funded program
that will articulate program progress and facilitate program improvement.

Key evaluation questions to be answered will include (but are not limited to):

1. To what extent do grantees engage in partnership activities i.e. build/maintain partnerships with individual organizations or networks that contribute to the planning, implementation, and evaluation of programmatic efforts?

2. To what extent do grantees a) develop and implement a program plan to support YBCS, b) utilize data to inform program efforts, and c) identify mechanisms to sustain programmatic efforts post funding?

3. To what extent do grantees support/increase the reach of evidence-based and promising practice interventions/strategies for YBCS?

4. To what extent do grantees increase awareness among the YBCS regarding: a) genetic testing and counseling, b) preventive lifestyle behaviors, and c) existing support services?

5. To what extent do grantees’ interventions increase access to support services and resources for YBCS?

CDC evaluation efforts will follow the CDC framework for program evaluation and will include the following steps:

- Convene stakeholder workgroup to further define key evaluation questions.
- Design a comprehensive evaluation.
- Collect and analyze data –
  - Conduct programmatic review utilizing program plans, evaluation plan and reports, and work plans
  - Conduct key informant interviews and/focus groups of program implementers and key stakeholders
  - If warranted, utilize electronic survey engine to conduct surveys
- Disseminate findings and improve program efforts. Dissemination products that articulate evaluation findings and recommendations include but are not limited to:
o Manuscripts

o Program Publication (trends reports, state of the program, program profiles, success stories, etc.)

o Presentations

In addition to conducting a formal evaluation, CDC will use performance measures to assess recipient compliance with the requirements of this funding opportunity announcement. Performance measures will be collected annually and will be used to:

o Make budgeting decisions

o Inform guidance and technical assistance

Performance measures trends will be documented and disseminated annually in the form of program profiles midway through the project period (YR 3) and at the end of the project period (YR 5).

ii. Applicant Evaluation and Performance Measurement Plan:

During the five-year project period, awardees will be responsible for developing and implementing a comprehensive formal written evaluation plan that defines both process and outcomes (short-term, intermediate and long-term) measures that will be evaluated.

Applicants must provide an initial evaluation and performance plan to show how they will identify progress in implementing program strategies, activities, and achieving program outcomes. Evaluation focus areas that drive this evaluation include: partnership function/contributions, program plan development, and implementation of interventions. The evaluation plan should consider components identified in the CCC Program Evaluation Toolkit http://www.cdc.gov/cancer/ncccp/prog_eval_toolkit.htm.

The comprehensive evaluation plan should:

- Identify key evaluation stakeholders and describe the stakeholder engagement strategy.

- Describe evaluation stakeholder’s potential role in evaluation planning and implementation.
• Describe how evaluation stakeholders will utilize evaluation findings.

• Include a logic model to illustrate program design.

• Describe specific, measurable, and realistic short-term (one-year), intermediate, and long-term program objectives consistent with the purpose of this FOA for the accomplishment of program activities.

• Address how the applicant intends to assess the extent to which recipient activities are implemented appropriately as well as the extent to which these activities yield the intended outcomes.

• Describe indicators for process and outcome measures, address data collection sources and methods.

• Describe how findings will be disseminated from this program to CDC, CCC grantees and key stakeholders in order to support the use of evidence-based and practice based strategies/interventions.

• Describe how evaluation findings will be used to enhance program implementation efforts. At the completion of each budget period, awardees will be responsible for submitting an evaluation report that summarizes key findings; the evaluation plan will be updated to reflect evaluation findings and program improvement measures.

CDC will work with the awardees during the first 6 months to determine the best set of feasible and useful performance measures. These measures will track and ensure that awardees have successfully implemented the required strategies and that progress is being made on the outcomes expected during the project period. Once finalized, applicants should describe their capacity to collect and report on performance measures based on the extent to which the awardee:

• Develop and maintain a diverse partnership network

• Convene partnership to discuss collaboration, enhancements, and scale-up

as evidenced by:

• Partnerships which include recommended CDC funded
programs and organizations external to CDC.

- Memoranda of understanding (MOUS), Memorandum of Agreement (MOA), Letter of Agreement or other formal commitments to formalize partnerships.

- Partners who are fully engaged in the planning and implementation of programmatic activities and make notable contributions to facilitate scale-up of YBCS support services and/or support health messages disseminated to the target population.

- Partners who make contributions that increase infrastructure and capacity of CDC-funded programs to implement interventions and activities effectively.

- Develop a comprehensive communication plan as evidenced by:

  - Comprehensive communication plan that describes the following key elements:
    - Description of disease burden in the YBCS community.
    - Description of partners and key stakeholders.
    - Description of program impact.
    - Description of organization interventions and activities.
    - States your goals and includes a description of primary audiences you are trying to reach for each identified media strategy.
    - Includes behavioral/communications objectives.
    - Describes how the key messages will be coordinated with other partners with the partnership network? (e.g., other chronic disease programs).
    - Contains a media list and tools/approaches that will
be used to deliver message.
- Includes the schedule, timeline, deadlines for using these approaches to deliver the message(s).
- Plans to follow-up with our media targets to ensure/encourage maximum coverage and placement.
- Plans to collect and report on any and/or all coverage that results from your efforts.

- Test appropriate health messages.
- Test social media tools used by the target population.

as evidenced by:

- Program tests social media tools and health messages that are evidence-based, age and culturally appropriate with subject matter experts, YBCS community and partner organizations that serve YBCS.

- Create and implement innovative social media strategies

as evidenced by:

- Ability of innovative multi-media strategies to target, engage, influence, and reach YBCS.

- Disseminate health messages to YBCS

as evidenced by:

- Utilization of tracking methods to monitor the dissemination of health messages as part of the multi-media campaign and the subsequent data that illustrate broad dissemination of health messages

- Reach of health messages to YBCS.

- Conduct evaluation of pre-existing support services
as evidenced by:

- An evaluation of pre-existing support services offered to YBCS
- Utilization of evaluation findings to enhance pre-existing support services offered to YBCS.

• Utilize evaluation findings to develop a 5-year implementation/program plan

as evidenced by:

- Comprehensive five-year implementation/program plan describes the following key elements:
  
  - Enhance existing support services.
  - Use high quality data to guide program development and implementation.
  - Reach the target population.
  - Measure outcomes that are meaningful and numerous enough to suggest adequate program reach.
  - Report baseline data.
  - Collect follow-up data no later than the end of the 5-year project period.

• Develop a sustainability plan

as evidenced by:

- Sustainability plan describes the following key elements:
  
  - Description of how partners will work together to develop a long-range strategic plan, annual operational plan, financial plan, long-range fund raising plan, board development plan, etc.
  - Plans to sustain the proposed interventions and activities beyond the funded period.
  - Utilization of high quality data to guide the sustainability plan development and implementation.
  - Clearly describes resources needed to effectively
sustain the prioritized activities (e.g., funding, partnerships).

- Lessons learned and cost of implementing the interventions and activities. Types of partners needed to continue the interventions and activities.
- Experience in sustaining similar interventions and activities.
- Strategies for leveraging funds (monetary funds).

- Provide structured support services to YBCS as evidenced by:
  - Reach of structured support services and/or health messages to YBCS.

Additional performance measures will also be developed based on short-term, intermediate, and long term outcomes that are indicated in the logic model.

c. Organizational Capacity of Awardees to Execute the Approach:

Successful applicants should have existing program infrastructure and organizational capacity to develop and implement the strategies as outlined in the Funding Opportunity Announcement (FOA). Program infrastructure will be evidenced by:

- A management plan that includes processes related to adequate management structure/staffing and fiscal management.
- A communication plan that will be used to communicate to key stakeholders about cancer burden, interventions, and impact.
- Utilization of needs assessment data that identifies gaps in pre-existing support services.
- Ability to conduct a partnership evaluation that serves as the foundation for forging new partnerships and maintaining existing partnerships.
- Ability to develop a program plan that serves as a road map for the
achievement of project period goals and objectives.

- Ability to develop a plan to sustain the proposed interventions and strategies post CDC funding.
- Collection of data elements essential to program evaluation and performance measurement.

Organizational capacity to develop and implement strategies as specified in the FOA will be evidenced by:

- Documented history of providing structured support services or implementing multi-media campaigns to the target population of YBCS.
- Formalized partnership via MOA, MOUs, or letters of agreement which document a formal commitment to complete the proposed work.
- Ability to implement valid promising practices that are sustainable and add to the knowledge base.
- Previous experience identifying innovative methods to promote and disseminate structured support services and health messages that saturate the YBCS community.
- Ability to maximize organizational reach, ensuring that programmatic efforts reach YBCS community.
- Documented history of establishing and maintaining productive and effective partnerships with members of the stakeholder community.
- Ability to collect relevant data element needed to support program evaluation and performance measurement.

d. **Work Plan:**

    Applicants are required to provide a work plan consisting of five year project period objectives, annual objectives, and annual activities for each strategy that outlines the body of work to be accomplished during the year one budget period. The work plan should not exceed 25 pages. Applicants are strongly encouraged to organize project period objectives, annual objectives, and activities by the strategies indicated under the
“Strategies and Activities” section (see attached workplan).

The workplan should provide a description of specific program strategies to be used during the first year of the project period that includes 1) specific, measurable, achievable, realistic time-phased (SMART) goals and objectives which are consistent with the intent of the funding opportunity announcement; 2) specific activities/interventions that will be undertaken to address each of the proposed short-term objectives during the budget period; 3) staff responsible for completion of activities, including the level of effort and allocation of time for each proposed activity; and 4) key partners involved in the development, implementation and evaluation of proposed activities/strategies including a description of their role. At a minimum the work plan must include:

1. A description of the Project Period Objectives for the 5-year program period. Applicants should use long-term outcomes that are specified in the logic model under the “Approach” section to define SMART (specific, measurable, attainable, realistic, and time-phased) objectives.

2. A description of Annual Objectives to be accomplished within year one of the budget period. Applicants should use short-term outcomes that are specified in the logic model under the “Approach” section to define SMART objectives.
   a. Quantitative baselines should be provided for each objective that leads to an increase, decrease, or maintenance over time. CDC will provide feedback and technical assistance to awardees to finalize the work plan post-award.
   b. Applicants should provide timelines for the first year of the project period.

3. A description of activities that are in alignment with the proposed objectives and the chosen program strategies and, if applicable, should be based on cited evidence for the first year of the project.

e. CDC Monitoring and Accountability Approach:

Monitoring activities include routine and ongoing communication between CDC and awardees,
site visits, and awardee reporting (including work plans, performance, and financial reporting). The HHS Awarding Agency Grants Administration Manual (AAGAM)* specifies the following HHS expectations for post-award monitoring for grants and cooperative agreements:

- Tracking awardee progress in achieving the desired outcomes.
- Insuring the adequacy of awardee systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve objectives within stated timeframes.
- Working with awardees on adjusting the work plan based on achievement of objectives and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

These may include monitoring and reporting activities as outlined in Chapter 2.01.101 of the HHS AAGAM* that assists grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

Other activities deemed necessary to monitor the award include the following:

- Monthly conference calls with assigned National Comprehensive Cancer Control Program (NCCCP) program consultants.
- Review and provide feedback on evaluation plans and subsequent reports.

*Beginning 10/01/2014, AAGAM will be replaced with GPAM.

f. **CDC Program Support to Awardees:**

CDC will provide program guidance and technical assistance including:
• Quarterly teleconferences with directors of NCCCP-funded programs to share information, provide CDC and program updates, facilitate peer learning, and provide technical assistance.

• Learning opportunities designed to build grantee capacity in the form of face-to-face trainings, webinars, and reverse site visits.

• Program guidance documents.

• Listserv designed to facilitate information sharing and networking among grantees and CDC staff.

• Subject matter expertise on select interventions and program strategies.

B. Award Information

1. **Type of Award:** Cooperative Agreement: CDC’s substantial involvement in this program appears in the CDC Program Support to Awardees section.

2. **Award Mechanism:** U58

3. **Fiscal Year:** 2014

4. **Approximate Total Fiscal Year Funding:** up to $1,800,000

5. **Approximate Total Project Period Funding:** up to $9,000,000

6. **Total Project Period Length:** 5
7. **Approximate Number of Awards**: up to 7

8. **Approximate Average Award**: $360,000

9. **Floor of Individual Award Range**: None (This amount is subject to the availability of funds.)

10. **Ceiling of Individual Award Range**: $550,000

11. **Anticipated Award Date**: September 30, 2014

12. **Budget Period Length**: 12 months

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the “Notice of Award.” This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

*Beginning FY 14, AAGAM will be replaced with GPAM.

13. **Direct Assistance**:

“Direct Assistance (DA) is not available through this FOA.

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### C. Eligibility Information

1. **Eligible Applicants**:

   Government Organizations:

   - State or their bona fide agents (includes the District of Columbia)
   - Local governments or their bona fide agents
   - Territorial governments or their bona fide agents in the Commonwealth of
Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)

- State controlled institutions of higher education
- American Indian or Alaska Native tribal governments (federally recognized or state-recognized)
- Public Housing Authorities/Indian Housing Authorities

Non-government Organizations:

- American Indian or Alaska native tribally designated organizations
- Nonprofit with 501C3 IRS status (other than institution of higher education)
- Nonprofit without 501C3 IRS status (other than institution of higher education)

Private colleges and universities
Community-based organizations
Faith-based organizations
For-profit organizations (other than small business)
Small businesses

2. **Special Eligibility Requirements:**

N/A

3. **Justification for Less than Maximum Competition:**

N/A
4. Cost Sharing or Matching:

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort:

Maintenance of effort is not required for this program.

D. Application and Submission Information

Additional materials that may be helpful to applicants:

1. Required Registrations: An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

   a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

      The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http://fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge.

      If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

   b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or
the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

**c. Grants.gov:** The first step in submitting an application online is registering your organization at [www.grants.gov](http://www.grants.gov), the official HHS E-grant Web site. Registration information is located at the “Get Registered” option at [www.grants.gov](http://www.grants.gov).

All applicant organizations must register at [www.grants.gov](http://www.grants.gov). The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

2. **Request Application Package:** Applicants may access the application package at [www.grants.gov](http://www.grants.gov).

3. **Application Package:** Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at [www.grants.gov](http://www.grants.gov). If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO [PGOTIM@cdc.gov](mailto:PGOTIM@cdc.gov) for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. **Submission Dates and Times:** If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by PGO.

   a. **Letter of Intent (LOI) Deadline** (must be emailed or postmarked by): [Insert date]

   b. **Application Deadline:** [Insert date], 11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov)

5. **CDC Assurances and Certifications:** All applicants are required to sign and submit “Assurances and Certifications” documents indicated at [http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm](http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm).
Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications, name the file “Assurances and Certifications” and upload it as a PDF file at www.grants.gov

- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/grantsassurances/Homepage.aspx

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC within one year of the submission date.

6. **Content and Form of Application Submission:** Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. **Letter of Intent (LOI):**

A LOI is requested but not required of potential applicants responding to this funding opportunity announcement.

LOI must be sent via U.S. express mail, delivery service, fax, or email to:

Temeika L. Fairley Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS F76
Telephone: 774884518
E-mail: tfairley@cdc.gov

8. **Table of Contents:** (No page limit and not included in Project Narrative limit)

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the “Project Narrative” section. Name the file “Table of Contents” and upload it as a PDF file under “Other Attachment Forms” at www.grants.gov.
9. **Project Abstract Summary**: (Maximum 1 page)

A project abstract is included on the mandatory documents list and must be submitted at [www.grants.gov](http://www.grants.gov). The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the “Project Abstract Summary” text box at [www.grants.gov](http://www.grants.gov).

10. **Project Narrative**: (Maximum of 25 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 25 pages will not be considered. Twenty-five page limit includes the work plan. For a multi-component FOA, programs should increase maximum page limit to 30.)

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section.

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at [www.grants.gov](http://www.grants.gov).

   a. **Background**: Applicants must provide a description of relevant background information that includes the context of the problem. (See CDC Background.)

   b. **Approach**

      i. **Problem Statement**: Applicants must describe the core information relative to the problem for the jurisdictions or populations they serve. The core information must help reviewers understand how the applicant’s response to the FOA will address the public health problem and support public health priorities. (See CDC Project Description.)

      ii. **Purpose**: Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the CDC Project Description.

      iii. **Outcomes**: Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (i.e., increase, decrease, maintain). (See the program logic model in
the Approach section of the CDC Project Description.)

iv. **Strategy and Activities:** Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Whenever possible, applicants should use evidence-based program strategies as identified by the Community Guide¹ (or similar reviews) and reference it explicitly as a source. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations. (See CDC Project Description: Strategies and Activities section.)

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

   Applicants must file the MOU or MOA, as appropriate, name the file “MOUs/MOAs”, and upload it as a PDF file at www.grants.gov.

   Applicants must file letters of agreement, as appropriate, name the file “Letters of Agreement”, and upload it as a PDF file at www.grants.gov.

2. **Target Populations:** Applicants must describe the specific target population(s) in their jurisdiction. Refer back to the CDC Project Description section – Approach: Target Population. *[If the CDC program requires additional information about target population, insert requirement here.]*

   **Inclusion:** [Optional language; program may modify: Applicants must address how they will include specific populations who can benefit from the program, refer back to the CDC Project Description section – Approach: Inclusion, if applicable.]

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

¹ http://www.thecommunityguide.org/index.html
Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Describe the type of evaluations to be conducted (i.e., process and/or outcome).
- Describe key evaluation questions to be answered.
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that must be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first six months of the project, as outlined in the reporting section of the FOA.

d. Organizational Capacity of Applicants to Implement the Approach:

Applicant must address the organizational capacity requirements as described in the CDC Project Description. Applicants must name curricula vitae and organizational chart files “CVs/Resumes” or “Organizational Charts” and upload it at www.grants.gov.

11. Work Plan: *(Included in the Project Narrative’s 25 page limit)*
Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies, and activities, evaluation and performance measurement, including key milestones.

Applicants must name this file “Work Plan” and upload it as a PDF file at [www.grants.gov](http://www.grants.gov).

12. Budget Narrative:

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Total Direct costs
- Total Indirect costs
- Contractual costs

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: [http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm](http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm).

If applicable and consistent with statutory authority, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: [http://phaboard.org](http://phaboard.org)). Applicant entities include state, local, territorial governments (including
the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file “Budget Narrative” and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect cost rate is a provisional rate, the agreement must have been made less than 12 months earlier. Applicants must name this file “Indirect Cost Rate” and upload it at www.grants.gov.

13. Tobacco and Nutrition Policies:

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:
1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.

2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.

3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf).

2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

   http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm
   http://www.thecommunityguide.org/tobacco/index.html

14. Health Insurance Marketplaces:

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover
certain recommended preventive services without cost sharing. Outreach efforts will help
families and communities understand these new options and provide eligible individuals the
assistance they need to secure and retain coverage as smoothly as possible. For more

15. Intergovernmental Review:

Executive Order 12372 does not apply to this program.

16. Funding Restrictions:

Restrictions that must be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including
  personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any
  such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds
  may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use
    of any material designed to support or defeat the enactment of legislation
    before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting
    for such recipient, related to any activity designed to influence the
    enactment of legislation, appropriations, regulation, administrative action,
    or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and
  additional guidance on lobbying for CDC awardees.
- The direct and primary recipient in a cooperative agreement program must perform
a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

17. Other Submission Requirements:

a. **Electronic Submission**: Applications must be submitted electronically at [www.grants.gov](http://www.grants.gov). The application package can be downloaded at [www.grants.gov](http://www.grants.gov). Applicants can complete the application package off-line and submit the application by uploading it at [www.grants.gov](http://www.grants.gov). All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at [www.grants.gov](http://www.grants.gov). File formats other than PDF may not be readable by PGO Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at [www.grants.gov](http://www.grants.gov).

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the PGO TIMS staff at 770-488-2700 or by e-mail at pgotim@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to PGO TIMS staff for processing from [www.grants.gov](http://www.grants.gov) on the deadline date.

b. **Tracking Number**: Applications submitted through [www.grants.gov](http://www.grants.gov) are time/date stamped electronically and assigned a tracking number. The applicant’s Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when [www.grants.gov](http://www.grants.gov) receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. **Validation Process**: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a “submission receipt” e-mail generated by [www.grants.gov](http://www.grants.gov). A second e-mail message to applicants will then be generated by [www.grants.gov](http://www.grants.gov) that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission
errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a “validation” e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Application User Guide, Version 3.0, page 57.

d. **Technical Difficulties:** If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@www.grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS. If Grants.gov is inoperable and cannot receive applications due to an emergency or other unanticipated event (and circumstances preclude advance notification of an extension), then applications must be submitted by the first business day on which government operations resume.

e. **Paper Submission:** If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail or call CDC GMO/GMS, *before the deadline*, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant’s request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry;
2. Describe the difficulties that prevent electronic submission and the efforts
taken with the [www.grants.gov](http://www.grants.gov) Contact Center to submit electronically; and

3. Be postmarked at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

### E. Application Review Information

*The following text is required – see additional information in [brackets] that must be inserted by CDC programs:*

1. **Review and Selection Process: Applications will be reviewed in three phases.**

   a. **Phase I Review:**

      All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC NCCDPHP DCPC and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

   b. **Phase II Review:**

      A review panel will evaluate complete, eligible applications in accordance with the “Criteria” section of the FOA.

      - **Background (5 points):**

        The extent to which the applicant describes the impact of breast cancer on women under the age of 45 who have been diagnosed with the disease. The applicant should describe any gaps in health messages or structured support services that if filled could increase the quality of life for this target population. Applicant can describe context further by referencing Healthy People 2020 objectives, objectives identified in the National Action Plan for Survivorship, and current publications outlined this public health issue.
- **Approach (30 points):**
  - **Problem Statement (5 points):**
    The extent to which the applicant utilizes available data to describe the target population, risk factors, disease burden, etc. The applicant should also describe how they will address the information and structured support services gaps for YBCS as well as support public health priorities related to this target population.
  - **Purpose (5 points):**
    The extent to which the applicant identifies and describes the program component that they will utilize to address the information and structured support services gaps for YBCS.
  - **Outcomes (10 points):**
    The extent to which the applicant clearly identifies outcomes they expect to achieve by the end of the project period as specified in the program logic model.
  - **Strategy and Activities (10 points)**
    The extent to which the applicant provides a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Specifically the applicant must describe plans to implement strategies outlined under either Component 1 or 2.
    - **Collaborations (5 points):**
      The extent to which the applicant describes: 1) intentions to collaborate with CDC to improve technical assistance, program guidance, and implementation efforts; 2) intentions to collaborate with researchers, providers, YBCS, national organizations, federal organizations, and media; and 3) existing partnerships with the aforementioned groups who have successfully worked to achieve a common organizational goal.
    - **Target Populations (5 points):**
The extent to which the applicant describes the specific target population(s) in their jurisdiction. Based on their service population, the applicant should describe all racial, ethnic, and cultural backgrounds, including the particular risks faced by certain racial, ethnic, and cultural groups.

- **Work Plan (10 points)**

  The extent to which the applicant provides a workplan that describes specific program strategies to be used during the first year of the project period. The workplan must include: 1) specific, measurable, achievable, realistic time-phased (SMART) goals and objectives which are consistent with the intent of the funding opportunity announcement; 2) specific activities/interventions that will be undertaken to address each of the proposed short-term objectives during the budget period; 3) staff responsible for completion of activities, including the level of effort and allocation of time for each proposed activity; and 4) key partners involved in the development, implementation and evaluation of proposed activities/strategies including a description of their role.

- **Evaluation and Performance Management: (15 points)**

  The extent to which the applicant provides a description that will inform a comprehensive formal written evaluation plan that defines both process and outcomes (short-term, intermediate and long-term) measures to be evaluated.

  Applicants must provide an initial evaluation and performance plan to show how they will identify progress in implementing program strategies, activities, and achieving program outcomes. Evaluation focus areas that drive this evaluation include: partnership function/contributions, program plan development, and implementation of interventions.

  The extent to which the applicant describes how they will collect and report performance measures specified in this funding opportunity announcement.

- **Applicant’s Organizational Capacity to Implement the Approach: (40 points)**

  - **Program infrastructure (15 points)**

    The extent to which the applicant describes existing program infrastructure needed to implement the program. The applicant must
describe efforts to: implement management plan, implement a communication plan, use data from a needs assessment to inform programmatic efforts, conduct partnership evaluations, engage in sustainability planning, and develop a program plan.

- Organizational capacity to develop and implement strategies (25 points)

The extent to which the applicant describes capacity to implement program strategies. The applicant must describe how they: establish and maintain productive and effective partnerships, collect relevant data elements needed for program evaluation, maximize organizational reach, develop formalized partnerships, and provide structured support services.

- Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

c. Phase III Review:

Applications will be funded in order by score and rank determined by the review panel.

2. Announcement and Anticipated Award Dates:

Awards will be announced via the Division of Cancer Prevention and Control’s website on September 30, 2014.

F. Award Administration Information

1. Award Notices:

Awardees will receive an electronic copy of the Notice of Award (NoA) from CDC PGO. The NoA shall be the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an authorized GMO and e-mailed to the awardee program director.
Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements:

Awardees must comply with the administrative requirements outlined in 45 C.F.R. Part 74 or Part 92, as appropriate. Brief descriptions of relevant provisions are available at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

The following Administrative Requirements (AR) apply to this project:

- AR-8: Public Health System Reporting (community-based, nongovernment organizations)
- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2010
- AR-12: Lobbying Restrictions
- AR-14: Accounting System Requirements
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving,” October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
• AR-33: Plain Writing Act of 2010

• AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)

• AR-35: Nutrition Policies

Organization-specific ARs:

• AR-15: Proof of Non-profit Status (nonprofit organizations)

• AR 23: Compliance with 45 C.F.R. Part 87 (faith-based organizations)]

For more information on the C.F.R., visit the National Archives and Records Administration at http://www.access.gpo.gov/nara/cfr/cfr-table-search.html.

3. Reporting

a. CDC Reporting Requirements:

Reporting provides continuous program monitoring and identifies successes and challenges that awardees encounter throughout the project period. Also, reporting is a requirement for awardees who want to apply for yearly continuation of funding. Reporting helps CDC and awardees because it:

• Helps target support to awardees, particularly for cooperative agreements;

• Provides CDC with periodic data to monitor awardee progress towards meeting the FOA outcomes and overall performance;

• Allows CDC to track performance measures and evaluation findings to validate continuous program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and

• Enables CDC to assess the overall effectiveness and influence of the FOA.

As described in the following text, awardees must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided in the Notice of Award to successful applicants.
b. Specific reporting requirements:

i. **Awardee Evaluation and Performance Measurement Plan**: Awardees must provide a more detailed evaluation and performance measurement plan within the first six months of the project. This more detailed plan must be developed by awardees as part of first-year project activities, with support from CDC. This more detailed plan must build on the elements stated in the initial plan, and must be no more than 25 pages. At a minimum, and in addition to the elements of the initial plan, this plan must:

- Indicate the frequency that evaluation and performance data are to be collected.
- Describe how data will be reported.
- Describe how evaluation findings will be used to ensure continuous quality and program improvement.
- Describe how evaluation and performance measurement will yield findings that will demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA as it pertains to performance measurement, cost-effectiveness, or cost-benefit).
- Describe dissemination channels and audiences (including public dissemination).
- Describe other information requested and as determined by the CDC program.


ii. **Annual Performance Report**: This report must not exceed 45 pages excluding administrative reporting; attachments are not allowed, but Web links are allowed.

The awardee must submit the Annual Performance Report via
www.grants.gov 120 days before the end of the budget period. In addition, the awardee must submit an annual Federal Financial Report (FFR) SF 425 through eRA Commons within 90 days after the end of the calendar quarter in which the budget period ends.

This report must include the following:

- **Performance Measures** (including outcomes)—Awardees must report on performance measures for each budget period and update measures, if needed.

- **Evaluation Results**—Awardees must report evaluation results for the work completed to date (including any data about the effects of the program).

- **Work Plan**—Awardees must update work plan each budget period.

- **Successes**
  
  - Awardees must report progress on completing activities outlined in the work plan.
  
  - Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year.

  - Awardees must describe success stories.

- **Challenges**
  
  - Awardees must describe any challenges that might affect their ability to achieve annual and project-period outcomes, conduct performance measures, or complete the activities in the work plan.

  - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.

- **CDC Program Support to Awardees**
• Awardees must describe how CDC could help them overcome challenges to achieving annual and project-period outcomes and performance measures, and completing activities outlined in the work plan.

• **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative—must use the format outlined in “Content and Form of Application Submission, Budget Narrative” section.
  - Indirect Cost-Rate Agreement.

The carryover request must:

• Express a bona fide need for permission to use an unobligated balance;

• Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and

• Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

The awardee must submit the Annual Performance Report via [www.grants.gov](http://www.grants.gov) 120 days before the end of the budget period.

**iii. Performance Measure Reporting:** CDC programs must require awardees to submit performance measures annually as a minimum, and may require reporting more frequently. Performance measure reporting must be limited to data collection. When funding is awarded initially, CDC programs must specify required reporting frequency, data fields, and format. [See Project Description – Evaluation and Performance Measurement for program performance measures.]


iv. **Federal Financial Reporting (FFR):** The annual FFR (SF 425) is required and must be submitted through eRA Commons within 90 days after the end of the calendar quarter in which the budget period ends.

v. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. The final FFR expenditure data and the Payment Management System’s (PMS) cash transaction data must correspond; no discrepancies between the data sets are permitted. Failure to submit the required information by the due date may affect adversely the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation and include the date by which the information will be provided.

vi. **Final Performance and Financial Report:** At the end of the project period, awardees must submit a final report including a final financial and performance report. This report is due 90 days after the project period ends.

At a minimum, this report must include:

- Performance Measures (including outcomes)—Awardees must report final performance data for all performance measures for the project period.
- Evaluation Results—Awardees must report final evaluation results for the project period.
- Impact/Results—Awardees must describe the effects or results of the work completed over the project period, including success stories.
- Additional forms as described in the Notice of Award, including Equipment Inventory Report and Final Invention Statement.

Awardees must email the report to the CDC PO and the GMS listed in the

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²[https://commons.era.nih.gov/commons/](https://commons.era.nih.gov/commons/)
“Agency Contacts” section of the FOA.


The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible Web site, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than $25,000.

For the full text of these requirements, see: http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=BILLS.

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 CFR Section 3.908 to the award and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

For programmatic technical assistance, contact:

Temeika L. Fairley  
Project Officer  
Department of Health and Human Services  
Centers for Disease Control and Prevention  
4770 Buford Highway, NE, MS F76  
Telephone: 774884518  
E-mail: tfairley@cdc.gov

For financial, awards management, or budget assistance, contact:
Kathy L. Raible as GMS.
Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E09
Atlanta, GA 30341
Telephone: 770-488-2045
Email: kcr8@cdc.gov

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

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

For all other submission questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: pgotim@cdc.gov

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348.

H. Other Information

CDC Program Website: http://www.cdc.gov/cancer/breast/young_women/index.htm
I. Glossary

Administrative and National Policy Requirements, Additional Requirements (ARs):
Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see [http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm](http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm).

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A catalog published twice a year that describes domestic assistance programs administered by the federal government. This catalog lists projects, services, and activities that provide assistance or benefits to the American public. This catalog is available at https://www.cfda.gov/index?s=agency&mode=form&id=0bebbc3b3261e255dc82002b83094717&tab=programs&tabmode=list&subtab=list&subtabmode=list.

CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.

CDC Assurances and Certifications: Standard government-wide grant application forms.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the “life” of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument that establishes a binding, legal procurement relationship between CDC and a recipient, and obligates the recipient to furnish a product.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award.

Cost Sharing or Matching: Refers to program costs not borne by the federal government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

Direct Assistance: An assistance support mechanism, which must be specifically authorized by
statute, whereby goods or services are provided to recipients in lieu of cash. Direct assistance generally involves the assignment of Federal personnel or the provision of equipment or supplies, such as vaccines. [http://intranet.cdc.gov/ostlts/directassistance/index.html]

**DUNS:** The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at [http://fedgov.dnb.com/webform/displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do).

**Federal Funding Accountability and Transparency Act of 2006 (FFATA):** Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single Web site at [www.USAspending.gov](http://www.USAspending.gov).

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

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

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

**Health Disparities:** Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

**Healthy People 2020:** National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
**Inclusion:** Both the meaningful involvement of a community’s members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

**Indirect Costs:** Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

**Intergovernmental review:** Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State’s process. Visit the following Web address to get the current SPOC list: [http://www.whitehouse.gov/omb/grants_spoc/](http://www.whitehouse.gov/omb/grants_spoc/).

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

**Lobbying:** Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

**Maintenance of Effort:** A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other nongovernment sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

**Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence
of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

**New FOA:** Any FOA that is not a continuation or supplemental award.

**Nongovernment Organization (NGO):** Any nonprofit, voluntary citizens' group that is organized on a local, national, or international level.

**Notice of Award (NoA):** The only binding, authorizing document between the recipient and CDC that confirms issue of award funding. The NoA will be signed by an authorized GMO and provided to the recipient fiscal officer identified in the application.

**Performance Measurement:** The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

**Objective Review:** A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

**Outcome:** The observable benefits or changes for populations or public health capabilities that will result from a particular program strategy.

**Plain Writing Act of 2010:** Requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at [www.plainlanguage.gov](http://www.plainlanguage.gov).

**Program Strategies:** Public health interventions or public health capabilities.

**Program Official:** Person responsible for developing the FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

**Project Period Outcome:** An outcome that will occur by the end of the FOA’s funding period.
**Public Health Accreditation Board (PHAB):** National, nonprofit organization that improves tribal, state, local, territorial, and U.S. public health departments and strengthens their quality and performance through accreditation.

**System for Award Management (SAM):** The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

**Statute:** An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations. *Black’s Law Dictionary 2 Kent, Comma 450.*

**Statutory Authority:** Authority provided by legal statute that establishes a federal financial assistance program or award.

**Technical Assistance:** Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

**Work Plan:** The summary of annual strategies and activities, personnel and/or partners who will complete them, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.